

**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.