



Brian Sandoval  
Governor

STATE OF NEVADA  
**BOARD OF PSYCHOLOGICAL EXAMINERS**  
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I, \_\_\_\_\_, an applicant for  
(Please Print)

give \_\_\_\_\_ permission to speak with the Board office regarding my:  
(Please Print)

- Psychologist
- Psychological Assistant
- Psychological Intern
- LBA  LaBA  CABI

- Application Status
- Examination Status
- Payment Status

Effective: \_\_\_\_\_  
Date

Signature of Applicant: \_\_\_\_\_