



# LICENSE VERIFICATION FORM

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

**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