



NEVADA STATE BOARD OF PSYCHOLOGICAL EXAMINERS

Application for Reactivation of Psychologist License

For additional information, contact the Board office at:

Nevada Board of Psychological Examiners
3080 South Durango Drive, Suite 102
Las Vegas, NV 89117

nbop@govmail.state.nv.us
nbop.admin@govmail.state.nv.us
psyexam.nv.gov

Proof of compliance with continuing education requirements for the most recent biennium must be included. The Board may require additional information or supporting materials. A non-refundable fee of \$100.00 must accompany this application.

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.

Initials: \_\_\_\_\_

2. Personal Data

NV License #: PY \_\_\_\_\_ Date Issued: \_\_\_\_\_ Date Last Active: \_\_\_\_\_

Degree: Ph.D. \_\_\_\_\_ Psy.D. \_\_\_\_\_ Ed.D. \_\_\_\_\_

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

First \_\_\_\_\_ Middle \_\_\_\_\_

Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Preferred Pronouns: \_\_\_\_\_

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. Personal / Professional Conduct History**

	YES	NO
1) Have you ever applied for a license or certificate in any profession and been refused? If so, provide details:		
2) Have you been licensed or certified as a psychologist or in any other profession in any state? Give full details including name of state, date and number or original license or certificate, and date of last renewal?		
3) Has your right to practice any profession or trade ever been revoked or suspended? If so, give details:		
4) Since your license has been inactive have you been voluntarily or involuntarily hospitalized for an emotional, mental, or addictive disorder? If so, give details:		
5) Are there any other matters, events, or issues which might affect your suitability or ability to resume the practice of psychology in Nevada? If so, give details:		

---

#### 4. Intended Practice

Provide a general description of your intent to practice in Nevada

---

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

Start with your most recent position and work back to the date your Nevada license became inactive. If necessary, use additional sheet.

1. From: \_\_\_\_\_ To: \_\_\_\_\_  
Employer / Group / Agency: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_
  2. From: \_\_\_\_\_ To: \_\_\_\_\_  
Employer / Group / Agency: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_
  3. From: \_\_\_\_\_ To: \_\_\_\_\_  
Employer / Group / Agency: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_
  4. From: \_\_\_\_\_ To: \_\_\_\_\_  
Employer / Group / Agency: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_
-



DATE(S)	PROGRAM TITLE	SPONSOR	HOURS EARNED	Face-to- Face/Live	Distance Learning	Ethics	Suicide P/A	Cultural Competency

Subtotals from previous page:						
-------------------------------	--	--	--	--	--	--

Professional Ethics CE Credits Earned: \_\_\_\_\_

Evidence Based-Suicide Prevention and Awareness CE Credits Earned: \_\_\_\_\_

Cultural Competency and Diversity, Equity and Inclusion CE Credits Earned: \_\_\_\_\_

Live / Face-to-Face CE Credits Earned: \_\_\_\_\_

**Total CE Credits Earned:** \_\_\_\_\_

**Attach proof of credits to this application**

## 6. Final Steps

I affirm that the above answers are true and complete, and that I have fully disclosed all matters and events relevant to my ability to practice Psychology in the State of Nevada.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### When submitting this form, please include:

- \$100 application fee, payable by check or money order to Nevada Board of Psychological Examiners. To pay online using a credit card, contact the Board office.
- Proof of continuing education credits (e.g. certificates)

Return to: State of Nevada Board of Psychological Examiners  
3080 South Durango Drive, Suite 102  
Las Vegas, Nevada 89117

or via email (with a request to pay online) at:  
[nbop@govmail.state.nv.us](mailto:nbop@govmail.state.nv.us) or [nbop.admin@govmail.state.nv.us](mailto:nbop.admin@govmail.state.nv.us)

If approved, licensure renewal fees must be paid prior to re-activation of the license.

---