

**State of Nevada  
Committee on Domestic Violence**

***Provider Qualification Checklist***

| <b>NAC<br/>228.110</b> | <b><i>PROVIDER</i> Qualification</b>  | <b>YES</b> | <b>NO</b> |
|------------------------|---|------------|-----------|
| § 7(a)                 | Bachelors or more advanced degree. Please provide a copy or other proof of degree.<br><i>**This requirement can be waived in counties with populations of less than 50,000. See § 9(a-c).</i> |            |           |
| § 7(b)                 | Supervised by qualified supervisor of treatment.  |            |           |
| § 7(d)                 | Completed 60 hours of formal training<br>Attach a copy of the training log.   |            |           |
| § 7(e)                 | Completed 15 hours of training within the immediately preceding 2 years   |            |           |
| § 7(f)                 | Completed 60 hours of in-service training.  |            |           |
| § 7(g)                 | Never convicted of crime which demonstrates unfitness to act as supervisor of treatment.  |            |           |
| § 7(h)                 | Free of violence.   |            |           |
| § 7(i)                 | Not currently an abuser of prescription drugs or alcohol or a user of illegal drugs   |            |           |

***For Committee use ONLY***

**RECOMMENDATION**

**APPROVE:**       **DENY:**       **Continue pending additional information:**

**Comments:** \_\_\_\_\_  
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