



APPLICATION FOR LICENSE

Louisiana State Board of Examiners of Psychologists
8280 YMCA Plaza Drive, Bldg. 8-B
Baton Rouge, Louisiana 70810
(225) 763-3935
www.lsbep.org



I hereby apply for licensure as a psychologist to practice within the field of psychology in the State of Louisiana under the rules established by the Louisiana State Board of Examiners of Psychologists and in conformity with Louisiana R.S. 37:2351-2366.

I hereby submit the application fee of \$250 (*check or money order should be payable to the Louisiana State Board of Examiners of Psychologists.*) I further understand that such fees are not refundable and the decision of the Board is final.

Date _____ Signature _____

SS# _____ DOB _____ Sex _____

GENERAL INFORMATION

NAME: (Last, First Middle Initial, Suffix)		MAIDEN NAME/ALIAS	BILINGUAL (LIST LANGUAGES)
NAME OF BUSINESS OR EMPLOYER		ADDRESS	CITY, STATE & ZIP
HOME ADDRESS	CITY, STATE & ZIP		PARISH/COUNTY OF EMPLOYMENT
HOME PHONE ()	BUSINESS PHONE ()		E-MAIL ADDRESS
PLACE OF BIRTH	CITIZEN OF THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, BY WHAT DATE DO YOU EXPECT TO BECOME A U.S. CITIZEN?		

EDUCATION OR TRAINING

	UNIVERSITY OR COLLEGE	ADDRESS	DATES ATTENDED	DEGREE & DATE	MAJOR SUBJECT
A					
B					
C					
D					
E					

TITLE OF DOCTORAL DISSERTATION _____ SUPERVISOR _____

TITLE OF MASTER'S THESIS _____

INTERNSHIP AGENCY _____ SUPERVISOR _____

ADDRESS _____ DATES _____

POSTDOCTORAL FELLOWSHIP

SUPERVISOR

ADDRESS

DATES

ARE YOU A DIPLOMATE OF THE AMERICAN BOARD OF PROFESSIONAL PSYCHOLOGY? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, GIVE DIPLOMA #	DATE	SPECIALTY
ARE YOU LICENSED OR CERTIFIED AS A PSYCHOLOGIST IN ANY OTHER STATE(S)? (If you answer "YES" list all jurisdictions to the right, and request a verification on LSBEP's "License Verification Form".) <input type="checkbox"/> YES <input type="checkbox"/> NO	JURISDICTION	DATE(S) OF ISSUANCE	LICENSE/CERTIFICATE NO.
	1.		
	2.		
HAVE YOU OBTAINED THE CERTIFICATE OF PROFESSIONAL QUALIFICATION IN PSYCHOLOGY (CPO)? <input type="checkbox"/> YES <input type="checkbox"/> NO	3.		
HAS ANY STATE REJECTED YOUR APPLICATION OR REVOKED YOUR PROFESSIONAL LICENSE OR CERTIFICATE? (IF YES, ATTACH EXPLANATION) <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU EVER BEEN CHARGED OR CONVICTED OF ANY CRIME? (IF YES, ATTACH EXPLANATION) <input type="checkbox"/> YES <input type="checkbox"/> NO		
HAVE YOU EVER BEEN CHARGED OR CONVICTED OF AN ETHICAL VIOLATION OR UNPROFESSIONAL CONDUCT BY A LICENSING BOARD OR ETHICS COMMITTEE? (IF YES, ATTACH DETAILED EXPLANATION) <input type="checkbox"/> YES <input type="checkbox"/> NO			
DO YOU CURRENTLY HAVE A STUDENT LOAN IN DEFAULT STATUS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, ARE YOU MAKING REGULAR MONTHLY PAYMENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO		

A. NAME OF EMPLOYER	DATE OF EMPLOYMENT (Include month, date and year)	TITLE OF POSITION
	FROM: TO:	
ADDRESS	CITY AND STATE	PHONE NUMBER
NAME OF SUPERVISOR FOR PSYCHOLOGICAL DUTIES	ADDRESS	CITY AND STATE

DESCRIPTION OF WORK (List only psychological duties)

B. NAME OF EMPLOYER	DATE OF EMPLOYMENT (Include month, date and year)	TITLE OF POSITION
	FROM: TO:	
ADDRESS	CITY AND STATE	PHONE NUMBER
NAME OF SUPERVISOR FOR PSYCHOLOGICAL DUTIES	ADDRESS	CITY AND STATE

DESCRIPTION OF WORK (List only psychological duties)

C. NAME OF EMPLOYER	DATE OF EMPLOYMENT (Include month, date and year)	TITLE OF POSITION
	FROM: TO:	
ADDRESS	CITY AND STATE	PHONE NUMBER

NAME OF SUPERVISOR FOR PSYCHOLOGICAL DUTIES	ADDRESS	CITY AND STATE
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DESCRIPTION OF WORK (List only psychological duties)

D. NAME OF EMPLOYER	DATE OF EMPLOYMENT (Include month, date and year)	TITLE OF POSITION
ADDRESS	FROM: TO:	PHONE NUMBER
NAME OF SUPERVISOR FOR PSYCHOLOGICAL DUTIES	ADDRESS	CITY AND STATE

DESCRIPTION OF WORK (List only psychological duties)

MY CHIEF AREAS OF PROFESSIONAL INTEREST AND INTENDED PRACTICE ARE AS FOLLOWS (Write a brief paragraph)

- REFERENCES
(List the names, positions, and addresses of three psychologists who are well acquainted with you and your work to whom professional reference forms will be sent by the Board)
1.

 2.

 3.

AFFIDAVIT

NOTE: Any false or misleading information in, or in connection with this application may be cause for denial or cause for suspension or revocation of any license issued under this application

State of _____

Parish or city of _____

SEAL

The undersigned begin sworn, deposes and says that he/she is the person who executed this application; that the statements herein contained are true in every respect; that he/she has not suppressed any information that might affect this application; that he/she will conform to the ethical standards of conduct of the profession; and that he/she has read and understands this affidavit.

SIGNATURE OF APPLICANT

DATE

Sworn to before me this _____ day of _____, 20_____.

SIGNATURE OF NOTARY PUBLIC