



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, _____, Psychologist License # _____ request
(your printed name as it appears on your license) (your license number)
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 license Verification fee
(I understand that there is an additional fee for online payment)

Signature:

Date: