

State of Nevada
Board of Psychological Examiners
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Verification of Licensure Request

I, _____, request a verification of my
(Please print, name you are licensed/certified as)

license/certificate be sent to: Attn: _____

My License/certificate #: _____ as a (profession) _____.

I would like to receive a copy of the requested verification be sent to me at the below address.

I have enclosed the required \$20.00 fee, in check or money order. If you have any questions please contact me at Phone: _____

Or email: _____

Thank you.