



**NEVADA STATE
BOARD OF PSYCHOLOGICAL EXAMINERS**

**Application for Registration as a
Psychological Trainee, Psychological Intern, or
Psychological Assistant**

For additional information about licensure in the State of Nevada, contact the Board office at nbop.admin@govmail.state.nv.us or go to <https://psyexam.nv.gov/Licensing/>.

Type or Print Legibly in Ink

Any omissions or false or misleading information in, or connected with, this application, its attachments or other communications with the Board may be cause for denial or revocation of licensure.

Initials _____

Application Date: _____

Applying as: Psychological Assistant ___ Psychological Intern ___ Psychological Trainee ___

Have you secured a supervisor? ___ Yes ___ No

If yes, Supervisor's Name: _____

Supervisor's Email Address: _____

1. Initial Applicant Screening Information

Degree (obtained or being pursued): Ph.D. ___ Psy.D. ___ Ed.D. ___

Psychology
Degree Program: Clinical ___ Counseling ___ School ___ Other* ___

*If you marked "other" for your degree program, please specify: _____

Applicants who have or are pursuing a doctoral degree in a program other than Clinical, Counseling, or School Psychology may be subject to an equivalency evaluation.

2. Personal Data

Applicant Name: _____
Last Maiden (if applicable)

_____ First Middle

Social Security #: ____ - ____ - ____ U.S. Citizen: Yes ____ No ____ Preferred Pronouns: _____

Place of Birth: _____ Date of Birth: _____

U.S. Armed Services: Are you an active member or veteran of the U.S. Armed Forces? Yes ____ No ____
 Are you the current/surviving spouse of an active member/veteran? Yes ____ No ____

Email Address: _____

Preferred Mailing Address: Home _____ Business _____

Home Address: _____

City, State, Zip: _____

Home Phone: _____

Business Address: _____

City, State, Zip: _____

Business Phone: _____

3. EPPP – National Examination

EPPP Part-1	EPPP Part-2
Have you passed the EPPP Part-1? Yes____ No____	Have you passed the EPPP Part-2? Yes____ No____
Score: _____ Form #: _____	Score: _____ Form #: _____
Place Taken / Jurisdiction: _____	Place Taken / Jurisdiction: _____
Date Taken: _____	Date Taken: _____

4. APA-Accreditation

For Psychological Assistant Applicants: Was your graduate program accredited by the American Psychological Association (APA) at the time of graduation? Yes ____ No ____

For Psychological Intern and Trainee Applicants: Will your graduate program be accredited by the American Psychological Association (APA) at the time of graduation? Yes ____ No ____

5. Under-Graduate Education

1. University: _____ Degree Earned: _____
City, State, Zip: _____
Department / College: _____
Dates Attended: _____ Major Field: _____

2. University: _____ Degree Earned: _____
City, State, Zip: _____
Department / College: _____
Dates Attended: _____ Major Field: _____

6. Graduate Education

Highest Academic Degree Earned: _____

Name of Graduate University and Program

University: _____
Program: _____
City, State, Zip: _____
Dates Attended: _____ Major Field: _____
Title of Thesis / Dissertation: _____

Additional Graduate Education Relevant to the Application (if applicable)

1. University: _____
City, State, Zip: _____
Dates Attended: _____ Major Field: _____
Degree Earned (if any): _____ # Supervised Hours Accrued: _____

2. University: _____
City, State, Zip: _____
Dates Attended: _____ Major Field: _____
Degree Earned (if any): _____ # Supervised Hours Accrued: _____

7. For Psychological Assistant Applicants: Pre-Doctoral Internship

1. Institution: _____
Location (City, State, Zip): _____
Supervisor: _____
Dates: _____ # Supervised Hours Accrued: _____

2. Institution: _____
Location (City, State, Zip): _____
Supervisor: _____
Dates: _____ # Supervised Hours Accrued: _____

8. Final Steps

I agree that my name may be published as an applicant for licensure or registration in the State of Nevada. I affirm, under penalty of perjury, that all of the information supplied herein is to the best of my knowledge true, accurate and complete and that I have not withheld, misrepresented, or falsely stated any information relevant to my training and experience or my fitness to practice psychology. I authorize the exchange of any and all information concerning any and all complaints adjudicated, stipulated or pending against me with licensing boards or professional associations. I understand such complaints may constitute grounds for disciplinary action or denial of my application by the Board.

Signature: _____ Date: _____

Upon receipt of this form and payment the Nevada Board of Psychological Examiners will evaluate your credentials. If applicable, your information will be provided to the Association of State and Provincial Psychology Boards for further processing through the Psychology Licensure Universal System (PLUS) application. The application and supporting documents will be held in the ASPPB databank for future use of applicants wishing to gain licensure in other states or provinces. ASPPB will contact applicants through the email listed to complete the required application. Additional fees will apply. The Board office will communicate any other requirements for licensure including a criminal background check and the Nevada State Examination.

When submitting this form, please include:

- \$150 application fee, payable by:
 - check or money order to Nevada Board of Psychological Examiners, or
 - online by requesting a PayPal link from nbop.admin@govmail.state.nv.us (please note, PayPal charges an additional 2.95% fee)
- Two passport-style photos, with one attached where indicated below.

Return to: State of Nevada Board of Psychological Examiners
3080 South Durango Drive, Suite 102
Las Vegas, NV 89117

Affix
Photo
Here