Attach Photograph Here

APPLICATION FOR LICENSE

Louisiana State Board of Examiners of Psychologists
8706 Jefferson Hwy, Suite B
Baton Rouge, Louisiana 70809
(225) 925-6511
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.

☐ Licensed Psychologist- $200 ☐ PLUS Licensed Psychologist-$200 ☐ Provisional Licensure-$150

Name of Supervisor _____ Louisiana License Number _____

I further understand that such fees are not refundable and the decision of the Board is final.

Date _____ Signature _____

SS# _____ (As required under LA R.S.37:23) DOB _____ Sex _____

GENERAL INFORMATION

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

EDUCATION OR TRAINING

	UNIVERSITY OR COLLEGE	ADDRESS	DATES ATTENDED (MM/DD/YYYY - MM/DD/YYYY)	DEGREE & DATE (MM/DD/YYYY)	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? ☐ YES ☐ NO	IF YES, GIVE DIPLOMA #	DATE	SPECIALTY
ARE YOU LICENSED OR CERTIFIED AS A PSYCHOLOGIST IN ANY OTHER STATE(S)? ☐ YES ☐ NO If you answer "YES" list all jurisdictions to the right, and request a verification on LSBEP's "License Verification Form".	JURISDICTION 1.	DATE(S) OF ISSUANCE	LICENSE/CERTIFICATE NO.
	2.		
HAVE YOU OBTAINED THE CERTIFICATE OF PROFESSIONAL QUALIFICATION IN PSYCHOLOGY (CPQ)? ☐ YES ☐ NO	3.		

HAS ANY STATE REJECTED AN APPLICATION FOR ANY PROFESSIONAL LICENSE OR SUSPENDED/REVOKED YOUR PROFESSIONAL LICENSE OR CERTIFICATE? (IF YES, ATTACH A DETAILED EXPLANATION.) ☐ YES ☐ NO

HAVE YOU EVER BEEN ARRESTED, CHARGED WITH, PLED GUILTY, PLED NOLO CONTENDERE OR CONVICTED OF ANY CRIMES? (INCLUDE EXPUNGED RECORDS) (IF YES, ATTACH A DETAILED EXPLANATION WITH DOCUMENTATION.) ☐ YES ☐ NO

HAVE YOU EVER BEEN CHARGED OR CONVICTED OF AN ETHICAL VIOLATION OR UNPROFESSIONAL CONDUCT BY ANY LICENSING BOARD OR ETHICS COMMITTEE? (IF YES, ATTACH A DETAILED EXPLANATION.) ☐ YES ☐ NO

DO YOU CURRENTLY HAVE A STUDENT LOAN IN DEFAULT STATUS? ☐ YES ☐ NO IF YES, ARE YOU MAKING REGULAR MONTHLY PAYMENTS? ☐ YES ☐ NO

EMPLOYMENT

A. NAME OF CURRENT EMPLOYER	DATE OF EMPLOYMENT (Include MM/DD/YYYY) FROM: TO:	TITLE OF POSITION
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 PRIOR EMPLOYER	DATE OF EMPLOYMENT (Include MM/DD/YYYY) FROM: TO:	TITLE OF POSITION
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 PRIOR EMPLOYER	DATE OF EMPLOYMENT (Include MM/DD/YYYY) FROM: TO:	TITLE OF POSITION
ADDRESS	CITY AND STATE	PHONE NUMBER

NAME OF SUPERVISOR FOR PSYCHOLOGICAL DUTIES	ADDRESS	CITY AND STATE

DESCRIPTION OF WORK (List only psychological duties)

D. NAME OF PRIOR EMPLOYER	DATE OF EMPLOYMENT (Include MM/DD/YYYY) FROM: TO:	TITLE OF POSITION
ADDRESS	CITY AND STATE	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 licensed 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 _____

The undersigned being 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_____.

SEAL

SIGNATURE OF NOTARY PUBLIC