

State of Nevada
Board of Psychological Examiners
4600 Kietzke Lane, Bldg E-141
Reno, Nevada 89502
(775)688-1268 • (775) 688-1272

Application for Approval of Continuing Education Program by a Psychologist

Please provide as much information on the course(s) so that the CE Chair can make an informed decision.

Name of psychologist submitting program:		Date	Phone Number ()	
Address		City	State	Zip Code
Name of Program:			Date(s) Attended:	
Name of Sponsoring Organization:				
APA Approved program: Yes: <input type="checkbox"/> No: <input type="checkbox"/>		Ethics Course: Yes: <input type="checkbox"/> No: <input type="checkbox"/>		Hours Requested:
Information provided:				
Fee enclosed: Yes: <input type="checkbox"/> No: <input type="checkbox"/>			Fee sent by Mail: Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
From Website: Yes: <input type="checkbox"/> No: <input type="checkbox"/>			From Brochure: Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Office Use Only:				
<input type="checkbox"/> Approved Date: ____/____/____		Approved Until: ____/____/____		
<input type="checkbox"/> Not Approved: _____				
Sent to: _____		Date: _____ Fee Received: _____ Check# _____		