

# PRACTICE QUESTIONNAIRE

## State of Nevada Western Regional Education Compact (WICHE)

NRS 397.065 requires fulfillment of practice obligation or repayment of grant. Regulations require verification of practice. Failure to complete and return questionnaire could result in a fine not to exceed \$200.00 per NRS 397.068.

### PLEASE COMPLETE, SIGN, AND RETURN THIS QUESTIONNAIRE

Name: \_\_\_\_\_ Field: \_\_\_\_\_

Permanent Home Address (required): \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Length of time at this home address: \_\_\_\_\_ years \_\_\_\_\_ months

Telephone Number: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email: \_\_\_\_\_

May we contact you at place of employment?  YES  NO

Date of Graduation: \_\_\_\_\_ or Termination Date: \_\_\_\_\_

School: \_\_\_\_\_

A) Practice Obligation to Nevada

I have completed:

I will only partially complete:

I am in the process of completing:

I will not complete:

B) Client Services – *Approximately* how many clients do you serve annually at your Nevada facility? \_\_\_\_\_

C) Retention Information - Once your service obligation is complete with WICHE, do you intend to continue to work/reside in the state of Nevada?  YES  NO  UNDECIDED

To help better serve your profession in our state, please provide at least two (2) primary reason why you may or may not remain in Nevada.

1) \_\_\_\_\_

2) \_\_\_\_\_

D) Licensure - Are you currently licensed to practice in the State of Nevada?  YES  NO

If yes, date of issue of most current license: \_\_\_\_\_

Month

Day

Year

Are you licensed to practice in other states?  YES  NO

State: \_\_\_\_\_ Date of licensure: \_\_\_\_\_

Month

Day

Year

---- CONTINUED ON THE BACK ----

Practice History – Begin with *current or most recent* experience, list additional service and **provide your signature on the back page**. Include all practice since the date of graduation. If you have not begun practicing please indicate this, as well.

NAME OF BUSINESS: \_\_\_\_\_

POSITION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_

LENGTH OF EXPERIENCE									
Total:			From:			To:			
Year	Month		Mo.	Day	Yr.	Mo.	Day	Yr.	
<input type="checkbox"/> Full-Time (30-40 Hrs/Week)			or	<input type="checkbox"/> Part-Time (_____ Hrs/Week)					

NAME OF BUSINESS: \_\_\_\_\_

POSITION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_

LENGTH OF EXPERIENCE									
Total:			From:			To:			
Year	Month		Mo.	Day	Yr.	Mo.	Day	Yr.	
<input type="checkbox"/> Full-Time (30-40 Hrs/Week)			or	<input type="checkbox"/> Part-Time (_____ Hrs/Week)					

NAME OF BUSINESS: \_\_\_\_\_

POSITION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_

LENGTH OF EXPERIENCE									
Total:			From:			To:			
Year	Month		Mo.	Day	Yr.	Mo.	Day	Yr.	
<input type="checkbox"/> Full-Time (30-40 Hrs/Week)			or	<input type="checkbox"/> Part-Time (_____ Hrs/Week)					

NAME OF BUSINESS: \_\_\_\_\_

POSITION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_

LENGTH OF EXPERIENCE									
Total:			From:			To:			
Year	Month		Mo.	Day	Yr.	Mo.	Day	Yr.	
<input type="checkbox"/> Full-Time (30-40 Hrs/Week)			or	<input type="checkbox"/> Part-Time (_____ Hrs/Week)					

**CERTIFICATION:**

I certify that all statements and data provided in this questionnaire are true and correct to the best of my knowledge. I understand that if any information is found to have been falsified at any time during my participation in the State of WICHE program I will be in default of my contractual obligations and default terms will become effective. By my signature, I agree to abide by Chapter 397 of the Nevada Revised Statutes and any revisions thereof. I also agree to abide by the rules and regulations of the State of Nevada WICHE agency.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**MAIL TO:**

State of Nevada WICHE  
100 N. Stewart Street, Suite 220  
Carson City, NV 89701