

STATE OF NEVADA
BOARD OF PSYCHOLOGICAL EXAMINERS
4600 Kietzke Lane B-116 · Reno, NV 89502 · (775) 688-1268
nbop@govmail.state.nv.us
APPLICATION FOR REGISTRATION AS A PSYCHOLOGICAL TRAINEE

USE TYPEWRITER OR PRINT LEGIBLY IN INK.

Use additional sheets as necessary; number sheets consecutively; code responses to questions by number.

1.00 PERSONAL DATA			1.01 Application Date		
1.02 Last Name, First Name, Middle Initial			1.03 Sex	1.04 Social Security #	
1.05 Home Address - Street	1.06 City	1.07 State	1.08 ZIP	1.09 Phone Number	
1.10 Business Address - Street	1.12 City	1.13 State	1.14 ZIP	1.15 Business Phone Number	
1.16 Date of Birth	1.17 Birthplace				
2.00 GRADUATE EDUCATION AND TRAINING					
2.01 Highest Academic Degree Earned		2.02 University	2.03 Major Field	2.04 Date	
2.05 Title of Thesis/Dissertation					
2.06 Will your program be APA-accredited at the time of graduation? Yes <input type="checkbox"/> No <input type="checkbox"/>					
3.00 ALL ADDITIONAL GRADUATE EDUCATION RELEVANT TO THIS APPLICATION					
3.01.1 University		3.01.2 City/State/ZIP		3.01.3 Dates	
3.01.4 Major Field			3.01.5 Degree (if any)		
3.02.1 University		3.02.2 City/State/ZIP		3.02.3 Dates	
3.02.4 Major Field			3.02.5 Degree (if any)		
3.03.1 University		3.03.2 City/State/ZIP		3.03.3 Dates	
3.03.4 Major Field			3.03.5 Degree (if any)		

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4.00 UNDERGRADUATE EDUCATION INFORMATION

University/College	Address	Dates Attended	Department/College	Major	Degree
4.01.1	4.01.2	4.01.3	4.01.4	4.01.5	4.01.6
4.02.1	4.02.2	4.02.3	4.02.4	4.02.5	4.02.6
4.03.1	4.03.2	4.03.3	4.03.4	4.03.5	4.03.6

AFFIDAVIT

NOTE: Any omissions, false or misleading information in, or connected with, this application, its attachments or other communications with the Board may be cause for denial or revocation of licensure on the grounds of lack of good moral character.

STATE OF: _____ **COUNTY OF:** _____

The undersigned, being sworn, deposes and says that he/she is the person who executed this application; that all statements herein are true in every respect; that he/she has not suppressed any information that might affect this application; that he/she will conform to the ethical standards of conduct of the American Psychological Association; and that he/she has read and understands this affidavit. I agree that my name may be published as a for licensure in the State of Nevada.

Signature of Applicant: _____ **Date:** ____/____/____

SWORN BEFORE ME THIS DAY: _____ of _____ 20____

SIGNATURE OF NOTARY PUBLIC: _____

PRINTED OR TYPED NAME: _____

MY COMMISSION EXPIRES: ____/____/____

When submitting this form, please include:

1. \$150 application fee, payable by check or money order to Nevada Board of Psychological Examiners.
2. Two passport-style photos, with one attached to the bottom of this page.

Mail to:

Nevada Board of Psychological Examiners
4600 Kietzke Lane, B-116
Reno, NV 89502

AFFIX
PHOTO
HERE