

**State of Nevada**  
**Board of Psychological Examiners**  
 4600 Kietzke Lane, Bldg E-141, Reno, Nevada 89502  
 (775) 688-1268 · (775) 688-1272 Fax · nbop@govmail.state.nv.us

**APPLICATION FOR APPROVAL OF CONTINUING EDUCATION TRAINING PROGRAM**

<b>Name of Person Submitting Application:</b>			
<b>Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>Work Phone:</b>
<b>Sponsoring Organization:</b>			
<b>Title of Program:</b>			
<b>Date of Program:</b>		<b>Time of Program:</b>	
<b>Location:</b>			
<b>Intended Audience:</b>			

<b>SUBJECT AREA (Check all that apply):</b>	
<input type="checkbox"/> 1. Scientific and professional ethics and standards. <input type="checkbox"/> 2. Forensic issues. <input type="checkbox"/> 3. Research design and methodology. <input type="checkbox"/> 4. Tests and measurements. <input type="checkbox"/> 5. Psychotherapeutic techniques. <input type="checkbox"/> 6. Biological basis of behavior, including physiological psychology, comparative psychology, neuropsychology, human sexuality, and psychopharmacology.	<input type="checkbox"/> 7. Cognitive and affective basis of behavior including learning, memory perception, cognition, thinking, motivation, and emotion. <input type="checkbox"/> 8. Social basis of behavior including social, cultural, ethnic and group processes, sex roles, organization and systems theory. <input type="checkbox"/> 9. Individual differences including personality theory, human development, abnormal psychology, psychopathology and psychology of the handicapped. <input type="checkbox"/> 10. Other:

<b>Maximum Enrollment (if any):</b>	<b>Number of Contact Hours (exclude breaks):</b>
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**Instructor(s) Name(s):**

**Instructor Qualifications:** Provide the instructor's name, affiliation, address, daytime telephone number, educational background, work history and relevant experience to teach this course. Please provide this information for each presenter, reproducing the instructor qualification form if necessary.

**Course Content Form:** Please complete the Course Content Form which will describe the goal or purpose of the course including learning objectives, contents, allotted time, name of the instructor teaching the content, the method of presentation and the process utilized to evaluate the attainment of the stated learning objectives.

**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.

<b>Submitted by:</b>	<b>Date:</b>
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**Checklist:** Be sure you include the following with this application.

<input type="checkbox"/> Course Content Form <input type="checkbox"/> Instructor Qualification Form <input type="checkbox"/> Certificate of Completion	<input type="checkbox"/> Course Evaluation Form <input type="checkbox"/> Brochure (if available and applicable) <input type="checkbox"/> Review fee of \$25.00
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**OFFICE USE ONLY**

Course Content Form? <input type="checkbox"/> Yes <input type="checkbox"/> No Instructor Qualification Form: <input type="checkbox"/> Yes <input type="checkbox"/> No Certificate of Attendance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course Evaluation Form? <input type="checkbox"/> Yes <input type="checkbox"/> No Brochure Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No Meets Board regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Approved: Date _____ / _____ / _____ Approved until: _____ / _____ / _____ Approval Number: _____ Fee Paid? <input type="checkbox"/> Yes <input type="checkbox"/> No Check # _____ Contact Hours: _____ Amount: _____ <input type="checkbox"/> Not approved; reason why: _____	Date Copy sent to: _____ Board Office: _____ Presenter _____

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**COURSE CONTENT FORM**

**Goal(s)/Purpose:**

**Behavioral Objectives:**

**Content (Brief  
Outline):**

**Time Allotted (Excluding  
Breaks):**

**Instructor:**

**Method of  
Presentation:**

**Evaluation Process:**

The following course evaluation form may be used entirely or modified for organizations' needs. **Remember**, each sponsoring organization must submit to the Board: a copy of the course evaluation with the results tabulated; a copy of the attendance roster; written documentation that each licensee successfully met course objectives.

## COURSE EVALUATION

Course Title: \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_

Location: \_\_\_\_\_

Instructor(s): \_\_\_\_\_

Date(s): \_\_\_\_\_

Number of Approved \_\_\_\_\_ Your Profession/Job Title: \_\_\_\_\_

CEU Contact Hours: \_\_\_\_\_

Please answer all of the following questions to evaluate the quality of course content, instructional methods and materials, classroom environment, registration process and achievement of instructional objectives.

Rate the following on a 1-5 point scale where:

1 = Poor      2 = Faire      3 = Average      4 = Above Average      5 = Excellent

### CLASSROOM ENVIRONMENT

#### Circle One

1 2 3 4 5 Physical facilities were appropriate for course presentation.

1 2 3 4 5 Accessible, hassle-free parking.

1 2 3 4 5 Overall classroom environment.

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### AUDIO-VISUAL AND HANDOUT MATERIALS

#### Circle One

1 2 3 4 5 Materials used were practical.

1 2 3 4 5 Relevant to course.

1 2 3 4 5 Well organized and completed.

1 2 3 4 5 Overall audio-visual and handout materials

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### REGISTRATION PROCESS

#### Circle One

1 2 3 4 5 Organized and efficient.

1 2 3 4 5 Helpful and considerate staff.

1 2 3 4 5 Overall registration process.

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**REGISTRATION FORM**

**Circle One**

- 1 2 3 4 5 Easy to complete.
- 1 2 3 4 5 Understandable.
- 1 2 3 4 5 Overall registration form.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COURSE CURRICULUM CONTENT**

**Circle One**

- 1 2 3 4 5 Met stated objectives.
- 1 2 3 4 5 Increased professional knowledge and skills
- 1 2 3 4 5 Was the right length.
- 1 2 3 4 5 Syllabi materials/handouts were available.
- 1 2 3 4 5 Would recommend this course to others.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INSTRUCTIONAL METHODS**

**Circle One**

- 1 2 3 4 5 Course was presented in a well-prepared/organized and effective fashion.
- 1 2 3 4 5 Instructor was knowledgeable and skilled in the content area.
- 1 2 3 4 5 Educational materials and instruction were comprehensible.
- 1 2 3 4 5 Course objectives, learning methods and evaluation requirements were made clear.
- 1 2 3 4 5 Would enroll in another course taught by the instructor.
- 1 2 3 4 5 Overall instructional methods.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ACHIEVEMENT OF INSTRUCTIONAL OBJECTIVES**

**Circle One**

- 1 2 3 4 5 Instructional objectives were met.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROGRAM**

**Circle One**

- 1 2 3 4 5 Overall Course

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

