



State of Nevada
Board of Psychological Examiners

3080 South Durango Drive, Suite 102 Las Vegas, Nevada 89117

702.276.0926

nbop.admin@govmail.state.nv.us

psyexam.nv.gov

APPLICATION FOR APPROVAL OF CONTINUING EDUCATION TRAINING PROGRAM

Name of Person Submitting Application: _____

Sponsoring Organization: _____

Address: _____

Phone: _____

Email: _____

Title of Program: _____

Date 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 each 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.

Submitted by: _____ **Date:** _____

Checklist: Please be sure to include the following with this application.

- | | | |
|---|---|--|
| <input type="checkbox"/> Course Content Form | <input type="checkbox"/> Instructor Resume(s) | <input type="checkbox"/> Certificate of Completion |
| <input type="checkbox"/> Course Evaluation Form | <input type="checkbox"/> Brochure (if available and applicable) | <input type="checkbox"/> Review fee of \$30.00 |



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Course Content Form

Instructor: _____ **Time Allotted (Excluding Breaks):** _____

A. Goal(s)/Purpose:

B. Behavioral Objectives:

C. Content (Brief Outline)

D. Method of Presentation

E. Evaluation Process

