



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 – 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: <input type="checkbox"/> Assistant to a Psychologist <input type="checkbox"/> Psychological Technician <input type="checkbox"/> Psychometrician <input type="checkbox"/> Other: _____		
Briefly describe anticipated duties & responsibilities to be performed by the ATAP under your supervision: (Attach any relevant training certificates and/or plan of training to ensure qualified services are rendered.)		
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? IF “YES”, attach a completed PART I: for each supervising psychologist.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
I am the Primary Supervisor of Record and I understand that part of my responsibility as the Primary Supervisor includes ensuring proper registration and renewal of the ATAP named herein, on behalf of my practice and/or my employer or organization.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Will any portion of this supervision be conducted via Telesupervision? IF “YES”, provide rationale why this is an appropriate and effective form of supervision for this supervisee and this work setting:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is the supervisee a member of your immediate family?	<input type="checkbox"/> YES	<input type="checkbox"/> 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?	<input type="checkbox"/> YES	<input type="checkbox"/> 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 in accordance with the requirements of Title 46, Part LXIII, Chapter 11. Supervision of Assistants to Psychologists.

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: _____