STATE OF NEVADA
BOARD OF PSYCHOLOGICAL EXAMINERS
3080 South Durango Drive, Suite 102 | Las Vegas, Nevada 89117
psyexam.nv.gov
nbop.admin@govmail.state.nv.us

Change of Address / Change of Name Form

Change of Address Form

Name: Psychologist License #:

Current Address (on file with the Board):

New Address:

Address Type (check all that apply):

☐ Directory (public) ☐ Home ☐ Work ☐ Mailing

* Only Directory addresses are public. Home, Work, and Mailing addresses are not public.

Signature: _____ Date:

Change of Name Request

* A change of name request requires proof of the name change and a $25.00 license name change fee.

Current Name: Psychologist License #:

Name Change Requested:
(the name as you would like it to appear on your license certificate)

Description of Proof of Name Change provided:
(i.e., Marriage Certificate, Divorce Decree, Other Name Change Order)

Address to which your license with your name change is to be sent:

Payment:: ☐ I have enclosed a check or money order for the required $25.00 License Verification fee
(Please make check or money order payable to the Nevada Board of Psychological Examiners)

or

☐ I request a link to pay the required $25.00 License Verification fee
(I understand that there is an additional fee for online payment)

Signature: _____ Date: