



**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 Program by a Licensee

|   |  |  |  |                                 |          |
|---|--|--|--|---------------------------------|----------|
| Name of licensee submitting program:  |  | Date of submission   |  | Daytime Phone Number:<br>(    ) |          |
| Address   |  | City   |  | State                           | Zip Code |
| Name of Program:  |  |  |  | Date(s) Attended:               |          |
| Name of Sponsoring Organization:  |  |  |  |                                 |          |
| APA Approved program:<br>Yes: <input type="checkbox"/> No: <input type="checkbox"/> |  | Ethics Course:<br>Yes: <input type="checkbox"/> No: <input type="checkbox"/>                                 |  | Hours Requested:                |          |
| Further information provided:   |  |  |  |                                 |          |
|   |  |  |  |                                 |          |
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|   |  |  |  |                                 |          |
| \$25.00 review fee per program.   |  | Fee enclosed:    Yes <input type="checkbox"/> No <input type="checkbox"/>                                    |  |                                 |          |
| Information enclosed from   |  | Website <input type="checkbox"/> Brochure <input type="checkbox"/> Program Material <input type="checkbox"/> |  |                                 |          |
| <b>Office Use Only:</b>   |  |  |  |                                 |          |
| <input type="checkbox"/> Approval date: _____ / _____ / _____                       |  | Approved until: _____ / _____ / _____  |  |                                 |          |
| <input type="checkbox"/> Not Approved: Reason: _____                                |  |  |  |                                 |          |
| Sent for approval: _____ Fee Received: _____ Check # _____                          |  |  |  |                                 |          |

Please provide as much information on the course(s) so that the reviewer can make the best informed decision.