

State of Nevada
Board of Psychological Examiners
4600 Kietzke Lane B-116, Reno, Nevada 89502
775-688-1268
NBOP@govmail.state.nv.us

INSTRUCTIONS TO APPLICANT: Please complete the following and submit directly to licensing Board(s) in your current jurisdiction for return to the office of the Nevada Psychology Board.

Current Licensing Board

Applicant's Name

Street Address

Street Address

City, State, Zip

City, State, Zip

I authorize the exchange of any and all information pertaining to this document between the named licensing board and the Nevada Psychology Board. I further understand that this document may be released to me by the Board but to the general public.

Applicant signature

Date

I hereby certify that LICENSE NUMBER _____ was issued(date _____) based on credentials at the Doctoral level in psychology; that he/she is currently on Active Status in good standing in this jurisdiction' that there are no outstanding complaints or charges filed against him/her; that there has been no disciplinary action taken against him/her in this jurisdiction.

In testimony whereof witness my hand and seal:

AFFIX OFFICIAL BOARD SEAL BELOW:

Signature

Title

Jurisdiction

Date