



APPLICATION FOR LICENSE REINSTATEMENT

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

ATTACH
PHOTO
HERE

- o **I am applying for reinstatement of my Louisiana License to Practice Psychology # _____.**
 - o **It has been less than two years from the date of lapse of this license.**
 1. Complete Parts I, II, III and V of this Application.
 2. Return notarized Application along with the required reinstatement fee, currently \$570, to the Board office.
(upon receipt of the above, you will be notified by the Board the status of your Application for Reinstatement)
 - o **It has been two or more years from the date of lapse of this license.**
 1. Complete Parts I, II, III, IV, and V of this Application.
 2. Return notarized Application along with the required reinstatement fee, currently \$570, to the Board office.
(upon receipt of the above, you will be notified by the Board of the status of your Application for Reinstatement and eligibility to sit for the required oral examination for the reinstatement of your license)

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:	
Additional Languages:			
Home Phone:	Home Address:		
Cell Phone:	City, State Zip		
History of Residency and Employment since Lapse <i>(attach additional pages if necessary):</i>			
Business Phone:	Business Address:		
Fax Number:	City, State Zip		

PART II: 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: CONTINUING EDUCATION

Report **THIRTY (30)** hours of continuing education, with **TWO (2)** of those 30 in ethics and/or forensics from July 1 to June 30 for the two consecutive years preceding the last reporting period for your license, please contact the Board office if you are unsure of these dates. All offerings must be graduate or post-graduate level in terms of content, quality, organization, and presentation; and, conducted under the sponsorship of an acceptable institution or organization as required under the LA Administrative Code 46:LXIII. Chapter 8.

BIENNIAL REPORTING PERIOD: JULY 1, 20____ thru JUNE 30, 20____.

Attach **DOCUMENTATION OF COMPLETION** of all activities listed; Indicate the required **ETHICS/FORENSICS** activities with an **asterisk (*)**; Provide correct **TYPE CODES** for each entry of Continuing Education (See Type Code list below):

- (W) Workshop or Seminar (C) Conference (H) Home Study (GC) Graduate Class
 (T) Graduate Class Preparation (AGC) Auditing a Graduate Course (WP) Workshop Preparation

DATE	TITLE	SPONSOR	TYPE CODE	USE ONLY for calculating Type Codes WP or T.			HOURS
				Course Credit	Your Hours	Presenters	
9/21/07	<i>EXAMPLE: Alt. to the Disease Model of Addictive Behaviors</i>	<i>LA Psychological Assoc. (LPA)</i>	<i>W</i>				3
1/15/08	<i>EXAMPLE: Psychological Treatment of Closed Head Injuries</i>	<i>LA Neuropsychological Assoc.</i>	<i>WP</i>	3	12	2	6
TOTAL:							

PART IV: PROFESSIONAL REFERENCES

List the names, positions, and addresses of three psychologists who are currently 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="radio"/> Yes <input type="radio"/> 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="radio"/> Yes <input type="radio"/> 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="radio"/> Yes <input type="radio"/> 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="radio"/> Yes <input type="radio"/> No
Have you ever been denied any license or certificate for any other profession?	<input type="radio"/> Yes <input type="radio"/> No
Has any license or certificate as a psychologist ever been restricted, suspended, or revoked?	<input type="radio"/> Yes <input type="radio"/> No
Has any license or certificate for any other profession ever been restricted, suspended, or revoked?	<input type="radio"/> Yes <input type="radio"/> No
Have you ever been found guilty of any unprofessional conduct under the Law or Rules of any jurisdiction?	<input type="radio"/> Yes <input type="radio"/> No
Have you ever been found guilty of fraud or deceit in any services rendered as any licensed professional?	<input type="radio"/> Yes <input type="radio"/> No
Have you ever aided or abetted any person who has misrepresented themselves as a psychologist?	<input type="radio"/> Yes <input type="radio"/> No
Have you ever voluntarily surrendered or relinquished a license to practice psychology?	<input type="radio"/> Yes <input type="radio"/> No

IDENTIFICATION

Attach on the first page of this application, one current passport picture of yourself

CRIMINAL RECORDS VERIFICATION

Effective June 30, 2008, the LSBEP requires Criminal Background Checks on all Applicants for Licensure, Certification and Reinstatement. Upon receipt of this application, the LSBEP will forward the materials to begin this process.

AFFIDAVIT

My signature indicates that I have chosen to reinstate my license to practice psychology in Louisiana.

The undersigned, being duly sworn under penalty of perjury, deposes and says that the statements contained herein are true, complete, and correct to the best of his/her knowledge and belief; that he/she has not suppressed any information which might affect this application; that he/she has not omitted any information relevant to his/her current fitness to practice; that he/she is of good moral character and will conform to the ethical standards and conduct of the profession; that he/she has no complaints pending, and has had no disciplinary action against him/her in any jurisdiction; that he/she has otherwise met all statutory requirements and believes him/herself eligible for licensure via reciprocity, and that he/she has read and understood this affidavit.

Signature of Applicant

Date

STATE OF _____

PARISH OR COUNTY _____

SWORN TO BEFORE ME THIS _____ DAY OF _____ 20_____

SIGNATURE OF NOTARY _____

NOTARY
SEAL

Return this form along with the required reinstatement fee of \$570.00 to:

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

**DO NOT REPRODUCE OR ALTER THIS DOCUMENT
NO OTHER FORMAT OR REPRODUCTION OF THIS DOCUMENT WILL BE ACCEPTED!**