



APPLICATION FOR LICENSE REINSTATEMENT LSSP

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

ATTACH
PHOTO
HERE

- I am applying for reinstatement of my Louisiana License to Practice Psychology # _____**
- It has been LESS than ONE (1) year from the date of lapse of this license.**
 - It has been MORE than ONE (1) year from the date of lapse of this license.**
 - It has been TWO (2) or more years from the date of lapse of this 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:	Are you a United States Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No", by what date to you expect to become a U,S, Citizen? _____)		
Home Phone:	Home Address:		
Cell Phone:	City, State Zip		
Current Employment:			
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



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INSTRUCTIONS FOR COMPLETING CONTINUING EDUCATION REPORT
LICENSED SPECIALIST IN SCHOOL PSYCHOLOGY

*You must document current on Continuing Education requirements prior to renewal.
All offerings must comply with the requirements of the LA Administrative Code 46:LXIII. Chapter 40.*

- Report only CPD that falls within the 24 months preceding this application. Please contact the Board office if you are unsure of these dates.
- Report **FIFTY (50)** hours of Continuing Education, with **TWO (2)** of those 50 in ethics and/or forensics.
- Indicate the required **ETHICS/FORENSICS** activities with an **asterisk (*)**.
- ATTACH DOCUMENTATION OF COMPLETION** of all activities listed.
- RETAIN** appropriate documentation for six years as required under the Louisiana Administrative Code Title 46. Part LXIII. Subpart 2. §4004.
- REPORT** within credits in at least two of the nine categories below as required under the Louisiana Administrative Code Title 46. Part LXIII. Subpart 2. §4002.
- Provide correct **TYPE CODES** for each entry of Continuing Education (See Type Code Legend)
- SIGN** and **DATE** CE Report.
- RETURN** your completed Continuing Education Report form with your License Renewal Application and License Renewal Fee to the LSBEP at the address above.

CATEGORY SUMMARY/TYPE CODE LEGEND:

TYPE CODE	ACTIVITY	CREDIT CONVERSIONS/LIMITATIONS
W	Workshop, Conferences, In Service Training	1 hour = 1 credit
CUC	College and University Coursework	one semester hour—15 credits (e.g., 3 credit course = 45 credits); one quarter hour—10 credits
T	Training and In-service Activities	Credit may be claimed once for development and presentation of new workshops or in-service training activities; one hour of participation—1 hour = 1 credit; maximum 30 credits
C	Research and Publications	empirical research—up to 10 credits per project; professional publication—up to 5 credits per project; maximum credit—25 credits total
SGC	Supervision of Graduate Students	Field supervisors of school psychology interns should consider the extent to which this activity leads to professional growth on the part of the supervisor: supervision of one intern for one academic year—up to 10 credits; supervision of one practicum student per semester—up to 5 credits; maximum credit—20 CPD credits
SE	Supervised Experience	Supervised experiences that lead to professional growth and new knowledge and skills and occur as part of a planned and sequential program on the job or in settings outside the licensed specialist in school psychology's regular job setting: one hour per month—up to 10 credits; two hours per month—up to 20 credits; maximum credits—20 CPD credits
PPE	Program Planning/Evaluation	Credit for program planning and evaluation may be claimed when planning, implementing, and evaluating a new program, but not for maintenance and evaluation of an ongoing program: one hour of participation—1 credit; maximum credits—maximum of 25 CPD credits
SS	Self-Study	Formal structured programs are self-study programs developed and published to provide training in specific knowledge or skill areas, including, for example, NASP online modules. A test is typically given at the end of the program and often a certificate of completion is issued. This could also include a course taken on the Internet; OR Informal self-study involves systematically studying a topic of interest by reviewing the literature and becoming familiar with the available resources. Included in this category are the reading of books, journals, and manuals: one hour of participation in either type—1 credit; maximum credits—25 credits
PO	Professional Organization Leadership	Holding a position in a local, state, or national professional school psychology organization: officer, board position, committee chair—5 CPD credits per position; maximum credit—a maximum of 5 credits are allowed every two years

PART IV: PROFESSIONAL REFERENCES

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

IDENTIFICATION

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

AFFIDAVIT

I understand that I may choose to apply for licensure under applicable standard board licensing procedures rather than under this agreement. My signature indicates that I have chosen to reinstate my license to practice as a specialist in school 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 completed along with the required, non-refundable reinstatement fee of \$300.00 payable to the *Louisiana State Board of Examiners of Psychologists (or LSBEP)*