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

APPLICATION FOR APPROVAL OF CONTINUING EDUCATION TRAINING PROGRAM

Name of Person Submitting Application: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **Work Phone:** (____)-_____-_____

Sponsoring Organization: _____

Title of Program: _____

Date of Program: _____ / _____ / _____ **Time of Program:** _____ **Location:** _____

Subject Area (Check all that Apply)

☐ Scientific and professional ethics and standards.

☐ Forensic Issues.

☐ Research design and methodology.

☐ Tests and measurements.

☐ Psychotherapeutic techniques.

☐ Biological basis of behavior, including physiological psychology, comparative psychology, neuropsychology, human sexuality, and psychopharmacology.

☐ Cognitive and affective basis of behavior including learning, memory perception, cognition, thinking, motivation, and emotion.

☐ Social basis of behavior including social, cultural, ethnic and group processes, sex roles, organization and systems theory.

☐ Individual differences including personalitytheory, human development,abnormal psychology, psychopathologyand psychology of the handicapped.

☐ Other: _____

Maximum Enrollment (if any): _____ **Number of Contact Hours (exclude breaks):** _____

Instructor(s) Name(s): _____

Instructor Qualifications: Please attach a resume for the instructor. _____

Course Content Form: Please fill out attached form.

Submission of Proposal: The signature below acknowledges that all information submitted is correct and grants permission to the Nevada Board of Psychological Examiners to independently verify this information as a condition for acceptance.

Submitted by: _____ **Date:** _____ / _____ / _____

Checklist: Be sure you include the following with this application.

☐ Course Content Form   ☐ Instructor Resume(s)   ☐ Certificate of Completion

☐ Course Evaluation Form   ☐ Brochure (if available and applicable)   ☐ Review fee of $25.00

OFFICE USE ONLY

Course Content Form: yes no	Certificate of Attendance: yes no	Brochure Attached: yes no
Instructor Resumes: yes no	Course Evaluation Form: yes no	Review fee: yes no

Approved Date: _____ / _____ / _____ Contact Hours: _____

Approved By: _____ Signature: _____

 Not Approved; Reason why: _____