

Louisiana State Board of Examiners of Psychologists

8706 Jefferson Hwy, Suite B
Baton Rouge, Louisiana 70809
(225) 925-6511
www.lsbep.org



VERIFICATION OF COMPLETION OF DOCTORAL DEGREE REQUIREMENTS

This form is required **ONLY** if you are beginning your postdoctoral supervised experience prior to the date your doctoral degree is conferred as documented on your transcript. This form must be completed by the Dean of your Graduate School and returned directly from the institution to the Board at the above address. A faxed copy is not acceptable. If your degree is not yet posted on your transcript, you must arrange to have another transcript sent once the degree is posted.

APPLICANT'S NAME: _____

TO BE COMPLETED BY THE DEAN OF THE GRADUATE SCHOOL:

I certify the following:

The above named individual *completed ALL degree requirements* on: _____

(date)

For the degree of _____ with a major in _____
(e.g., Ph.D., Psy.D.) (e.g., Clinical, Counseling, School Psychology)

No circumstances will/did interfere with the degree being awarded on: _____
(date which will appear on transcript)

Name of University: _____

Address: _____

Telephone: _____ Email: _____

Name of Person Providing Verification Title

(Print or Type)

**AFFIX
UNIVERSITY
SEAL**

Signature of Person Providing Verification Date