State of Nevada
Board of Psychological Examiners
4600 Kietzke Lane, Building B-116
Reno, NV 89502
Phone: (775) 688-1268 - E-mail: nbop@govmail.state.nv.us

PERSONAL DATA

Applying as: (check one) ○ Licensed Psychologist ○ Registered Psychological Assistant

Full name (first, middle, last) _____ ○ Ph.D. ○ Psy. D. ○ Ed.D.

Maiden name (if applicable) _____ SSN: _____-_____-_____

Sex: ○ Male ○ Female - U.S. Citizen: ○ Yes ○ No

Check only those that apply: ☐ ABPP ☐ CPQ ☐ NRHSPP Sr. ☐ 10-yr ☐ 20-yr

E-mail address: _____ **Date of Birth:** ____ / ____ / _____ **Place of Birth:** _____

Preferred Mailing Address: ○ **Home** ○ **Business**

Business Address: _____

Phone: (_____)-_____-_____

Home Address: _____

Phone: (_____)-_____-_____

GRADUATE EDUCATION AND TRAINING

Name of Graduate Program: _____

University: _____ **Graduation Year:** _____

City: _____ **State:** _____ **Zip:** _____ **APA Approved:** ○ Yes ○ No

Title of Thesis/Dissertation _____

Pre Doctoral Internship Institution _____ **Supervisor** _____

City: _____ **State:** _____ **Zip:** _____ **Dates:** ____ / ____ / _____

Post-Doctoral Internship Institution: _____ **Supervisor** _____

City: _____ **State:** _____ **Zip:** _____ **Dates:** ____ / ____ / _____

LICENSING HISTORY (LIST LICENSES, CERTIFICATES, REGISTRATIONS, ETC) (if applicable)

State _____ **Type/Title:** _____ **Date acquired:** ____ / ____ / _____

State _____ **Type/Title:** _____ **Date acquired:** ____ / ____ / _____

State _____ **Type/Title:** _____ **Date acquired:** ____ / ____ / _____

Affix Photo Here

When submitting this form, please include:

1. $100 application fee, payable by check or money order to State of Nevada Board of Psychological Examiners
2. Two passport-style photos, with one attached to the bottom left corner of this page

And mail to:

Nevada Board of Psychological Examiners
4600 Kietzke Lane, B-116
Reno, NV 89502

Upon receipt of this form the Nevada Board of Psychological Examiners will evaluate your credentials. If you meet the requirements your information will be provided to the Association of State and Provincial Psychology Board for further processing. The Nevada Board of Psychological Examiners is partnering with ASPPB to develop a Universal 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 applicant through the email listed to direct to required application. (Additional fees will apply.)

State of Nevada

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AFFIDAVIT

NOTE: Any omissions, 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 on the grounds of lack of good moral character.

STATE OF: _____ **COUNTY OF:** _____

The undersigned, being sworn, deposes and says that he/she is the person who executed this application; that all statements herein are true in every respect; that he/she has not suppressed any information that might affect this application; that he/she will conform to the ethical standards of conduct of the American Psychological Association; and that he/she has read and understands this affidavit. *I agree that my name may be published as an applicant for licensure in the State of Nevada*.

SIGNATURE OF APPLICANT: _____ **DATE:** ____ / ____ / _____

SWORN BEFORE ME THIS DAY _____ **OF** _____ **A.D. 20** _____

SIGNATURE OF NOTARY PUBLIC _____

PRINTED OR TYPED NAME: _____

MY COMMISSION EXPIRES: ____ / ____ / _____