



STATE OF NEVADA
BOARD OF PSYCHOLOGICAL EXAMINERS
4600 Kietzke Lane, Building B-116
Reno, Nevada 89502
775-688-1268 ♦ NBOP@state.nv.us

Psychological Trainee Registration – Applicant and Training Program Verification Form

Dear Prospective Intern:

The following form **MUST** be completed by your Director of Clinical Training (DCT) to help The Nevada Board of Psychological Examiners verify that you are ready to continue your training as well as to verify that your training program meets the minimum standards which qualify you to work as a psychological trainee in Nevada per NRS 641.0267. The Board office or reviewing board member may contact the applicant or DCT with questions.

Name of prospective Trainee: _____

Educational Institution: _____ **Pursuing Degree Type: Ph.D./Psy.D. (circle one)**

Name of Director of Clinical Training (DCT): _____

DCT Address: _____

DCT Email: _____

DCT Phone: Office: _____ **Other:** _____

Best form of contact: Mail Email Phone _____

By signing this document you are guaranteeing that to the best of your knowledge this information is true and accurate.

DCT Signature: _____ **Date:** _____

1. This applicant possesses the emotional stability and maturity to handle the challenges of the proposed training experience.

Yes No

2. This applicant possesses the theoretical/academic foundation necessary for effective counseling/clinical work.

Yes No

3. This applicant possesses the skills necessary for translating theory into integrated practice.

Yes No

4. This applicant demonstrates awareness of and practices according to, the current ethical guidelines for psychologists.

Yes No

5. This applicant demonstrates the capacity to participate in supervision constructively and can modify his/her behavior in response to feedback.

Yes No

6. This applicant is academically in good standing.

Yes No

7. Are any complaints pending against this applicant or were any filed in the past and found to be legitimate?

Yes No

8. Is this student currently on probation?

Yes No

9. Is this applicant's doctoral degree in psychology being obtained from an institution of higher education that is regionally accredited by bodies recognized by the U.S. Department of Education and/or the Council of Higher Education (CHEA) or holds a membership in the Association of Universities and Colleges of Canada to grant graduate degrees at the time the applicant will receive his/her degree?

Yes No

10. Is your program clearly labeled and publicly identified as a psychology program? (i.e. transcript, university catalog, etc.)?

Yes No

11. Does your program have an integrated, organized sequence of study?

Yes No

12. Does your program have identifiable full-time psychology faculty and a psychologist responsible for the program in residence at the institution, in size and breadth sufficient to carry out its responsibilities, employed by and providing instruction?

Yes No

13. Does your program have supervised practicum, or field experience or laboratory training appropriate to the area of psychology practice and specialty with such experiences by a psychologist?

Yes No

14. Does your program have an identifiable body of students in residence at the institution who were matriculated in that program for a degree?

Yes No

Per NAC 641.1517, is there a written agreement between the supervisor/agency and the doctoral training program regarding the training goals at the supervisor's office/institution for the above named psychological trainee?

Yes No

Note: Such agreement must include, without limitation:

(a) An outline of the skill level of the psychological intern or psychological trainee at the beginning of the supervised experience.

(b) The goals for the supervised experience of the psychological trainee.

(c) A format and procedure for reporting to the doctoral training program the following information concerning the psychological trainee:

(1) His or her progress in building skills;

(2) His or her progress toward meeting the goals specified in paragraph (b); and

(3) Any areas requiring continued growth.

(d) An acknowledgment that the written agreement must be in place in order for the psychological trainee to:

(1) Have lawful and ethical access to clients and the protected health information of clients; and

(2) Use his or her supervised experience to make progress toward a degree, certification or license.

(e) The schedule of meetings between the supervisor and the psychological intern or psychological trainee relating to the supervision of the psychological intern or psychological trainee.

***If you've answered 'NO' to any of the above questions please attach additional information and explanation**

