



**NEVADA STATE
BOARD OF PSYCHOLOGICAL EXAMINERS**

**Application for Registration as a Psychological Trainee,
Psychological Intern or Psychological Assistant**

For additional information about licensure in the State of Nevada, contact the Board office at nbop@govmail.state.nv.us, 1-775-688-1268, or <https://psyexam.nv.gov/Licensing/>. Any omissions, false or misleading information in, or connected with, this application, its attachments or other communications with the Board may be cause for denial or revocation of licensure. Complete the applicable sections below.

Type or Print Legibly in Ink

Application Date: _____

Applying as: Psychological Assistant ___ Psychological Intern ___ Psychological Trainee ___

Have you secured a supervisor? ___ Yes ___ No

If yes, Supervisor's Name: _____

Supervisor's Email Address: _____

1. Personal Data

Degree: Ph.D. ___ Psy.D. ___ Ed.D. ___

Applicant Name: _____
Last Maiden (if applicable)

_____ First Middle

Social Security #: ___ - ___ - ___ U.S. Citizen: Yes ___ No ___ Gender: _____

Place of Birth: _____ Date of Birth: _____

U.S. Armed Services: Are you an active member or veteran of the U.S. Armed Forces? Yes ___ No ___

Are you the current/surviving spouse of an active member/veteran? Yes ___ No ___

Email Address: _____

Preferred Mailing Address: Home ___ Business ___

Home Address: _____

City, State, Zip: _____

Home Phone: _____

Business Address: _____

City, State, Zip: _____

Business Phone: _____

2. EPPP- Examination for Professional Practice in Psychology (EPPP)

Have you passed the **EPPP Part-1**? ___ Yes ___ No If yes, score: _____

Form #: _____ Place/Jurisdiction Taken: _____

Have you passed the **EPPP Part-2**? ___ Yes ___ No If yes, score: _____

Form #: _____ Place/Jurisdiction Taken: _____

3. APA-Accreditation

Was (or will it be) your graduate program accredited by the
American Psychological Association (APA) at the time of graduation? Yes ___ No ___

4. Under-Graduate Education

1. University: _____ Degree Earned: _____

City, State, Zip: _____

Department / College: _____

Dates Attended: _____ Major Field: _____

2. University: _____ Degree Earned: _____

City, State, Zip: _____

Department / College: _____

Dates Attended: _____ Major Field: _____

5. Graduate Education

Highest Academic Degree Earned: _____

Name of Graduate Program

University: _____

City, State, Zip: _____

Dates Attended: _____ Major Field: _____

Title of Thesis / Dissertation: _____

Additional Graduate Education Relevant to the Application (if applicable)

1. University: _____

City, State, Zip: _____

Dates Attended: _____ Major Field: _____

Degree Earned (if any): _____

Dates: _____ # Supervised Hours Accrued: _____

6. Final Steps

I agree that my name may be published as an applicant for registration in the State of Nevada. 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 authorize the exchange of any and all information concerning any and all complaints adjudicated, stipulated or pending against me with licensing boards or professional associations. I understand such complaints may constitute grounds for disciplinary action or denial of my application by the Board.

Signature: _____ Date: _____

Upon receipt of this form and payment the Nevada Board of Psychological Examiners will evaluate your credentials. If applicable, your information will be provided to the Association of State and Provincial Psychology Boards for further processing through the Psychology Licensure Universal System (PLUS) application. The application and supporting documents will be held in the ASPPB databank for future use of applicants wishing to gain licensure in other states or provinces. ASPPB will contact applicants through the email listed to complete the required application. Additional fees will apply.

The Board office will communicate any other requirements for registration including a criminal background check (fingerprinting).

When submitting this form, please include:

- \$150 application fee, payable by check or money order to Nevada Board of Psychological Examiners
- Two passport-style photos, with one attached below.

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

Affix Photo

Here