


APPLICATION FOR REGISTRATION RENEWAL

Certificate Number	Profession/Title		FEE REQUIRED BY DUE DATE	DUE DATE
	H.A.		\$165.00	12/31/2007

Application is not complete without full and correct information below

Date of Birth	
Social Security #	
_____ (Mailing Address · if different from that at the left)	
_____ (City, State, Zip)	
_____ (Telephone Number)	_____ (E-Mail Address)

I certify that I have completed or will complete all renewal requirements before the expiration of my current certificate. I understand that I may be subject to audit by the Board.

SIGNATURE

(Carefully cut along the above line, detach, and mail the above to the Board)

**INSTRUCTIONS FOR REGISTRATION RENEWAL
THIS IS THE ONLY RENEWAL NOTICE YOU WILL RECEIVE**

TIMELY RENEWAL: It is your responsibility to comply with all general and specific renewal requirements stated below and to submit your completed “Application for Registration Renewal” promptly. If we do not receive your completed application by the due date, you will not receive a new registration and will be restricted from practicing under NRS 630A.

RENEWAL FEES: The fees quoted above are current at the time this renewal form was printed. If you fail to renew your registration by the due date your certificate will be suspended.

APPLICATION APPROVAL: Your renewal application will be approved unless it is apparent that you do not meet the renewal requirements. You may be subject to audit by the Board. Those selected for this will be notified by a separate notice. Please note that the Board reserves the right to initiate action at any time against a certificate holder who did not meet the renewal requirements at the time their registration was renewed.

GENERAL REQUIREMENTS: Please insert any missing information and correct any errors on the Application for Registration Renewal from the above and sign the certificate registration. Detach and return the completed form, together with the appropriate renewal fee, at least 30 days prior to the due date. Payments are accepted by check or money order and should be payable to “Nevada State Board of Homeopathic Medicine.” **DO NOT SEND CASH.**

****NOTE****

*If requested by the Board, each homeopathic physician, advanced practitioner of homeopathy and homeopathic assistant must **submit evidence** that he/she has completed during the preceding year **20 credits of continuing education (CE)** in courses sponsored by the Nevada Homeopathic and Integrative Medical Association (NHIMA), the Arizona Homeopathic and Integrative Medical Association (AHIMA), courses/workshops approved by the board, or courses/workshops sponsored the following organizations wherein any of the therapies listed in NRS 630A are taught:*

- American Medical Association, American Institute of Homeopathy, American Osteopathic Association, American Association of Oriental Medicine, Complementary and Alternative Medicine, American Naturopathic Medical Association, Othomolecular Medical Society, and American College for Advancement in Medicine, and Courses in Thought Field Therapy.