



STATE OF NEVADA
BOARD OF PSYCHOLOGICAL EXAMINERS
Practice as a Non-Resident Consultant Procedure

Purpose

In accordance with Nevada Revised Statutes (NRS) 641.2295 and Nevada Administrative Code (NAC) 641.169, this procedure describes the process for approval as a non-resident consultant to provide certain services in Nevada by the Nevada State Board of Psychological Examiners ("Board").

Procedure

1. To qualify as a non-resident consultant, a psychologist must be licensed in another U.S. jurisdiction whose requirements for licensure are equivalent to those of Nevada (NRS/NAC Chapter 641), as applicable, regarding accreditation of graduate program, supervision, and experience requirements. An applicant to practice as a Non-Resident Consultant cannot be a resident of or licensed in the state of Nevada.

*** Approval as a Non-Resident Consultant does not ensure that the applicant will qualify for licensure in the state of Nevada.*

2. Application
 - a. An application to practice as a Non-Resident Consultant and any supporting materials must be received in the Board Office at least thirty (30) calendar days prior to the date of the proposed beginning of non-resident practice.
 - i. A separate application is required for each consulting service being conducted.
 - ii. The application must include the name of the individual/organization requesting the services of the consultant, the expected dates of the service, the location where services will be required, and the purpose and nature of the services.
 - iii. The application must be accompanied by a non-refundable \$100 application fee.
 - b. The inviting Psychologist shall complete page 5 of the application, indicating that he/she/they will have primary responsibility for the professional conduct of the invited psychologist.

3. Review Process

- a. An invited psychologist must obtain the approval of the Board before practicing as a Non-Resident Consultant in this State. The Board may

designate a voting member of the Board to review applications and provide approval/denial on behalf of the full Board, working in conjunction with the Board's Executive Director.

- b. Within ten (10) calendar days of the its receipt of the application to practice as a Non-Resident Consultant, the Board office shall notify the applicant of the Board's decision on the application.

4. Limitations of Practice

- a. Practice as a Non-Resident Consultant is limited to 30 days in a calendar year.
- b. If qualified and approved, the Non-Resident Consultant shall be allowed to perform the consulting services specified in the application on the dates specified in the application and under the supervision of a psychologist actively licensed and in good standing in the State of Nevada.
- c. An approved Non-Resident Consultant may only engage in services of limited duration and responsibility that are provided in consultation with an inviting psychologist and include, but are not limited to, testifying as an expert witness in a court proceeding or conducting a one-time evaluation for a specific purpose, including, but not limited to, a court proceeding or the preparation of a presentence report. ***The Non-Resident Consultant may not engage in ongoing evaluation, diagnosis or treatment services, employee assistance program services or psychotherapy.***
- d. Prior to practicing in Nevada, the Non-Resident Consultant should review NRS Chapter 641 and NAC Chapter 641, which govern the practice of psychology.

Revision History

v2	3/26/2021	Adopted
v3	5/06/2022	Revised to clarify application and approval process
v3.1	2/27/2024	Revised to make formatting and other minor edits, and to change the Board Office address on the application



**STATE OF NEVADA
BOARD OF PSYCHOLOGICAL EXAMINERS**

Application to Practice as a Non-Resident Consultant

Complete and return with a \$100 non-refundable application fee to:

State of Nevada Board of Psychological Examiners
3080 South Durango Drive, Suite 102
Las Vegas, NV 89117
nbop@govmail.state.nv.us

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?	<input type="checkbox"/>	<input type="checkbox"/>
b) Is there currently or has there ever been any investigation or action taken against you for any ethical, moral, legal or malpractice action?	<input type="checkbox"/>	<input type="checkbox"/>
c) Have you ever been found guilty, convicted, or held liable in any moral, ethical, legal, or malpractice action?	<input type="checkbox"/>	<input type="checkbox"/>
d) Have you ever had a professional license or certificate denied, restricted, suspended or revoked?	<input type="checkbox"/>	<input type="checkbox"/>
e) Have you ever relinquished responsibilities, resigned a position, or been fired while a complaint was pending against you?	<input type="checkbox"/>	<input type="checkbox"/>
f) Have you ever resigned or been terminated from a professional organization or surrendered a license while a	<input type="checkbox"/>	<input type="checkbox"/>
g) complaint against you was being investigated or pending?	<input type="checkbox"/>	<input type="checkbox"/>
h) Have you ever been suspended, disqualified, censured, or disciplined as a member of any professional organization?	<input type="checkbox"/>	<input type="checkbox"/>
i) Have you ever been dismissed from or asked to resign from any education, training, or employment due to negligence, professional misconduct or academic dishonest?	<input type="checkbox"/>	<input type="checkbox"/>
j) Have you ever been subject to review and/or action by the ethics committee of any organization?	<input type="checkbox"/>	<input type="checkbox"/>

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)	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
c) Are you required to register as a sex offender?	<input type="checkbox"/>	<input type="checkbox"/>

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

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

Return to: State of Nevada Board of Psychological Examiners
3080 South Durango Drive, Suite 102
Las Vegas, NV 89117
nbop@govmail.state.nv.us