

**State of Nevada**  
**Board of Psychological Examiners**  
**4600 Kietzke Lane, Bldg E-141**  
**Reno, Nevada 89502**  
**(775)688-1268 • (775) 688-1272**

**Application for Approval of Continuing Education Program by a Psychologist**

A fee of \$25.00 is required PER course that is requested for approval.  
 Please provide as much information on the course(s) so that the CE Chair can make an informed decision.

Name of psychologist submitting program:		Date	Phone Number (     )	
Address		City	State	Zip Code
Name of Program:			Date(s) Attended:	
Name of Sponsoring Organization:				
APA Approved program: Yes: <input type="checkbox"/> No: <input type="checkbox"/>		Ethics Course: Yes: <input type="checkbox"/> No: <input type="checkbox"/>		Hours Requested:
Information provided:				
Fee enclosed: Yes: <input type="checkbox"/> No: <input type="checkbox"/>			Fee sent by Mail: Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
From Website: Yes: <input type="checkbox"/> No: <input type="checkbox"/>			From Brochure: Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
<b>Office Use Only:</b>				
<input type="checkbox"/> Approved Date: ____/____/____      Approved Until: ____/____/____ <input type="checkbox"/> Not Approved: _____				
Sent to: _____ Date: _____      Fee Received: _____ Check# _____				