State of Nevada Board of Psychological Examiners 4600 Kietzke Lane, Bldg E-141 Reno, Nevada 89502 (775)688-1268 • (775) 688-1272

Application for Approval of Continuing Education Program by a Psychologist

A fee of \$25.00 is required PER course that is requested for approval. Please provide as much information on the course(s) so that the CE Chair can make an informed decision.

ame of psychologist submitting program: Date		Phone Number		
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Address	ity	State		Zip Code
Name of Program:			Date(s) Attended:	
Name of Sponsoring Organization:				
Traine of Sportsoring Organization.				
APA Approved program:	Ethics Course:		House Do	guage de
Yes: No:	Yes: No:		Hours Re	equestea.
Information provided:				
		-		
			2	
Fee enclosed: Yes: □ No: □	Fee sent by Mail: Y	es: □ 1	No: □	
From Website:	From Brochure:			
Yes: □ No: □	Yes: □ No: □			
Office Use Only:				
□ Approved Date:/ Approved Until://				
□ Not Approved:				
Sent to: Date: Fee Received: Check#				