



Louisiana State Board of Examiners of Psychologists
 4334 S. Sherwood Forest Boulevard • Suite C-150 • Baton Rouge, LA 70816
 Voice (225)295-8410 • Fax: (225) 295-8412
 Email: admin.lsbep@la.gov • Website: lsbep.org

APPLICATION FOR REGISTRATION OF AN ASSISTANT TO A PSYCHOLOGIST (ATAP)

PART I: Supervising Psychologist/Certification of Application

Registration Fee \$ 50

(check, money order, cashier's or certified check payable to LSBEP)

PART I: SECTION I - PRIMARY SUPERVISING PSYCHOLOGIST'S INFORMATION		
NAME: (LAST, FIRST, MIDDLE INITIAL, SUFFIX)	LICENSE NO:	CURRENT # OF ASSISTANTS:
NAME OF BUSINESS/EMPLOYER:	BUSINESS PHONE:	
SUPERVISION SITE/LOCATION ADDRESS:	EMAIL ADDRESS:	
NAME OF REGISTRANT: (LAST, FIRST, MIDDLE INITIAL):	INITIAL DATE OF/OR ANTICIPATED DATE OF EMPLOYMENT:	
TITLE: Assistant to a Psychologist Psychological Technician Psychometrician Other:_____		
Will this ATAP receive supervision from other licensed psychologists with the same employer and who have full functional authority over delegation of work to this individual? YES* NO <small>*IF "YES", attach a completed Section I for each supervising psychologist.</small>		
Briefly describe anticipated duties & responsibilities to be performed by the ATAP under your supervision: <i>(Attach any relevant training certificates and/or plan of training to ensure qualified services are rendered.)</i>		
Will any portion of this supervision be conducted via Telesupervision? YES* NO IF YES, provide rationale why this is an appropriate and effective form of supervision for this supervisee and this work setting:		
Is the supervisee a member of your immediate family?	YES	NO
Is the supervisee, or to your knowledge is a member of the supervisee's immediate family, a current or former client/patient of the supervisor?	YES	NO

SUPERVISING PSYCHOLOGIST'S CERTIFICATION AND ATTESTATION

BY MY SIGNATURE BELOW, I hereby affirm that Section I of this Application for Registration of an Assistant to a Psychologist is true and correct. I attest that I have reviewed PART II of this Application for Registration of an Assistant to a Psychologist as completed and notarized by the prospective ATAP. I attest that I have read and understand the regulations, requirements, responsibilities, special considerations for utilization of an ATAP under the Title 46, Part LXIII, Chapter 11. Supervision of Assistants to Psychologists. I understand that I have the overall responsibility for providing the necessary supervision to protect the health and welfare of the patient/client interacting with an unlicensed assistant. I am aware that billing for psychological services shall not be in the name of an ATAP. I affirm that if the supervision is changed in any way, I will immediately notify the LSBEP.

I hereby certify and submit PART II of this application as completed, signed and notarized for review and consideration by the Louisiana State Board of Examiners of Psychologists. I understand that application fees are NOT refundable and background check processing fees will be in addition to the application fee and paid separately to process this application. I understand that the decision of the Board regarding the approval or denial of the registrant named herein is final.

Supervisor's Signature: _____

DATE: _____

INSTRUCTIONS FOR SUBMITTING APPLICATION:

As the Supervisor, it is your responsibility to ensure that your prospective ATAP is properly registered.

1. Provide the prospective ATAP with PART II. ATAP (Sections I, II, III, IV and V).
2. INSTRUCT the prospective ATAP to complete PART II accordingly.
3. INSTRUCT the prospective ATAP to request a copy of their transcripts from the institution of highest diploma/degree, be sent directly to the board. A copy provided by the supervisor or the applicant will not be accepted. Transcripts may be mailed or emailed by the institution to admin.lsbep@la.gov
4. INSTRUCT the prospective ATAP to return the completed/notarized PART II to the Supervisor. The Supervisor should complete PART I and facilitate the submission of the application.
5. PAYMENT: Options for paying the required \$50 application fee:
 1. Domestic Personal Check (no foreign checks), Cashiers Check or Money Order - Attach payment to your application. Checks should be made payable to "LSBEP" or "Louisiana State Board of Examiners of Psychologists". If sending a Cashiers Check or Money Order please properly complete the item before mailing.
 2. Online Payment - There is an additional processing fee of \$1.75 for online payment of the Application Fee. Print a copy of your receipt and attach it to this application as proof of payment.



5. MAIL or DROP OFF the completed, notarized application with attached photograph and payment (or proof of payment if you paid online) to: LSBEP 4334 S. SHERWOOD FOREST BLVD. SUITE C-150 BATON ROUGE, LA 70816.

TIPS FOR SUBMITTING A COMPLETED APPLICATION:

- Ensure all applicable fields are complete and legible. Dates should be accurate and include MM/DD/YYYY.
- It is important to provide a valid email address for yourself AND your registrant.
- LSBEP will acknowledge receipt of your application within 30 days via email. If you want to ensure receipt by LSBEP on delivery, you may use tracked mail.
- It is not recommended that you use a third party to submit an application on you or the ATAP's behalf. If you choose to use a third party, please be advised that LSBEP will only communicate with with the Licensed Psychologist or the prospective registrant at your personal email or mailing address. This registration is an extension of the professional license under which is it issued, which professional is assuming the legal responsibility of the registrant. It is expected that questions and confirmation of credentials including disciplinary history will be vetted and attested to by the applicant ONLY.
- Use clear tape or staple to ATTACH a 2x2 Passport photograph of yourself to the first page of this application in the designated area. Your application will be rejected and you will be required to resubmit a new notarized application with your likeness if an unacceptable photograph is attached/or omitted.
- DO NOT send a loose photograph with this application
- DO NOT send a photocopy from your ink jet or black, white printer OR clipped from a newspaper or magazine.
- Passport photographs can be obtained at your local post-office, Walgreens, CVS, Walmart, FedEx, UPS, Target or any location near you that offers this service.
- The certification by the licensed psychologist on the application must bear an ORIGINAL signature.
- The Registrants original signature on this application must be notarized.