NEVADA STATE BOARD OF HEARING AID SPECIALISTS

CHILD SUPPORT INFORMATION

Please mark the appropriate response. Failure to mark one of the three will result in the denial of your renewal application.

☐ I am NOT subject to a court order for the support of a child.

☐ I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or

☐ I am subject to a court order for the support of one or more children and am NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for repayment of the amount owed pursuant to the order.

Applicant's Name: _____

Hearing Aid Specialist License Number: _____

Applicant's Social Security Number: _____

Applicant's Signature: _____

Date: _____