



**NEVADA STATE
BOARD OF PSYCHOLOGICAL EXAMINERS
Application for Licensure as a Psychologist**

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/Forms/ALL/PsychologistAppInfo/>.

Type or Print Legibly in Ink

Application Date: _____

1. Acknowledgement

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.

2. 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: _____

3. EPPP – National Examination

EPPP Part-1	EPPP Part-2
Have you completed the EPPP Part-1? Yes___ No___	Have you completed the EPPP Part-2? Yes___ No___
Raw Score Earned: _____	Raw Score Earned: _____
Form Number, if known: _____	Form Number, if known: _____
Place Taken / Jurisdiction: _____	Place Taken / Jurisdiction: _____
Date Taken: _____	Date Taken: _____

4. APA-Accreditation

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

5. Licensing History

1. State / Jurisdiction _____ License Type: _____
Date Acquired: _____ License End Date (if applicable): _____
2. State / Jurisdiction _____ License Type: _____
Date Acquired: _____ License End Date (if applicable): _____
3. State / Jurisdiction _____ License Type: _____
Date Acquired: _____ License End Date (if applicable): _____

If licensed as a psychologist in additional states/jurisdictions, please list jurisdictions below:

6. Personal / Professional Conduct History

	YES	NO
a) 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"/>
b) Have you ever been found guilty, convicted, or held liable in any moral, ethical, legal, or malpractice action?	<input type="checkbox"/>	<input type="checkbox"/>
c) Have you ever had a professional license or certificate denied, restricted, suspended or revoked in any jurisdiction for any profession?	<input type="checkbox"/>	<input type="checkbox"/>
d) Have you ever relinquished responsibilities, let your license lapse, resigned a position, or been fired due to an action pending or threatened?	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
e) 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?		
f) Have you ever been notified by any state, territory, district, country, U.S. government agency, or state certification/licensing board of any complaint filed against you relative to the practice of psychotherapy and/or assessment (including, but not limited to, any allegations currently pending)?		
g) 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? (This includes misdemeanors and felonies and includes convictions subsequently dismissed and deferred judgments. Exclude minor traffic violations only.)		
h) 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?		
i) Are you required to register as a sex offender?		
j) Have you ever been suspended, disqualified, censured, or disciplined as a member of any professional organization?		
k) Have you ever been dismissed from or asked to resign from any education, training, or employment due to negligence, professional misconduct or academic dishonesty?		
l) 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.

7. Check any that apply:

I am licensed in at least one of the following states: Arkansas, Georgia, Hawaii, Kansas, Louisiana, Mississippi, New Jersey, New York, Tennessee (Health Service Provider only), Texas, or Washington DC

I am licensed in at least one of the following states: Alaska, Colorado, Connecticut, Idaho, Iowa, Maine, Maryland, Massachusetts, Missouri, Montana, Nebraska, New Hampshire, New Mexico, North Carolina, North Dakota, Oklahoma (Health Service Psychologists only), Oregon, Pennsylvania, Rhode Island, South Carolina, Washington, Wisconsin, or Wyoming

I have been continuously licensed for 20-years or more

I have a National Register of Health Science Psychologists Credential

I have an American Board of Professional Psychology (ABPP) Credential

I have a Certificate of Professional Qualification (CPQ) in Psychology

If none of the above apply, please skip to Section 14 (click here).

8. 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): _____

2. University: _____

City, State, Zip: _____

Dates Attended: _____ Major Field: _____

Degree Earned (if any): _____

3. University: _____

City, State, Zip: _____

Dates Attended: _____ Major Field: _____

Degree Earned (if any): _____

9. 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: _____

3. University: _____ Degree Earned: _____

City, State, Zip: _____

Department / College: _____

Dates Attended: _____ Major Field: _____

10. Pre-Doctoral Internship

- 1. Institution: _____
Location (City, State, Zip): _____
Supervisor: _____
Dates: _____ # Supervised Hours Accrued: _____
- 2. Institution: _____
Location (City, State, Zip): _____
Supervisor: _____
Dates: _____ # Supervised Hours Accrued: _____

11. Post-Doctoral Internship

- 1. Institution: _____
Location (City, State, Zip): _____
Supervisor: _____
Dates: _____ # Supervised Hours Accrued: _____
- 2. Institution: _____
Location (City, State, Zip): _____
Supervisor: _____
Dates: _____ # Supervised Hours Accrued: _____

12. Training/Experience Qualifying Applicant to Provide Specific Services to Certain Populations

- 1. Population: _____ Service: _____
Training Experience: _____
- 2. Population: _____ Service: _____
Training Experience: _____

13. Employment History (List employment history as a licensed psychologist)

- 1. Employer / Group / Agency: _____
Location: _____ Begin/End Dates: _____
Was/Is this a full-time position? Yes _____ No _____
Was/Is there access to a licensed professional with 3 or more years' experience? Yes _____ No _____
- 2. Employer / Group / Agency: _____
Location: _____ Begin/End Dates: _____
Was/Is this a full-time position? Yes _____ No _____
Was/Is there access to a licensed professional with 3 or more years' experience? Yes _____ No _____

14. Final Steps

I agree that my name may be published as an applicant for licensure or 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 licensure including a criminal background check and the Nevada State Examination.

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 to the bottom left corner of this page.

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

