

# *Louisiana State Board of Examiners of Psychologists*

## **INSTRUCTIONS FOR SUBMITTING APPLICATIONS VIA:**

- **RECIPROCITY WITH TEXAS**
- **CERTIFICATE OF PROFESSIONAL QUALIFICATIONS IN PSYCHOLOGY (CPQ); OR ,**
- **DIPLOMAT OF THE AMERICAN BOARD OF PROFESSIONAL PSYCHOLOGY (ABPP)**

**NOTE:** *Applicants seeking licensure through any of the following means are subject to meeting the requirements outlined in Chapter 2. Reciprocity of the Louisiana Administrative Code, Title 46: Professional and Occupational Standards: Part LXIII. Psychologists, including a criminal background check and any documentation necessary for the proper registration of a specialty.*

- **RECIPROCITY WITH TEXAS**

Louisiana currently accepts reciprocity applications for Psychologists holding an active license with Texas. You should return your completed application form with picture attached, and application fee and request that an official copy of your graduate transcripts be mailed from the college registrar's office directly to the LSBEP. **It is your responsibility** to forward the *Reciprocity Licensure Certification* form to the Texas State Board of Examiners of Psychologists with any applicable fee. Upon receipt of your application, a file will be opened, and the Board office will solicit references from the three names provided on the application form.

- **CERTIFICATE OF PROFESSIONAL QUALIFICATIONS IN PSYCHOLOGY (CPQ)**

To apply for licensure in Louisiana via CPQ, you should return your completed application form with your picture attached and your application fee request that an official copy of your graduate transcripts be mailed from the college registrar's office directly to the LSBEP. Upon receipt of that information, a file will be opened, and the Board office will solicit references from the three names provided on the application form. **It is your responsibility** to contact the Association of State and Provincial Psychology Boards (ASPPB) and request that they forward CPQ certification directly to the Louisiana State Board of Examiners of Psychologists.

- **DIPLOMATS OF THE AMERICAN ASSOCIATION OF PROFESSIONAL PSYCHOLOGY (ABPP)**

To apply for licensure in Louisiana via Diplomat of the ABPP, you should return your completed application form with your picture attached and your application fee request that an official copy of your graduate transcripts be mailed from the college registrar's office directly to the LSBEP. Upon receipt of that information, a file will be opened, and the Board office will solicit references from the three names provided on the application form. **It is your responsibility** to contact the American Board of Professional Psychology and request that they forward verification directly to the Louisiana State Board of Examiners of Psychologists that you are a Diplomat of ABPP in good standing.



# APPLICATION FOR LICENSURE VIA RECIPROCITY

(LAC, Title 46. LXIII. §201)

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

ATTACH  
PHOTO  
HERE

**PART I: GENERAL INFORMATION** (Please print or type)

**I am applying for licensure via (check only one):**

- Certificate of Professional Qualifications:** (It is your responsibility to contact the Association of State and Professional Psychology Boards (ASPPB) and request that they forward, directly to this Board, certification of your CPQ.)
- ABPP:** (It is your responsibility to contact the American Board of Professional Psychology (ABPP) and request that they forward, directly to this Board, verification that you are a Diplomat of ABPP, in good standing.)
- TEXAS Reciprocity:** (Attach a copy of your current and unrestricted Texas Psychology License.)

Full Name: (Last, First, Middle, Suffix)		Social Security Number:
Maiden/Alias:	Date and Place of Birth:	E-mail address:
Additional Languages:	Are you a United States Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No", by what date do you expect to become a U.S. Citizen? _____)	
Home Phone:	Home Address:	
Cell Phone:	City, State Zip	
Business Phone:	Business Address:	
Fax Number:	City, State Zip	

**PART III: LICENSE HISTORY**

*Provide information on every jurisdiction where you have held a professional license. You must request a verification (on the form provided by this Board) for each jurisdiction. (Attach additional pages if needed)*

Jurisdiction	Original Issue Date	License Number	Expiration Date	Area of Practice

PART III: EDUCATIONAL BACKGROUND

<input type="checkbox"/> <b>Request official graduate transcripts to be sent from the college registrar directly to the LSBEP.</b>		
Doctoral Degree:	Date Degree Conferred:	Program Title:
University:		
Did the doctoral program above involve at least one continuous academic year of full-time residency on the campus of the institution at which your degree was granted? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Internship Agency:		Start and End Dates: (mm/dd/yyyy)
Postdoctoral Supervisor:		Start and End Dates: (mm/dd/yyyy)

PART IV: PROFESSIONAL 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. Full Name:	Street Address:
Position/Title:	City, State Zip Code:
2. Full Name:	Street Address:
Position/Title:	City, State Zip Code:
3. Full Name:	Street Address:
Position/Title:	City, State Zip Code:

PART V: 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

