



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 [] Registered Psychological Intern

Fullname(first, middle,last) _____ Ph.D. [] Psy. D. [] Ed.D.

Maiden name (if applicable) _____ SSN _____

Sex: [] Male [] Female | U.S. Citizen: [] Yes [] No | Served in the U.S. Armed Forces: [] Yes [] No

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

Date of Birth: ____/____/____ Place of Birth: _____

E-mail address: _____

Preferred Mailing Address: [] Home [] Business

Business Address: _____

Business Phone: (____) _____ - _____

Home Address: _____

Home 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

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

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

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

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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.

Have you completed the EPPP? Yes No

Jurisdiction _____ Year _____

SIGNATURE OF APPLICANT: _____

DATE: _____

Upon receipt of this form, the Nevada Board of Psychological Examiners will evaluate your credentials. If you meet the requirements, your information may be provided to the Association of State and Provincial Psychology Boards (ASPPB) 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 you, the applicant, through the email listed to direct to required application. (Additional fees will apply.)

When submitting this form, please include:

1. \$150 application fee, payable by check or money order to 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

*Affix
Photo
Here*

