



State of Nevada Board of Psychological Examiners
3080 South Durango Drive, Suite 102 | Las Vegas, Nevada 89117

nbop.admin@govmail.state.nv.us

Application for Approval of Continuing Education Program by a Licensee

Name of licensee submitting program:		Date of submission		Daytime Phone Number: () ()	
Address		City		State	Zip Code
Name of Program:				Date(s) Attended:	
Name of Sponsoring Organization:					
APA Approved program Yes ☐ No ☐		Ethics Course: Yes ☐ No ☐		Hours Requested:	
Further information provided:					
\$25.00 review fee per program.		Fee enclosed: Yes ☐ No ☐			
Information enclosed from		Website ☐ Brochure ☐ Program Material ☐			
Office Use Only: ☐ Approval date: _____ / _____ / _____ Approved until: _____ / _____ / _____ ☐ Not Approved: Reason: _____ Sent for approval: _____ Fee Received: _____ Check # _____					

Please provide as much information on the course(s) so that the reviewer can make the best informed decision.