

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

APPLICATION FOR REINSTATEMENT OF LICENSURE AS A PSYCHOLOGIST

Answer all questions clearly. Please type or print in ink.

YOU MUST ALSO DOCUMENT COMPLIANCE WITH CONTINUING EDUCATION REQUIREMENTS FOR THE MOST RECENT BIENNIUM - SEE ENCLOSED FORMS.

Applications must be notarized. The Board may require additional information or supporting materials. A non-refundable fee of \$100.00 must accompany this application. Direct all inquiries, fees, and supporting materials to Nevada State Board of Psychological Examiners at the address above.

Date of Application: _____

Last Name, First, Middle Initial		Sex	Social Security Number
Home Address		City	State and Zip
Business Address		City	State and Zip
Home Phone		Office Phone Extention	
Nevada License Number		Date Issued	Date Last Active
Yes	No	1. Have you ever applied for a license or certificate in any profession and been refused? If so give details:	
Yes	No	2. Have you been licensed or certified as a psychologist or in any other profession in any state? Give full details including name of state, date and number or original license or certificate, and date of last renewal.	
Yes	No	3. Has your right to practice any profession or trade ever been revoked or suspended? If so, give details:	
Yes	No	4. Since your license has been inactive have you been voluntarily or involuntarily hospitalized for an emotional, mental, or addictive disorder? If so, give details:	

Yes	No	5. Are there any other matters, events, or issues which might affect your suitability or ability to resume the practice of psychology in Nevada? If so, give details:

EMPLOYMENT: Start with your most recent position and work back to the date your Nevada license became inactive. If necessary, use additional sheet.

From:	To:	Employer:	Supervisor:		
Address:		City:	State:	Zip:	Phone:
From:	To:	Employer:	Supervisor:		
Address:		City:	State:	Zip:	Phone:
From:	To:	Employer:	Supervisor:		
Address:		City:	State:	Zip:	Phone:
From:	To:	Employer:	Supervisor:		
Address:		City:	State:	Zip:	Phone:

I affirm that the above answers are true and complete, and that I have fully disclosed all matters and events relevant to my ability to practice Psychology in the State of Nevada.

Signature of Applicant

Date