



# LOUISIANA STATE BOARD OF EXAMINERS OF PSYCHOLOGISTS

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Self-Nomination to Serve on the  
Louisiana State Board of Examiners of Psychologists  
[Term 7/1/2019 - 6/30/2024]

**DEADLINE FOR NOMINATIONS: NOVEMBER 1, 2018**

## Applicant/Demographics

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code Parish*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

## License

License No.: \_\_\_\_\_ Original LA License: \_\_\_\_\_

Specialty Designation:  General  Clinical  Counseling  School  Developmental  
 Experimental  Clinical Neuropsychology  I/O

Other jurisdictions in which you are licensed to practice psychology:

STATE	LICENSE NO.	ORIGINAL LICENSE DATE	EXPIRATION DATE

Have you ever been disciplined by any state licensing board(s) or sanctioned by a professional ethics committee?

- Yes (If yes, please attach detailed statement and documentation)
- No

## Education

Highest Degree Earned:  Ph.D.  Psy.D.  Ed.D.  Other: \_\_\_\_\_

University: \_\_\_\_\_

Major: \_\_\_\_\_

## Employment and Affiliations

CURRENT Employer/Position: \_\_\_\_\_

Other current positions (include small contracts):

Please list your memberships in professional organizations, indicate if you are currently an officer or serve in any official capacity for the organization:

Have you previously served on the LSBEP?  Yes  No

If so, please list the dates:

Have you ever contracted with LSBEP in any professional role?  Yes  No

If so, please list the dates and role:

## STATEMENT OF INTEREST

Please provide a statement of issues facing LSBEP and psychology, and state goals for your tenure on the Board.

## Affirmation and Signature

*I certify that my answers are true and complete to the best of my knowledge. I affirm that I meet the statutory requirements for service on the Louisiana State Board of Examiners of Psychologists, have no ethical conflicts, and am willing to serve if appointed.*

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