



STATE OF NEVADA
BOARD OF PSYCHOLOGICAL EXAMINERS

4600 Kietzke Lane, Building E-141
 Reno, NV 89502

Phone: (775) 688-1268 • Fax: (775) 688-1278 • E-mail: nbop@govmail.state.nv.us

The Nevada Board of Psychological Examiners is partnering with the Association of State and Provincial Psychology Board to develop a Universal Application. This application will be held in the ASPPB databank for future use of applicants wishing to gain licensure in other states or provinces. Once this form has been received by the Nevada Board of Psychological Examiners, the information will be provided to ASPPB for further processing. ASPPB will be in contact with the applicant to obtain additional application information.

Please complete the following form using type or legibly printed in black ink.

PERSONAL DATA									
Applying as: (check one) <input type="checkbox"/> Licensed Psychologist <input type="checkbox"/> Registered Psychological Assistant									
Full name (first, middle, last)							U.S. Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Maiden name (if applicable)				Reciprocity <input type="checkbox"/> CPQ <input type="checkbox"/> NRHSPP <input type="checkbox"/> Sr. 10-yr <input type="checkbox"/> Sr. 20-yr <input type="checkbox"/>					
Preferred Mailing Address: Home <input type="checkbox"/> Business <input type="checkbox"/>				Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>			SSN:		
Business Address							Phone:		
Home Address							Phone:		
Date of Birth		Place of Birth		E-mail address					
GRADUATE EDUCATION AND TRAINING									
Name of Graduate Program									
Graduation Year			University						
City/State/Zip							APA Approved: Yes <input type="checkbox"/> No <input type="checkbox"/>		
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:			



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, E-141
 Reno, NV 89502

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.

SIGNATURE OF APPLICANT: _____

DATE: _____

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

SIGNATURE OF NOTARY PUBLIC _____

PRINTED OR TYPED NAME: _____

MY COMMISSION EXPIRES: _____

SEAL