



# LICENSE VERIFICATION FORM

Louisiana State Board of Examiners of Psychologists  
4334 S. Sherwood Forest Blvd., Suite C-150  
Baton Rouge, LA 70816  
225-295-8410

*Instructions for Applicant:* Print your name and information for the jurisdiction to which you are requesting verification. Forward this document along with any applicable fees to **every** jurisdiction where you have ever held a professional license.

Applicant Name \_\_\_\_\_ License # \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Reporting Jurisdiction: \_\_\_\_\_

I hereby waive all right to confidentiality to the jurisdiction reporting herein, for the purpose of reporting to the Louisiana State Board of Examiners of Psychologists to which I have applied for licensure, the information requested below including any and all complaints adjudicated, stipulated, or pending against me including participation in any program to which I have acknowledged impairment (physical, mental or substance).

\_\_\_\_\_  
SIGNATURE OF APPLICANT Date

**TO BE COMPLETED BY THE STATE LICENSING BOARD**  
**Please return completed form directly to the LSBEP.**

Licensing Agency: \_\_\_\_\_

Licensee: \_\_\_\_\_ License Number: \_\_\_\_\_

Has the licensee held continuous licensure in your state, without lapse?  Yes  No

Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Are you the original licensing jurisdiction?  Yes  No

If licensed via reciprocity or endorsement, please check one:

- Certificate of Professional Qualifications (CPQ)  Reciprocity between States  
 Professional Endorsement (specify) \_\_\_\_\_  Other (specify) \_\_\_\_\_

Has there ever been any disciplinary action taken against this license?

Yes (please attach any public record or details)  No

Has this individual ever acknowledged any impairment (physical, mental, or substance) or participated in an impaired psychologist agreement/procedure?

Yes (please attach any public record or details)  No

*In testimony whereof witness my hand and seal:*

OFFICIAL  
SEAL

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Official Title

\_\_\_\_\_  
Telephone Number