

STATE OF NEVADA
BOARD OF PSYCHOLOGICAL EXAMINERS

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nbop@govmail.state.nv.us

Change of Address Form

Name:			
Current Address			
	City	State	Zip
New Address			
	City	State	Zip

Change of Name

Please include with this form proof of name change and the \$25.00 license fee

Current name			
License/Certificate Number			
Requested Name Change			

(This is the name that will go on your license certificate)