

**State of Nevada Board of Psychological Examiners**  
**4600 Kietzke Lane, B-116**  
**Reno, Nevada 89502**  
**775-688-1268**

Application for Approval of Continuing Education Program by a Licensee

Name of licensee submitting program:	Date of submission	Daytime 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:	
Further information provided:			
\$25.00 review fee per program.		Fee enclosed: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Information enclosed from		Website <input type="checkbox"/> Brochure <input type="checkbox"/> Program Material <input type="checkbox"/>	
<b>Office Use Only:</b>			
<input type="checkbox"/> Approval date: ____/____/____      Approved until: ____/____/____ <input type="checkbox"/> Not Approved: Reason: _____			
Sent for approval: _____ Fee Received: _____ Check # _____			

Please provide as much information on the course(s) so that the reviewer can make the best informed decision.