



EMERGENCY TEMPORARY REGISTRATION

(LA R.S. 29:769)

Louisiana State Board of Examiners of Psychologists
8280 YMCA Plaza Drive, Building 8-B
Baton Rouge, LA 70810
225-763-3935

ATTACH
PHOTO
HERE

I, _____, am submitting the information requested herein in order to obtain Emergency Temporary Registration (ETR) as a psychologist in Louisiana under the authority granted the LSBEP by R.S. 29:769(E) and pursuant to Executive Order _____ effectuated on the _____ day of _____, 20____ and expiring on the _____ day of _____, 20____. I understand that additional requirements may be imposed pursuant to LAC 46: LXIII. §1002.D. and will comply with those requirements if so requested.

PART I: GENERAL INFORMATION (Please print or type)

Full Name: (Last, First, Middle, Suffix)		Social Security Number:	
Maiden/Alias:	Date and Place of Birth:	E-mail address:	
Home Phone:	Home Address:		
Cell Phone:	City, State Zip		
Business Phone:	Business Address:		
Fax Number:	City, State Zip		

PART II: LICENSE HISTORY

State in which you are licensed to practice psychology:		License Number
Original Issue Date	Expiration Date	Area of Practice
Do you currently reside in the state you have listed above as the state in which you are licensed to practice? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you attached to this registration a copy of your current and unrestricted license to practice in this state? <input type="checkbox"/> Yes <input type="checkbox"/> No		

PART III: DATES AND LOCATION OF PRACTICE IN LOUISIANA (Period may not exceed thirty (60) days.)

Start Date: (mm/dd/yyyy)	End Date: (mm/dd/yyyy)
Emergency temporary practice must be in association with a legitimate relief effort. Provide the name and address of the organization or association through which you will be providing emergency mental health services and attach documentation of your affiliation with this organization.	Organization Name:
	Street Address:
	City, State Zip:
	Telephone Number:
Provide the location of your temporary practice, and the local phone number for this location to the right of this box.	Temporary Practice Location:
	Street Address:
	City, State Zip:
	Telephone Number:
Describe specific psychological duties to be provided during your temporary practice in Louisiana:	
Will you be receiving payment for these services, or revenue of any kind, for psychological services performed in Louisiana? <input type="checkbox"/> Yes <input type="checkbox"/> No	

PART IV: ATTESTATION, IDENTIFICATION AND AFFIDAVIT

If you answer "Yes" to any of the following questions, attach an explanation on a separate page.

Have you ever been disciplined, sanctioned, reprimanded, or subjected to any like action by the Committee on Ethics of any professional organization of which you were, or are, a member?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of, or pled guilty or nolo contendere to a violation of any federal, state or provincial statute, any city or country ordinance, or law of a foreign country (except for minor traffic violations?)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you now, or have you ever engaged in any activities that misrepresent your professional qualifications, affiliation, or purposes, or those of institutions, organizations, products and/or services with which you are associated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been denied any license or certificate as a psychologist in any state, province, or country, or denied the right to take an examination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been denied any license or certificate for any other profession?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any license or certificate as a psychologist ever been restricted, suspended, or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any license or certificate for any other profession ever been restricted, suspended, or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been found guilty of any unprofessional conduct under the Law or Rules of any jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been found guilty of fraud or deceit in any services rendered as any licensed professional?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever aided or abetted any person who has misrepresented themselves as a psychologist?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever voluntarily surrendered or relinquished a license to practice psychology?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever taken and passed a psychology oral examination? If yes, date _____ Location _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

