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

Request for Verification of Licensure

I, _____ (your printed name as it appears on your license), Psychologist License # _____ (your license number) request that verification of my Nevada Psychologist license be sent to:

ATTN:

I request that a copy of my license verification be forwarded to me at: _____ (email address)

☐ I have enclosed a check or money order for the required $20.00 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 $20.00 icense Verification fee
(I understand that there is an additional fee for online payment)

Signature:

Date: