

**STATE OF NEVADA**  
**BOARD OF PSYCHOLOGICAL EXAMINERS**  
**4600 KIETZKE LANE, BLDG B-116 • RENO, NV 89502 • (775) 688-1268**  
[NBOP@GOVMAIL.STATE.NV.US](mailto:NBOP@GOVMAIL.STATE.NV.US)

**APPLICATION FOR LICENSURE AS A LICENSED BEHAVIOR ANALYST**

Please use the proper statutes, Regulations, information and Attached instructions in completing this application

USE TYPEWRITER OR PRINT LEGIBLY IN INK

Use additional sheets as necessary; number sheets consecutively; code responses to questions by number

<b>1.00 PERSONAL DATA</b>			<b>1.01 Application Date</b>		
1.02a Last Name, First name, Middle Initial				1.03a U.S. Citizen Yes <input type="checkbox"/> No <input type="checkbox"/>	
1.02b Maiden Name (if applicable)			1.04a Sex		1.04b Social Security #
1.05 Home Address		1.06 City	1.07 State	1.08 Zip	1.09 Phone (    )
1.10 Business Address		1.11 City	1.12 State	1.13 Zip	1.14 Phone (    )
1.15 Date of Birth	1.16 Birthplace		1.17 Email Address		
<b>2.00 GRADUATE EDUCATION AND TRAINING</b>			<b>2.01 Highest Academic Degree Earned</b>		
2.02 University		2.03 Major Field			2.04 Date
2.05 Title of Thesis/Dissertation					
<b>3.00 ALL ADDITIONAL GRADUATE EDUCATION RELEVANT TO THIS APPLICATION</b>					
3.01.1 University		3.01.2 City/State/Zip			3.01.3 Date
3.01.4 Major field			3.01.5 Degree (if any)		
3.01.1 University		3.01.2 City/State/Zip			3.01.3 Date
3.01.4 Major field			3.01.5 Degree (if any)		
<b>4.00 UNDERGRADUATE EDUCATION TRAINING</b>					
University/College	Address	Dates Attended	Department/College	Major	Degree
4.01.1	4.01.2	4.01.3	4.01.4	4.01.5	4.01.6
4.02.1	4.02.2	4.02.3	4.02.4	4.02.5	4.02.6
4.03.1	4.03.2	4.03.3	4.03.4	4.03.5	4.03.6
<b>5.00 CERTIFICATION</b>					
5.01 Are you certified through the Behavior Analyst Certification Board?				Yes <input type="checkbox"/> No <input type="checkbox"/>	
5.01.1 Date of Certification:			5.01.2 Years Certified:		
If No: Explain:					
5.01.3 In Good Standing?: Yes <input type="checkbox"/> No <input type="checkbox"/>					

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Applicant \_\_\_\_\_

6.00 SUPERVISED EXPERIENCE - Start with most recent. Include paid and unpaid. See General Instructions.				
From Mo/Yr - To Mo/Yr	Institution	Address	Supervisor	
6.01.1	6.01.2	6.01.3	6.01.4	
6.02.1	6.02.2	6.02.3	6.02.4	
6.03.1	6.03.2	6.03.3	6.03.4	
7.00 TRAINING/EXPERIENCE Qualifying Me to Provide Specific Services To Certain Populations				
Population	Service	Training Experience		
7.01.1	7.01.2	7.02.3		
7.02.1	7.02.2	7.02.3		
7.03.1	7.03.2	7.03.3		
8.00 PERSONAL/PROFESSIONAL CONDUCT HISTORY			YES	NO
8.01 Is there currently or has there ever been any investigation or action taken against you for any ethical, moral, legal or malpractice action?				
8.02 Have you ever pled guilty or nolo contendere or been found guilty, convicted, or held liable in any moral, ethical, legal, or malpractice action?				
8.03 Have you ever had a professional license, registration, certification or credential denied, restricted, suspended, censured or revoked in any jurisdiction for any profession?				
8.04 Have you ever relinquished responsibilities, let your license lapse, resigned a position or been fired due to an action pending or threatened?				
8.05 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?				
8.06 Have you ever been notified by any state, territory, district, country, U.S. government agency, or state certification/licensing board of any complaint filed against you relative to the practice of behavior analysis (including, but not limited to, any allegations currently pending)?				
8.07 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? (This includes misdemeanors and felonies and includes convictions subsequently dismiss and deferred judgment. Exclude minor traffic violations only.)				
8.08 Are you subject to a court order for the support of one or more children and not in compliance with the order or with a repayment plan approved by the public agency authorized to enforce the order?				
8.09 Are you required to register as a sex offender?				
8.10 Have you ever suspended, disqualified, censured or disciplined as a member of any professional organization?				
8.11 Have you ever been dismissed from or asked to resign from any education, training or employment due to negligence professional misconduct or academic dishonesty?				
8.12 Have you ever been subject to review and/or action by the ethics committee of any professional organization?				
8.13 Explain any "YES" answers here. (Attach separate page if needed)				

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9.00 PROFESSIONAL EMPLOYMENT- Start with the most recent.			
From Mo/Yr – To Mo/Yr	Institution	Address	Supervisor
9.01.1	9.01.2	9.01.3	9.01.4
9.02.1	9.02.2	9.02.3	9.02.4
9.03.1	9.03.2	9.03.3	9.03.4
9.04.1	9.04.2	9.04.3	9.04.4
10.00 MEMBERSHIPS in professional organization/ honorary societies			
10.01			
10.02			
11.00 LICENSING HISTORY- List Licenses, certificates, registrations (if applicable)			
State/Jurisdiction	Title/Type	Begin/End Dates	Total Years
12.00 HONORS, SPECIAL ASSIGNMENTS, PROJECTS			
12.01			
12.02			
12.03			
13.00 REFERENCES from three (3) persons knowledgeable of your fitness to practice as a Behavior Analyst.			
Name	Relationship	Address-Street	City/State/Zip
13.01.1	13.01.2	13.01.3	13.01.4
13.02.1	13.02.2	13.02.3	13.02.4
13.03.1	13.03.2	13.03.3	13.03.4

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I agree that my name may be published as an applicant for licensure in the State of Nevada. 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 fitness to practice as a Behavior Analyst. I authorize the exchange of any and all information concerning any and all complaints adjudicate, stipulated or pending against me with the licensing boards and professional associations. I understand such complaints may constitute grounds for disciplinary action by the board.

14.00	15.00
Affix Photo Here	_____ 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