



STATE OF NEVADA
BOARD OF PSYCHOLOGICAL EXAMINERS
 3080 South Durango Drive, Suite 102 | Las Vegas, Nevada 89117
 702.276.0926
www.Psyexam.nv.gov

LICENSE RENEWAL FORM - ACTIVE
For the Year Ending December 31, 2026
Current Registration expires December 31, 2024

Licensee Name:
 License #: PY

Expires On: December 31, 2024
 Renewal Amount Due: **\$650.00**
 Due Date: December 31, 2024

Please Note: A Penalty of \$200.00 will be assessed if postmarked after December 31, 2024

MAIL RENEWAL FORM AND FEE TO:
 State of Nevada Board of Psychological Examiners
 3080 South Durango Drive, Suite 102
 Las Vegas, Nevada 89117

To renew your license, please complete the full form and return this document, and any other necessary information, with the appropriate fees.

Please verify and correct information below:

Current Public Information

Revised Public Information

Address:	
Phone:	
Email:	

Mailing Address – NOT PUBLIC

(If different than public information above)

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 ___

ARE YOU NOW, OR HAVE YOU IN THE PAST YEAR, SERVED AS A SUPERVISOR OF A PSYCHOLOGICAL TRAINEE, INTERN OR POST-DOCTORAL STUDENT? Yes ___ No ___

MAIN FOCUS OF PRACTICE: (NRS 641.220) (LIMIT 5) _____

I am interested in assisting the Board with:

___ Exam Review / Development ___ Specialty Based Evaluations/ Reviews ___ Disciplinary Consultations

Left blank intentionally

ATTENDANCE RECORD OF CONTINUING EDUCATION COURSES

PLEASE NOTE: UNLESS YOU RECEIVE AN AUDIT LETTER IN THE MAIL, NO DOCUMENTATION OF COMPLETION OF CE COURSES SHOULD ACCOMPANY THIS FORM. NAC 641.132 states, in part, that the licensee shall retain evidence of the completion of the continuing education under NAC 641.136 for at least 5 years after the completion of that continuing education. A copy of a certificate must be submitted to the Board UPON REQUEST to verify completion of the course of study or training. Failure to provide the requested certificate(s) may subject the licensee to disciplinary action. Any false, incorrect, or misleading statement(s) on this form may subject the licensee to disciplinary action.

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; 2 HOURS OF INSTRUCTION IN EVIDENCE BASED SUICIDE PREVENTION AND AWARENESS; AND 6 HOURS OF INSTRUCTION RELATING TO CULTURAL COMPETENCY AND DIVERSITY, EQUITY, AND INCLUSION) and that the evidence of completion of continuing education required pursuant to NAC 641.136 (1) is true and accurate.

Signature

Date

The section below should be completed and submitted with your renewal form. Note: "Face-To-Face" includes live online opportunities when real-time interaction with the instructor is possible. "Distance" includes home study and asynchronous learning.

DATE(S)	PROGRAM TITLE	SPONSOR	HOURS EARNED	FACE-TO- FACE / LIVE	DISTANCE / HOME	ETHICS	SUICIDE P/A	DIVERSITY

_____ check if continued on next page

Subtotal from next page: _____

Professional Ethics CE Credits Earned: _____

Evidence Based-Suicide Prevention and Awareness Credits Earned: _____

Cultural Competency and Diversity, Equity, And Inclusion _____

Total CE Credits Earned: _____

DATE(S)	PROGRAM TITLE	SPONSOR	HOURS EARNED	FACE-TO- FACE	DISTANCE	ETHICS	SUICIDE P/A	DIVERSITY

Page Sub-total: _____

Please put grand total on front page

Please answer the following questions:

SINCE THE LAST TIME YOU RENEWED YOUR LICENSE IN NEVADA:

1. Has any jurisdiction rejected or denied your application for licensure/certification/registration as a psychologist or any other profession? Yes ___ No ___
2. Have you ever been disciplined by a psychology licensing body? Yes ___ No ___
3. Has any jurisdiction limited your practice in any way or by any other action? Yes ___ No ___
4. Have you ever been disciplined while holding any other professional license/ registration/ certificate? Yes ___ No ___
5. Have you ever been convicted of, or entered a plea of guilty or nolo contendere to a criminal offense, felony, or misdemeanor (other than a minor traffic violations)? Yes ___ No ___
6. Have you voluntarily surrendered or restricted your professional license/ registration/ certificate in any jurisdiction? Yes ___ No ___
7. Have you ever been censured, reprimanded, dismissed, suspended, terminated or asked to resign, or has disciplinary action been taken against you during your education, training or employment as a mental health professional? Yes ___ No ___
8. Have you ever been refused renewal of any professional license/registration/certificate for any reason in any jurisdiction? Yes ___ No ___
9. Are you the subject of a current proceeding or outstanding/unresolved complaint or investigation in relation to the profession of psychology or any other profession? Yes ___ No ___
10. Have you ever aided or abetted another individual in practicing psychology without a license or an exemption in any jurisdiction? Yes ___ No ___
11. Have you ever practiced psychology without a license or exemption in any other jurisdiction? Yes ___ No ___
12. Are you a registered in any jurisdiction as a sex offender? Yes ___ No ___
13. Are you physically or mentally incapable to render psychological services with the reasonable skill, safety, and competency at present? Yes ___ No ___
14. Do you use drugs and/or alcohol to an extent that affects your professional competency? Yes ___ No ___
15. Have you ever been party to a malpractice action or had a malpractice action brought against you or entered into a malpractice settlement? Yes ___ No ___
16. Have you ever been subject to an action by an ethics committee of any professional organization in any jurisdiction? Yes ___ No ___
17. Have you been denied staff membership or privileges in any hospital or health care facility or had such membership or privilege revoked, suspended or subjected to restrictions or been requested to withdraw or resign? Yes ___ No ___
18. Has any third-party payor, including Medicare and Medicaid, terminated, suspended, restricted or revoked your status as a provider for reasons related to your professional practice? Yes ___ No ___
19. Have you ever had professional liability insurance cancelled? Yes ___ No ___
20. Has any government agency ever substantiated allegations made against you for physical, mental, emotional abuse or neglect, sexual abuse, or exploitation of (1) a child, (2) a resident of an adult care home, Medicare facility, psychiatric hospital or state institution for the mentally retarded, or (3) an adult? Yes ___ No ___

21. Child support information – Please check one:

- a. I am not subject to a court order for the support of a child.
- b. I am subject to a court order for the support of one or more children and am in compliance with the order or plan approved by the district attorney or other public agency enforcing the order.
- c. I am subject to a court order for the support of one or more children and am **not** in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount payable pursuant to the order.

EXPLAIN ANY YES ANSWERS ON QUESTIONS 1-20 OR 21c (Attach Extra Page If Necessary):

22. Are you currently registered with PSYPACT? Yes No

23. Do you hold a license in Psychology in another jurisdiction? Yes No
 In good standing? Yes No

List other licenses held. _____

24. Have you received training in the treatment of mental and emotional trauma immediately following an emergency or disaster, training in the short-term treatment of mental and emotional trauma, or training in the long-term treatment of mental and emotional trauma? Yes No

a. If yes, describe the training received: _____

b. Are you willing to respond in the event of an emergency or disaster if requested? Please note, by answering yes you are agreeing to your information being provided to the government agency responsible for the response to the event, as directed by the Governor or State Legislature (NRS 641.221). Yes No

25. Do you have a professional will in place? Yes No

26. In accordance with Nevada Administrative Code, list your designated custodian of health care records in the event of the discontinuation of your practice, whether temporary or permanent (name, contact information).

27. List the names under which you advertise your practice: (NRS 641.225):

I affirm, under penalty of perjury, that all information supplied herein for my license renewal is 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.

Signature _____ Date _____

OPTIONAL DEMOGRAPHIC SURVEY

In an effort to gather information and data for the purpose of workforce development in Nevada, the Nevada Board of Psychological Examiners invites you to provide the following demographic information.

Any information you choose to provide is confidential.

DATE: _____

Age	25-29	_____
	30-39	_____
	40-49	_____
	50-59	_____
	60-69	_____
	70 +	_____
Race / Ethnicity	American Indian or Alaska Native	_____
	Asian	_____
	Black or African American	_____
	Hispanic/Latino	_____
	Native Hawaiian or Other Pacific Islander	_____
	White/Caucasian	_____
	Other/Combination (Please specify) _____ _____	

Sex assigned at birth	Male _____ Female _____ Intersex _____
Gender Identity	_____