



# 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](mailto: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 \_\_\_\_\_

Degree Designation: Ph.D. \_\_\_\_ Psy.D. \_\_\_\_ Ed.D. \_\_\_\_ Preferred Pronouns: \_\_\_\_\_

Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ U.S. Citizen: Yes \_\_\_\_ No \_\_\_\_

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(A) 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(A), 5(B), 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, EPPP, and Licensure Information:

**A.** 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.

### Doctoral Degree Information:

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.*

### EPPP Information:

Have you taken and passed:

- The EPPP-1? Yes\_\_\_ No \_\_\_
- The EPPP-2? Yes\_\_\_ No \_\_\_

**B.** If you **are licensed in another jurisdiction** but **have not been licensed for at least five years**, please provide the date on which you were licensed.

Date of Licensure: \_\_\_\_\_

## 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](mailto:nbop.admin@govmail.state.nv.us) (please note, PayPal charges an additional 2.95% fee)
- A passport-style photo 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](mailto:nbop.admin@govmail.state.nv.us)

Affix  
Photo  
Here

---