

State of Nevada
Board of Psychological Examiners

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

psyexam.nv.gov

nbop.admin@govmail.state.nv.us

Request for Verification of Licensure

I, _____, request a verification of my Psychologist
(Please print, name you are licensed as)

license be sent to:

Attn: _____

My Psychologist License number is: _____.

I request that a copy of my license verification be sent to me at the below address.

I have enclosed a check or money order for the required \$20.00 fee, or

I request a link to pay the required \$20 fee online (I understand that there are additional fees for online payment)

If you have any questions please contact me at: _____
(Phone number)

or _____
(Email)