



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: <input type="checkbox"/> No: <input type="checkbox"/>		Ethics Course: Yes: <input type="checkbox"/> No: <input type="checkbox"/>		Hours Requested:	
Further information provided:					
\$25.00 review fee per program.		Fee enclosed: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Information enclosed from		Website <input type="checkbox"/> Brochure <input type="checkbox"/> Program Material <input type="checkbox"/>			
Office Use Only:					
<input type="checkbox"/> Approval date: _____ / _____ / _____		Approved until: _____ / _____ / _____			
<input type="checkbox"/> 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.