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APPLICATION FOR LICENSE

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 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. I hereby submit the application fee of \$200 (*check or money order should be payable to the Louisiana State Board of Examiners of Psychologists.*) I further understand that such fees are not refundable and the decision of the Board is final.

➡ I elect to have my application materials processed through (please select one):

Louisiana State Board of Examiners of Psychologists (LSBEP)

Association of State and Provincial Psychology Board (ASPPB Plus)

➡ I would like to be considered for a PROVISIONAL LICENSE: YES NO

Date _____ Signature _____

SS# _____ DOB _____ Sex _____

GENERAL INFORMATION

NAME: (Last, First Middle Initial, Suffix)		MAIDEN NAME/ALIAS	BILINGUAL (LIST LANGUAGES)
NAME OF BUSINESS OR EMPLOYER	<i>Preferred Mailing</i>	ADDRESS	CITY, STATE & ZIP
HOME ADDRESS	<i>Preferred Mailing</i>	CITY, STATE & ZIP	PARISH/COUNTY OF EMPLOYMENT
HOME PHONE ()		BUSINESS PHONE ()	E-MAIL ADDRESS
PLACE OF BIRTH	CITIZEN OF THE U.S.? 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	DEGREE & DATE	MAJOR SUBJECT
A					
B					
C					
D					
E					

TITLE OF DOCTORAL DISSERTATION _____ SUPERVISOR _____

TITLE OF MASTER'S THESIS _____

INTERNSHIP AGENCY _____ SUPERVISOR _____

ADDRESS _____ DATES _____

Updated 12-2018

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 PSY-CHOLOGIST IN ANY OTHER STATE(S)? (If you answer "YES" list all jurisdictions to the right, and request a verification on LSBEP's "License Verification Form".	YES	NO	JURISDICTION	DATE(S) OF ISSUANCE	LICENSE/CERTIFICATE NO.	
			1.			
			2.			
HAVE YOU OBTAINED THE CERTIFICATE OF PROFESSIONAL QUALIFICATION IN PSYCHOLOGY (CPQ)?	YES	NO	3.			
HAVE YOU EVER RELINQUISHED A PROFESSIONAL LICENSE OR HAS ANY STATE REJECTED YOUR APPLICATION OR REVOKED YOUR PROFESSIONAL LICENSE OR CERTIFICATE? (IF YES, ATTACH EXPLANATION)			YES	NO	HAVE YOU EVER BEEN ARRESTED, CHARGED WITH, PLED GUILTY, PLED NOLO CONTENDERE OR CONVICTED OF ANY CRIMES? (IF "YES", Attach an explanation) <u>INCLUDE EXPUNGED RECORDS</u>	
						YES
HAVE YOU EVER BEEN CHARGED, CONVICTED OR HAVE PRIOR DISCIPLINARY ACTIONS OR ANY PENDING ACTIONS OR UNRESOLVED COMPLAINTS OF AN ETHICAL VIOLATION OR UNPROFESSIONAL CONDUCT BY A 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

A. NAME OF EMPLOYER	DATE OF EMPLOYMENT (Include month, day and year)		TITLE OF POSITION
	FROM:	TO:	
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, day and year)		TITLE OF POSITION
	FROM:	TO:	
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, day and year)		TITLE OF POSITION
	FROM:	TO:	
ADDRESS	CITY AND STATE		PHONE NUMBER

Updated 12-2018

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, day and year)	TITLE OF POSITION
ADDRESS	FROM: TO:	PHONE NUMBER
NAME OF SUPERVISOR FOR PSYCHOLOGICAL DUTIES	CITY AND STATE	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 _____

SEAL

The undersigned begin sworn, deposes and says that he/she is the person who executed this application; that the statements herein contained are true *and complete* in every respect; that he/she has not suppressed, *or omitted* any information; *or otherwise provided misleading 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_____.

SIGNATURE OF NOTARY PUBLIC