

**STATE OF NEVADA**  
**BOARD OF PSYCHOLOGICAL EXAMINERS**  
 4600 Kietzke Lane, Bldg B-116, Reno, NV. 89502  
 (775)688-1268  
 nbop@govmail.state.nv.us

**APPLICATION TO PRACTICE AS A NON-RESIDENT CONSULTANT**

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

PRINT LEGIBLY IN INK

<b>1.00 PERSONAL DATA</b>		1.01 Application Date		
1.02 Last Name, First Name, Middle Initial		1.03 Sex	1.04 Social Security Number	
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		
<b>2.00 EDUCATION AND TRAINING-(ADVANCED)</b>				
2.01 Highest Academic Degree Earned	2.02 University		2.03 Date	
<b>3.00 LICENSING HISTORY</b>			<b>YES</b>	<b>NO</b>
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 dishonest?				
3.11 Have you ever been subject to review and/or action by the ethics committee of any organization?				
<b>3.12 Explain any "YES" answers here (attach separate sheet if necessary):</b>				
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Applicant \_\_\_\_\_

Page 2 of 4

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)		
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?		
4.02 Are you required to register as a sex offender?		
4.03 Explain any "YES" answers here (attach separate sheet if necessary)		
5.00 PURPOSE AND NATURE OF BUSINESS IN NEVADA		
5.01 Individual/organization requesting your services:		
Name: _____		
Phone: _____		
Address		
_____		
_____		
_____		
5.02 Scheduled and/or Expected date(s):		
5.03 Facility name and address where your services will be required: _____		

5.04 Purpose and Nature of Activities:

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Applicant \_\_\_\_\_

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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Page 4 of 4

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 this form 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:

\_\_\_\_\_

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6.02 UNDER DIRECTION OF INVITING PSYCHOLOGIST LISTED BELOW

<b>Name:</b>	<b>License #:</b>	<b>Phone:</b>
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**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 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