



# TEMPORARY REGISTRATION

(LA R.S. 37:2365.D)

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

ATTACH  
PHOTO  
HERE

## IDENTIFICATION AND DOCUMENTATION REQUIRED

1. Attach on the first page of this application, one current passport size picture of yourself; and
2. Include one copy of a valid drivers license, or other acceptable form of photo identification; and
3. Documentation that the state in which you reside provides a like and similar privilege to Louisiana residents as required under

LA R.S. 37:2365.D.; and

4. A copy of your current and unrestricted license to practice psychology at a doctoral level from the state you have listed as your residence.

## **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 of your residence:	Are you licensed for the independent practice of psychology at a doctoral level in this state? <input type="checkbox"/> YES <input type="checkbox"/> NO			
License Number:	Original Issue Date:	Expiration Date:	Area of Practice:	
<i>Provide information on other jurisdictions where you have held, or currently hold a professional license</i>				
Jurisdiction	Original Issue Date	License Number	Expiration Date	Area of Practice

**PART III: DATES AND LOCATION OF PRACTICE IN LOUISIANA**

*Period may not exceed thirty (30) days in any calendar year.*

Is this temporary practice in association with a professional organization or group (volunteer or otherwise)?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Organization Name:	Telephone Number:
Street Address:	City, State Zip:
<b>Provide the specific location and dates of your temporary practice, and the local phone number for this location below.</b>	
Temporary Practice Location:	Telephone Number:
Street Address:	City, State Zip:
Describe specific psychological duties to be provided during your temporary practice in Louisiana:	
Start Date: (mm/dd/yyyy)	End Date: (mm/dd/yyyy)

**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

