



**STATE OF NEVADA
BOARD OF PSYCHOLOGICAL EXAMINERS**

Application for Registration as a PSYCHOLOGICAL TRAINEE

For additional information about licensure in the State of Nevada, contact the Board office at nbop.admin@govmail.state.nv.us or go to <https://psyexam.nv.gov/Licensing/>.

Type or Print Legibly in Ink

Any omissions or false or misleading information in or connected with this application, its attachments, or other communications with the Board may be cause for denial or revocation of registration.

Initials

Application Date:

Applicant Name:

Last

Maiden (if applicable)

First

Middle

1. Initial Applicant Screening Information

Have you secured a supervisor? Yes No

If yes, Supervisor's Name:

Supervisor's Email Address:

Degree being pursued: Ph.D. Psy.D. Ed.D.

Psychology
Degree Program: Clinical Counseling School Other*

*If you marked "other" for your degree program, please specify:

Applicants who have or are pursuing a doctoral degree in a program other than Clinical, Counseling, or School Psychology may be subject to an equivalency evaluation.

2. Personal Information

Social Security #: - - - U.S. Citizen: Yes No Preferred Pronouns:

Place of Birth: Date of Birth:

U.S. Armed Services: Are you an active member or veteran of the U.S. Armed Forces? Yes No
Are you the current/surviving spouse of an active member/veteran? Yes No

Email Address:

Preferred Mailing Address: Home Business

Home Address:

City, State, Zip:

Home Phone:

Business Address:

City, State, Zip:

Business Phone:

3. APA-Accreditation

Will your doctoral program be accredited by the American Psychological Association (APA) at the time of graduation? Yes No

4. Under-Graduate Education

1. University: Degree Earned:

City, State, Zip:

Department / College:

Dates Attended:

Major Field:

2. University: Degree Earned:

City, State, Zip:

Department / College:

Dates Attended:

Major Field:

5. Graduate Education

Highest Academic Degree Earned:

Date Conferred:

Name of Graduate University and Program

University:

Program:

City, State, Zip:

Dates Attended:

Major Field:

Title of Thesis / Dissertation:

Additional Graduate Education Relevant to the Application (if applicable)**1. University:**

City, State, Zip:

Dates Attended:

Major Field:

Degree Earned (if any):

Supervised Hours Accrued:

2. University:

City, State, Zip:

Dates Attended:

Major Field:

Degree Earned (if any):

Supervised Hours Accrued:

6. Final Steps

I agree that my name may be published as an applicant for registration in the State of Nevada. I affirm, under penalty of perjury, that all of the information I have provided in this application is, to the best of my knowledge, 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 for registration. I authorize the exchange of any and all information concerning any and all complaints adjudicated, stipulated or pending against me with licensing boards or professional associations. I understand such complaints may constitute grounds for disciplinary action or denial of my application by the Board.

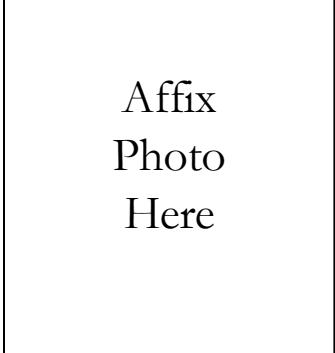
Signature: _____ Date: _____

Upon receipt of this application and payment of the application fee, the Nevada Board of Psychological Examiners will evaluate your credentials. The Board office will communicate any other requirements for registration, including a criminal background check, supervision documentation, and required waivers.

When submitting this form, please include:

- \$150 application fee, payable by:
 - check or money order to Nevada Board of Psychological Examiners, or
 - online by requesting a PayPal link from nbop.admin@govmail.state.nv.us (please note, PayPal charges an additional fee)
- A passport-style photo, attached where indicated below.

Return to: State of Nevada Board of Psychological Examiners
3080 South Durango Drive, Suite 102
Las Vegas, NV 89117



Affix
Photo
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