



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 –INACTIVE STATUS

Current Registration expires December 31, 2024

To convert your license renewal *from active to inactive* or to *renew your inactive* license, please complete and return this form and any additional required information along with the **\$100 inactive renewal fee** prior to 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 PRINT OR TYPE:

Name: _____

LICENSE NO: _____

Address: _____

Phone: _____

Email: _____

Continuing education credits are **NOT** required for inactive status. Please note the following:

- NRS [629.051](#)(7) (effective July 1, 2024) states: A custodian of health care records shall not destroy the health care records of a person who is less than 23 years of age on the date of the proposed destruction of the records. The health care records of a person who has attained the age of 23 years may be destroyed in accordance with this section for those records which have been retained for at least 5 years or for any longer period provided by federal law.
- NRS [629.051](#)(1) (effective July 1, 2024) permits the health care records of a patient who is 23 years of age or older to be destroyed after 5 years except as otherwise provided in NRS 629.051(7), and unless a longer period is provided by federal law.
- NAC [641.2291](#)(4) - A psychologist shall comply with the applicable requirements of [NRS Chapter 629](#), including being required to retain records concerning the mental health services that he or she provides to patients in accordance with NRS 629.051 to 629.069, inclusive.
- NAC [641.133](#)(2) - A psychologist whose license is placed on inactive status shall not engage in the practice of psychology in the state of Nevada during the period in which the psychologist's license is on inactive status.
- NAC [641.133](#)(4) - A psychologist whose license is placed on inactive status may apply to the Board to have his or her license restored to active status. The Board will restore the license to active status upon the submission of, among other things, proof of completion of the requirements for continuing education for the 2 years immediately preceding the date of the application.

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. A psychologist is required to designate a custodian of health care records in the event of the discontinuation of practice, whether temporary or permanent. Please list your designated custodian of health care records below (name and contact information).

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 _____