



## NEVADA STATE BOARD OF PSYCHOLOGICAL EXAMINERS

### Application to Practice as a Non-Resident Consultant

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#### 1. Materials Needed:

- a. Application. The Enclosed application form and all supporting materials and documents must be received in the office of the Board at least thirty (30) calendar days prior to the date of the proposed beginning of non-resident practice.
- b. Fees. A non-refundable processing fee of \$100 must be submitted with the application, in order for the application to be processed by the Board office.
- c. Verification of Non-Resident Practice Agreement. A copy of the enclosed form must be sent to the Inviting Psychologist and then completed and returned to the Board by the Inviting Psychologist.

#### 2. Procedure:

- a. The Board will notify you within fifteen (15) calendar days of receipt of approval or denial of your application.
- b. Chapter 641 of Nevada Revised Statutes ("NRS") and Nevada Administrative Code ("NAC"), which govern the practice of psychology, should be carefully reviewed by the Non-Resident Consultant prior to practicing in Nevada.
- c. To be considered as a Non-Resident Consultant<sup>1</sup>, the applicant must meet all of the requirements in NAC 641.020, 641.025, 641.028, 641.050, 641.061 and 641.080, as applicable, regarding accreditation of graduate program, supervision, and experience requirements.
  - i. Meeting the requirements for practice as a Non-Resident Consultant or being approved as a Non-Resident Consultant in the State of Nevada does not ensure that the applicant will qualify for licensure in the State of Nevada.
- d. If qualified, the consultant shall be allowed to perform consulting services which must be specified on the application, with specific dates, and which must occur under the supervision of a psychologist actively licensed and in good standing in the State of Nevada.
- e. Consulting services are limited to such services as providing witness testimony in a Court proceeding or providing a one-time evaluation for a specific purpose, such as a pending Court proceeding. Ongoing evaluation services, EAP, and/or psychotherapy, without limitation may *not be performed by a Non-Resident Consultant in the State of Nevada*.

Return to: State of Nevada Board of Psychological Examiners  
4600 Kietzke Lane, B-116  
Reno, NV 89502

[nbop@govmail.state.nv.us](mailto:nbop@govmail.state.nv.us)

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<sup>1</sup> NRS 641.2295, Practice by nonresident psychologist as consultant. A psychologist, not a resident of Nevada and not licensed in Nevada, who is certified or licensed in another state whose requirements for certification or licensure are equivalent to the requirements of this chapter is not subject to the provisions of this chapter if the psychologist does not practice psychology in the State of Nevada for over 30 days in any 1 calendar year, and if the psychologist is invited as a consultant by a psychologist licensed in Nevada.



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Refer to appropriate statutes, regulations, and procedures in completing this application.

**Type or Print Legibly in Ink**

**1. Personal Data**

Application Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
Last, First, Middle Initial

Sex: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**2. Education and Training (Advanced)**

Highest Academic Degree Earned: \_\_\_\_\_ Date: \_\_\_\_\_

University: \_\_\_\_\_

### 3. Licensing History

List all current licenses to practice psychology by State, License Number, and Expiration Date:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

	YES	NO
a) Are you now or have you ever been licensed, certified, or registered as a psychologist (or other professional) in Nevada or in any other jurisdiction not listed above?		
b) Is there currently or has there ever been any investigation or action taken against you for any ethical, moral, legal or malpractice action?		
c) Have you ever been found guilty, convicted, or held liable in any moral, ethical, legal, or malpractice action?		
d) Have you ever had a professional license or certificate denied, restricted, suspended or revoked?		
e) Have you ever relinquished responsibilities, resigned a position, or been fired while a complaint was pending against you?		
f) Have you ever resigned or been terminated from a professional organization or surrendered a license while a complaint against you was being investigated or pending?		
g) Have you ever been suspended, disqualified, censured, or disciplined as a member of any professional organization?		
h) Have you ever been dismissed from or asked to resign from any education, training, or employment due to negligence, professional misconduct or academic dishonesty?		
i) Have you ever been subject to review and/or action by the ethics committee of any organization?		

Explain any "Yes" answers below. Attach a separate sheet if necessary.

### 4. Legal History

	YES	NO
a) Have you ever been convicted of, or pled guilty or nolo contendere, to a violation of any federal or state statute, or any city or county ordinance, or any law of a foreign country? (Exclude minor traffic violations)		
b) Are you subject to a court order for the support of one or more children and not in compliance with the order or with a repayment plan approved by the public agency authorized to enforce the order?		
c) Are you required to register as a sex offender?		

Explain any "Yes" answers to #4 above. Attach a separate sheet if necessary.

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## 5. Purpose and Nature of Business in Nevada

Individual/organization requesting your services:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Scheduled and/or Expected Dates:

\_\_\_\_\_

Facility Name and Address where Services will be Required:

\_\_\_\_\_

Purpose and Nature of Activities:

\_\_\_\_\_

**6. Applicant Notarized Statement**

Applicant Name: \_\_\_\_\_

I affirm, under penalty of perjury, that all of the information supplied herein is to the best of my knowledge true, accurate and complete and that I have not withheld, misrepresented, or falsely stated any information relevant to my training and experience or my fitness to practice psychology. I further agree to practice as a consultant in the State of Nevada NOT MORE THAN 30 CALENDAR DAYS PER YEAR and will not assume primary responsibility for psychological care of any patient(s).

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

(Notary Stamp)

Signed and sworn to  
(or affirmed) before me on (Date) \_\_\_\_\_

By \_\_\_\_\_  
Name of person making statement

\_\_\_\_\_  
Signature of Notary

Applicant Name: \_\_\_\_\_

## 7. Inviting Psychologist Agreement

Instructions to Inviting Psychologist. Complete the information below, have your signature notarized and return this form to the Board office at the address listed below. If you have any questions, please contact the office.

Purpose and Nature of Activities:

\_\_\_\_\_

Under Direction of Inviting Psychologist Listed Below:

Name: \_\_\_\_\_ NV License #PY\_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I affirm, under penalty of perjury, that all of the information supplied herein is to the best of my knowledge true, accurate and complete and that I have not withheld, misrepresented, or falsely stated any information. I further affirm that as the inviting psychologist I will assume primary responsibility for the care of any patient(s) for whom the applicant provides consultation.

Signature of Inviting Psychologist: \_\_\_\_\_ Date: \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

(Notary Stamp)

Signed and sworn to  
(or affirmed) before me on (Date) \_\_\_\_\_

By \_\_\_\_\_  
Name of person making statement

\_\_\_\_\_  
Signature of Notary

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