



**NEVADA STATE
BOARD OF PSYCHOLOGICAL EXAMINERS**

**Applicant Screening Information Form
For Licensure as a Psychologist**

This Applicant Screening Information Form serves to inform the Board of the application process for which your application qualifies. Upon the Board's receipt of this screening information form and the application fee, you will receive information and further instruction on what you will be required to complete for licensure.

For additional information about licensure in the State of Nevada, contact the Board office at nbop.admin@govmail.state.nv.us or go to <https://psyexam.nv.gov/Forms/ALL/PsychologistAppInfo/>.

Type or Print Legibly in Ink

Date: _____

1. Acknowledgement:

Any omissions or 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. Initials _____

2. Personal Information:

Applicant Name: _____
Last Maiden (if applicable)

_____ First Middle

Social Security #: ____ - ____ - ____ U.S. Citizen: Yes ___ No ___ Preferred Pronouns: _____

Place of Birth: _____ Date of Birth: _____

U.S. Armed Services: Are you an active member or veteran of the U.S. Armed Forces? Yes ___ No ___
Are you the current/surviving spouse of an active member/veteran? Yes ___ No ___

Email Address: _____

Preferred Mailing Address: Home _____ Business _____

Home Address: _____

City, State, Zip: _____

Home Phone: _____

Business Address: _____

City, State, Zip: _____

Business Phone: _____

3. Licensure:

1. Are you licensed in another jurisdiction? Yes___ No___

- *If you answered "No", please skip to and complete **Sections 5 and 6**, and submit this initial screening application with the application fee to the Board office.*

2. If you are licensed in another jurisdiction, have you been licensed for **five years or more**? Yes___ No___

- *If you answered "No", please skip to and complete **Sections 5 and 6**, and submit this initial screening application with the application fee to the Board office.*

Applicants who are **not licensed in another jurisdiction** or **have not been licensed in another jurisdiction for at least five years** will be required to complete the Psychology Licensure Universal System (PLUS) online documentation process, and will be provided further instruction and information by the Board upon submission of this initial screening application and application fee.

For Applicants who have been licensed in one or more jurisdictions for at least five years, please complete **Sections 4 and 6** and submit this this initial screening application with the application fee to the Board office

4. Qualifications for Licensure by Endorsement:

A. Expedited Application Process: The expedited application process is available to eligible licensed applicants who have certain credentials and/or have been continuously licensed for 20 years or more.

1. Do you have:

- A Certificate of Professional Qualification (CPQ) in Psychology? Yes___ No___
- A National Register of Health Science Psychologists (NR) Credential? Yes___ No___
- An American Board of Professional Psychology (ABPP) Credential? Yes___ No___

2. Have you been continuously and actively licensed and in good standing in one or more jurisdictions for **20 years or more**? Yes___ No___

B. Abbreviated Application Process: The abbreviated application process is available to eligible applicants who have been licensed in one or more jurisdictions for five years or more, but less than 20 years, and **do not** hold a CPQ, NR, or ABPP credential.

Have you been continuously and actively licensed and in good standing in one or more jurisdictions for **five years or more** but **less than 20 years**? Yes ___ No ___

- If you checked "Yes", how many years have you been licensed? _____

Applicants who **have been licensed in another jurisdiction for five years or more but less than 20 years and do not hold a CPQ, NR, or ABPP credential** may be referred to the ASPPB to complete the Psychology Licensure Universal System (PLUS) online documentation process, and will be provided further instruction and information by the Board upon submission of this initial screening application and application fee.

5. Doctoral Degree Information:

If you are **not licensed in another jurisdiction** or **have not been licensed in another jurisdiction for at least five years**, please complete this section.

Was your graduate program accredited by the American Psychological Association (APA) at the time of graduation? Yes ___ No ___

Name of Graduate University: _____

Name of Graduate University's Program: _____

Applicants who have graduated from a doctoral program that is not accredited by the American Psychological Association will be subject to an equivalency evaluation.

Degree: Ph.D. ___ Psy.D. ___ Ed.D. ___

Psychology Degree Program: Clinical ___ Counseling ___ School ___ Other* ___

**If you marked "other" for your degree program, please specify: _____*

Applicants who have a doctoral degree in a program other than Clinical, Counseling, or School Psychology may be subject to an equivalency evaluation.

Submission Information and Instructions on next page

6. Submission:

I agree that my name may be published as an applicant for licensure in the State of Nevada. I affirm, under penalty of perjury, that the information provided herein is, to the best of my knowledge and belief, true, accurate and complete, and that I have not withheld, misrepresented, or falsely stated any information I have provided.

Signature: _____ Date: _____

Upon its receipt of this form and payment, the Nevada Board of Psychological Examiners will evaluate which application process applies to you and will provide further instruction and information accordingly. The Board office will also communicate any other requirements for licensure, including, but not limited to, a criminal background check and the Nevada State Examination.

When submitting this form, please include:

- \$150 application fee, payable by:
 - check or money order to Nevada Board of Psychological Examiners, or
 - online by requesting a PayPal link from nbop.admin@govmail.state.nv.us (please note, PayPal charges an additional 2.95% fee)
- Two passport-style photos, with one attached where indicated below.

Return to: State of Nevada Board of Psychological Examiners
3080 South Durango Drive, Suite 102
Las Vegas, NV 89117

or

email to: nbop.admin@govmail.state.nv.us

Affix
Photo
Here
