



State of Nevada

Board of Psychological Examiners

4600 Kietzke Lane, Building B-116

Reno, NV 89502

Phone: (775) 688-1268 - E-mail: nbop@govmail.state.nv.us

APPLICATION FOR APPROVAL OF CONTINUING EDUCATION TRAINING PROGRAM

Name of Person Submitting Application: _____

_____ State: _____ Zip: _____ Work Phone: ()-_____-_____

Address: _____

City: _____

Sponsoring Organization: _____

Title of Program: _____

Date of Program: ____/____/____ Time of Program: _____ Location: _____

Subject Area (Check all that Apply)

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Scientific and professional ethics and standards. | <input type="checkbox"/> Cognitive and affective basis of behavior including learning, memory perception, cognition, thinking, motivation, and emotion. |
| <input type="checkbox"/> Forensic Issues. | <input type="checkbox"/> Social basis of behavior including social, cultural, ethnic and group processes, sex roles, organization and systems theory. |
| <input type="checkbox"/> Research design and methodology. | <input type="checkbox"/> Individual differences including personality theory, human development, abnormal psychology, psychopathology and psychology of the handicapped. |
| <input type="checkbox"/> Tests and measurements. | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Psychotherapeutic techniques. | |
| <input type="checkbox"/> Biological basis of behavior, including physiological psychology, comparative psychology, neuropsychology, human sexuality, and psychopharmacology. | |

Maximum Enrollment (if any): _____ Number of Contact Hours (exclude breaks): _____

Instructor(s) Name(s): _____

Instructor Qualifications: Please attach a resume for the instructor. **Course Content Form:** Please fill out attached form.

Submission of Proposal: The signature below acknowledges that all information submitted is correct and grants permission to the Nevada Board of Psychological Examiners to independently verify this information as a condition for acceptance.

