



TEMPORARY REGISTRATION

(LA R.S. 37:2365.D)

Louisiana State Board of Examiners of Psychologists
8706 Jefferson Highway, Suite B
Baton Rouge, LA 70809
225-925-6511

ATTACH
2x2
PHOTO
HERE

Temporary Registration fee: \$125

Allow 4-6 weeks for processing registrations.

****You may not practice until the Board has approved this application.****

IDENTIFICATION AND DOCUMENTATION REQUIRED

1. Attach on the first page of this application, one current passport size picture of yourself; and
2. Include one copy of a valid drivers license, or other acceptable form of photo identification; and
3. Documentation that the state in which you reside provides a like and similar privilege to Louisiana residents as required under LA R.S. 37:2365.D.; and
4. A copy of your current and unrestricted license to practice psychology at a doctoral level from the state you have listed as your residence.

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: | |
| Home Phone: | Home Address: Preferred mailing | | |
| Cell Phone: | City, State Zip | | |
| Business Phone: | Business Address: Preferred mailing | | |
| Fax Number: | City, State Zip | | |

PART II: LICENSE HISTORY

| State of your residence: | | Are you licensed for the independent practice of psychology at a doctoral level in this state? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
|---|----------------------|--|-------------------|------------------|
| License Number: | Original Issue Date: | Expiration Date: | Area of Practice: | |
| <i>Provide information on other jurisdictions where you have held, or currently hold a professional license</i> | | | | |
| Jurisdiction | Original Issue Date | License Number | Expiration Date | Area of Practice |
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PART III: DATES AND LOCATION OF PRACTICE IN LOUISIANA

Period may not exceed thirty (30) days in any calendar year.

| | |
|--|------------------------|
| Is this temporary practice in association with a professional organization or group (volunteer or otherwise)? | |
| o Yes o No | |
| Organization Name: | Telephone Number: |
| Street Address: | City, State Zip: |
| Provide the specific location and dates of your temporary practice, and the local phone number for this location below. | |
| Temporary Practice Location: | Telephone Number: |
| Street Address: | City, State Zip: |
| Describe specific psychological duties to be provided during your temporary practice in Louisiana: | |
| | |
| ANTICIPATED PRACTICE DATES: (You MUST allow 4-6 weeks to process this application) | |
| Start Date: (mm/dd/yyyy) | End Date: (mm/dd/yyyy) |

PART IV: 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 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 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 psychologist? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever voluntarily surrendered or relinquished a license to practice psychology? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever taken and passed a psychology oral examination? If yes, date _____ Location _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |

