



**NEVADA STATE
BOARD OF PSYCHOLOGICAL EXAMINERS**
Application for Reactivation of License

For additional information, contact the Board office at:

Nevada Board of Psychological Examiners
4600 Kietzke Lane, Suite B-116
Reno, NV 89502

Email: nbop@govmail.state.nv.us
Phone: 1-775-688-1268
Webpage: <https://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.

2. Personal Data

NV License #: PY _____ Date Issued: _____ Date Last Active: _____

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

Name: Last _____

First _____ Middle _____

Social Security #: ____ - ____ - ____ Gender: _____

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:	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
3) Has your right to practice any profession or trade ever been revoked or suspended? If so, give details:	<input type="checkbox"/>	<input type="checkbox"/>
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:	<input type="checkbox"/>	<input type="checkbox"/>
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:	<input type="checkbox"/>	<input type="checkbox"/>

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: _____

ATTENDANCE RECORD OF CONTINUING EDUCATION COURSES

Submission of this form certifies that you have completed the continuing education required by NRS 641. 220 and NAC 641.136 (including 30 total hours of continuing education credits, with 6 hours of instruction in scientific and professional ethics and standards, and common areas of professional misconduct, as well as 2 hours in instruction in evidence-based suicide prevention and awareness) and that the evidence of completion of continuing education required pursuant to NAC 641.136 (1) is true and accurate.

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

Page Sub-Total:						
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DATE(S)	PROGRAM TITLE	SPONSOR	HOURS EARNED	Face-to- Face/Live	Distance Learning	Ethics	Suicide P/A

Subtotals from previous page:					
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Professional Ethics CE Credits Earned: _____

Evidence Based-Suicide Prevention and Awareness Credits Earned: _____

Live / Face-to-Face 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
4600 Kietzke Lane, B-116
Reno, NV 89502

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