

STATE OF NEVADA
BOARD OF PSYCHOLOGICAL EXAMINERS
4600 Kietzke Lane, Bldg E-141 * Reno, NV 89502
775-688-1268 * Fax 775-688-1272
E-Mail nbop@govmail.state.nv.us

APPLICATION TO PRACTICE AS NON-RESIDENT CONSULTANT

Please use the attached Statutes, Regulations and Information/Instructions in completing this application.

USE TYPEWRITER OR PRINT LEGIBLY IN INK.

1.00 PERSONAL DATA		1.01 Application Date				
1.02 Last Name, First Name, Middle Initial		1.03 Sex	1.04 Social Security #			
1.05 Home Address – Street	1.06 City	1.07 State	1.08 ZIP	1.09 Phone () -		
1.10 Business Address – Street	1.11 City	1.12 State	1.13 ZIP	1.14 Phone () -		
1.15 Date of Birth	1.16 Birthplace					
2.00 EDUCATION AND TRAINING - (ADVANCED)						
2.01 Highest Academic Degree Earned	2.02 University		2.03 Date			
3.00 LICENSING HISTORY					YES	NO
3.01 List all current Licenses to practice psychology by State, License Number and Expiration Date: _____ _____					##### ##### ##### ##### #####	
3.02 Are you now or have you ever been licensed, certified or registered as a psychologist (or other professional) in Nevada or in any other jurisdiction?						
3.03 Is there currently or has there ever been any investigation or action taken against you for any ethical, moral, legal or malpractice action?						
3.04 Have you ever been found guilty, convicted, or held liable in any moral, ethical, legal, or malpractice action?						
3.05 Have you ever had a professional license or certificate denied, restricted, suspended or revoked?						
3.06 Have you ever relinquished responsibilities, resigned a position or been fired while a complaint was pending against you?						
3.07 Have you ever resigned or been terminated from a professional organization or surrendered a license while a complaint against you was being investigated or pending?						
3.08 Are you required to register as a sex offender.						
3.09 Have you ever been suspended, disqualified, censured or disciplined as a member of any professional organization?						
3.10 Have you ever been dismissed from or asked to resign from any education, training or employment due to negligence, professional misconduct or academic dishonesty?						
3.11 Have you ever been subject to review and/or action by the ethics committee of any organization?						

3.12 Explain any "YES" answers here (attached separate sheet if necessary):

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4.00 LEGAL HISTORY	YES	NO
4.00 Have you ever been convicted of, or pled guilty or nolo contendere, to a violation of any federal or state statute, or any city or county ordinance, or any law of a foreign country? (Exclude minor traffic violations)	<input type="checkbox"/>	<input type="checkbox"/>
4.01 Are you subject to a court order for the support of one or more children and <u>not</u> in compliance with the order or with a repayment plan approved by the public agency authorized to enforce the order?	<input type="checkbox"/>	<input type="checkbox"/>
4.02 Are you required to register as a sex offender?	<input type="checkbox"/>	<input type="checkbox"/>
4.03 Explain any "YES" answers here (attached separate sheet if necessary):		
<hr/> <hr/>		
5.00 PURPOSE AND NATURE OF BUSINESS IN NEVADA		
5.01 Individual/organization requesting your services:		
Name: _____		
Phone: _____		
Address: _____		
<hr/> <hr/>		
5.01 Scheduled and/or Expected date(s):		
5.02 Facility name and address where your services will be required: _____		
<hr/> <hr/>		
5.03 Purpose and Nature of Activities:		
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I affirm, under penalty of perjury, that all of the information supplied herein is to the best of my knowledge true, accurate and complete and that I have not withheld, misrepresented, or falsely stated any information relevant to my training and experience or my fitness to practice psychology. I further agree to practice as a consultant in the State of Nevada NOT MORE THAN 30 CALENDAR DAYS PER YEAR and will not assume primary responsibility for psychological care of any patient(s).

Signature of Applicant: _____ Date _____

State of _____

County of _____

(Notary Stamp)

Signed and sworn to (or affirmed) before me on _____
Date

By _____
Name of person making statement

Signature of Notary

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Address: _____ Phone: _____

City, State, Zip: _____

VERIFICATION OF NON-RESIDENT PRACTICE AGREEMENT

INSTRUCTIONS TO INVITING PSYCHOLOGIST: Please complete section 6.02, have your signature notarized and return to the Board office at the address above. If you have any questions please contact the office.

6.00 CONSULTATION AGREEMENT
6.01 Purpose and Nature of Activities:
6.02 UNDER DIRECTION OF INVITING PSYCHOLOGIST LISTED BELOW
Name: _____ License #: _____ Phone: _____
Address: _____

I affirm, under penalty of perjury, that all of the information supplied herein is to the best of my knowledge true, accurate and complete and that I have not withheld, misrepresented, or falsely stated any information. I further affirm that as the inviting psychologist I will assume primary responsibility for the care of any patient(s) for whom the applicant provides consultation.

Signature of the Inviting Psychologist: _____ Date _____

State of _____

County of _____

Signed and sworn to (or affirmed) before me on _____
Date

(Notary Stamp)

By _____
Name of person making statement

Signature of Notary