



State of Nevada

Board of Psychological Examiners

3080 South Durango Drive, Suite 102
Las Vegas, Nevada 89117
nbop@govmail.state.nv.us

APPLICATION FOR APPROVAL OF CONTINUING EDUCATION TRAINING PROGRAM

Name of Person Submitting Application: _____

Address: _____

City: _____ State: _____ Zip: _____ Work Phone: (____)-____-_____

Sponsoring Organization: _____

Title of Program: _____

Date of Program: ____ / ____ / ____ Time of Program: _____ Location: _____

Subject Area (Check all that Apply)

- Scientific and professional ethics and standards.
- Forensic Issues.
- Research design and methodology.
- Tests and measurements.
- Psychotherapeutic techniques.
- Biological basis of behavior, including physiological psychology, comparative psychology, neuropsychology, human sexuality, and psychopharmacology.
- Cognitive and affective basis of behavior including learning, memory perception, cognition, thinking, motivation, and emotion.
- Social basis of behavior including social, cultural, ethnic and group processes, sex roles, organization and systems theory.
- Individual differences including personality theory, human development, abnormal psychology, psychopathology and psychology of the handicapped.
- Other: _____

Maximum Enrollment (if any): _____ Number of Contact Hours (exclude breaks): _____

Instructor(s) Name(s): _____

Instructor Qualifications: Please attach a resume for the instructor. _____

Course Content Form: Please fill out attached form.

Submission of Proposal: The signature below acknowledges that all information submitted is correct and grants permission to the Nevada Board of Psychological Examiners to independently verify this information as a condition for acceptance.

Submitted by: _____ Date: ____ / ____ / ____

Checklist: Be sure you include the following with this application.

- Course Content Form
- Instructor Resume(s)
- Certificate of Completion
- Course Evaluation Form
- Brochure (if available and applicable)
- Review fee of \$30.00

OFFICE USE ONLY

Course Content Form:	yes	no	Certificate of Attendance:	yes	no	Brochure Attached:	yes	no
Instructor Resumes:	yes	no	Course Evaluation Form:	yes	no	Review fee:	yes	no

Approved Date: ____ / ____ / ____ Contact Hours: _____

Approved By: _____ Signature: _____

Not Approved; Reason why: _____



State of Nevada

Board of Psychological Examiners

3080 South Durango Drive, Suite 102
Las Vegas, Nevada 89117
nbop@govmail.state.nv.us

Course Content Form

Instructor: _____ Time Allotted (Excluding Breaks): _____

A. Goal(s)/Purpose:

B. Behavioral Objectives:

C. Content (Brief Outline)

D. Method of Presentation

E. Evaluation Process

