

# Louisiana State Board of Examiners of Psychologists

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(225)295-8410  
[www.lsbep.org](http://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)

\_\_\_\_\_  
Signature of Person Providing Verification Date

**AFFIX  
UNIVERSITY  
SEAL**