



LICENSE VERIFICATION FORM

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

Instructions for Applicant: Print your name and information for the jurisdiction to which you are requesting verification. Forward this document along with any applicable fees to **every** jurisdiction where you have ever held a professional license.

Applicant Name _____ License # _____

Social Security Number: _____ Date of Birth: _____

Reporting Jurisdiction: _____

I hereby waive all right to confidentiality to the jurisdiction reporting herein, for the purpose of reporting to the Louisiana State Board of Examiners of Psychologists to which I have applied for licensure, the information requested below including any and all complaints adjudicated, stipulated, or pending against me including participation in any program to which I have acknowledged impairment (physical, mental or substance).

SIGNATURE OF APPLICANT Date

TO BE COMPLETED BY THE STATE LICENSING BOARD
Please return completed form directly to the LSBEP.

Licensing Agency: _____

Licensee: _____ License Number: _____

Has the licensee held continuous licensure in your state, without lapse? Yes No

Issue Date: _____ Expiration Date: _____

Are you the original licensing jurisdiction? Yes No

If licensed via reciprocity or endorsement, please check one:

- Certificate of Professional Qualifications (CPQ) Reciprocity between States
 Professional Endorsement (specify) _____ Other (specify) _____

Has there ever been any disciplinary action taken against this license?

Yes (please attach any public record or details) No

Has this individual ever acknowledged any impairment (physical, mental, or substance) or participated in an impaired psychologist agreement/procedure?

Yes (please attach any public record or details) No

In testimony whereof witness my hand and seal:

OFFICIAL
SEAL

Signature Date

Official Title

Telephone Number