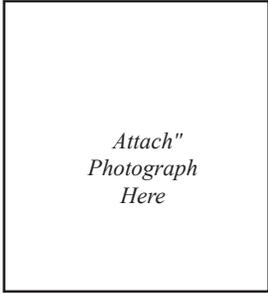


APPLICATION FOR LICENSED SPECIALIST IN SCHOOL PSYCHOLOGY



Louisiana State Board of Examiners of Psychologists
4334 S. Sherwood Forest Blvd., Suite C-150
Baton Rouge, Louisiana 70816
(225) 295-8410
www.lsbep.org



I hereby submit the **\$200 application fee** for licensure (check or money order payable to LSBEP). I further understand that such fees are not refundable and the decision of the Board is final. I hereby apply for licensure as a Licensed Specialist in School Psychology in the State of Louisiana under the rules established by the Louisiana State Board of Examiners of Psychologists.

Check One: I elect to have my application materials sent through:

Association of State and Provincial Psychology Board (ASPPB Plus)

Louisiana State Board of Examiners of Psychologists (LSBEP)

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 <input type="checkbox"/> PREFERRED MAILING	CITY, STATE & ZIP
HOME ADDRESS <input type="checkbox"/> PREFERRED MAILING	CITY, STATE & ZIP		PARISH/COUNTY OF EMPLOYMENT
HOME PHONE ()	BUSINESS PHONE ()	E-MAIL ADDRESS	
PLACE OF BIRTH	CITIZEN OF THE UNITED STATES? <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 (MMDDYYYY - MMDDYYYY)	DEGREE & DATE (MM/DD/YYYY)	MAJOR SUBJECT
A					
B					
C					
D					
E					

HAVE YOU COMPLETED AT LEAST A 1,200 HOUR INTERNSHIP UNDER THE SUPERVISION OF A CERTIFIED SCHOOL PSYCHOLOGIST IN A SCHOOL SETTING OR BY A LICENSED PSYCHOLOGIST IN A COMMUNITY SETTING? YES NO

WERE AT LEAST 600 OF THE 1200 HOURS COMPLETED IN A SCHOOL SETTING? YES NO

HAVE YOU COMPLETED 3 YEARS OF SUPERVISED EXPERIENCE AS A CERTIFIED SCHOOL PSYCHOLOGIST WITHIN THE PUBLIC SCHOOL SYSTEM?
 YES NO DATE: _____

HAVE YOU PASSED THE NATIONALLY CERTIFIED SCHOOL PSYCHOLOGIST EXAM? YES NO DATE: _____

DO YOU PRESENTLY HOLD NCSP? YES NO CERTIFICATION # _____ DATE ISSUED: _____ EXPIRATION DATE: _____

ARE YOU LICENSED OR CERTIFIED AS ANY OTHER TYPE OF PROFESSIONAL IN LOUISIANA OR IN ANY OTHER STATE(S)?

YES NO

If you answer "YES" list all jurisdictions below and request a verification on LSBEP's "License Verification Form".

JURISDICTION	DATE(S) OF ISSUANCE	LICENSE/CERTIFICATE NO.
1.		
2.		
3.		

HAS ANY STATE REJECTED AN APPLICATION FOR ANY PROFESSIONAL LICENSE OR SUSPENDED/REVOKED YOUR PROFESSIONAL LICENSE OR CERTIFICATE? YES NO IF "YES", PLEASE ATTACH AN EXPLANATION.

HAVE YOU EVER BEEN ARRESTED, CHARGED WITH, PLED GUILTY, PLED NOLO CONTENDERE OR CONVICTED OF ANY CRIMES? (INCLUDING 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 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 HISTORY

A. NAME OF EMPLOYER	DATE OF EMPLOYMENT (MM/DD/YY) 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 EMPLOYER	DATE OF EMPLOYMENT (Include month, date and year) 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 EMPLOYER	DATE OF EMPLOYMENT (Include month, date and year) FROM: TO:	TITLE OF POSITION
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
	CITY AND STATE	
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/certified 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