



**Louisiana State Board of Examiners of Psychologists**  
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**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		
<b>NAME: (LAST, FIRST, MIDDLE INITIAL, SUFFIX)</b>	<b>LICENSE NO:</b>	<b>CURRENT # OF ASSISTANTS:</b>
<b>NAME OF BUSINESS/EMPLOYER:</b>	<b>BUSINESS PHONE:</b>	
<b>SUPERVISION SITE/LOCATION ADDRESS:</b>	<b>EMAIL ADDRESS:</b>	
<b>NAME OF REGISTRANT: (LAST, FIRST, MIDDLE INITIAL):</b>	<b>INITIAL DATE OF/OR ANTICIPATED DATE OF EMPLOYMENT:</b>	
<b>TITLE:</b> Assistant to a Psychologist    Psychological Technician    Psychometrist    Other: _____		
<b>Briefly describe anticipated duties &amp; responsibilities to be performed by the ATAP under your supervision:</b> (Attach any relevant training certificates and/or plan of training to ensure qualified services are rendered.)		
<b>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?</b> IF “YES”, attach a completed PART I: for each supervising psychologist.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>I am the Primary Supervisor of Record</b> 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
<b>Will any portion of this supervision be conducted via Telesupervision?</b> 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:** \_\_\_\_\_