

State of Nevada  
Board of Psychological Examiners  
4600 Kietzke Lane B116  
Reno, Nevada 89502  
775-688-1268 / 775-688-1272 (f) / nbop@govmail.state.nv.us

Verification of Licensure Request

I, \_\_\_\_\_, request a verification of my

(Please print, name you are licensed/certified as)

license/certificate be sent to: Attn: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My License/certificate #: \_\_\_\_\_ as a (profession) \_\_\_\_\_.

I would like to receive a copy of the requested verification be sent to me at the below address.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have enclosed the required \$20.00 fee, in check or money order. If you have any questions please contact me at Phone: \_\_\_\_\_

Or email: \_\_\_\_\_

Thank you.