



APPLICATION FOR REGISTRATION OF AN ASSISTANT TO A PSYCHOLOGIST (ATAP)
PART II: ATAP'S Application and Attestations

PART II: SECTION I – REGISTRANT'S GENERAL INFORMATION		
NAME: (LAST, FIRST, MIDDLE INITIAL, SUFFIX)	MAIDEN NAME/ALIAS:	DATE OF BIRTH:
HOME ADDRESS:		HOME/CELL PHONE:
SUPERVISION SITE/LOCATION ADDRESS:		SOCIAL SECURITY NUMBER:
ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF NO, when do you expect to become a U.S. citizen?
LEVEL OF EDUCATION	NAME OF PROGRAM	DATE DEGREE CONFERRED
DOCTORAL DEGREE		
MASTERS DEGREE		
SPECIALIST DEGREE		
ASSOCIATES/BACHELORS DEGREE		
TECHNICAL TRAINING		
HIGH SCHOOL DIPLOMA		
HiSET / GED		
Is the supervisor a member of your immediate family?		YES NO
Is the supervisor, or to your knowledge is any member of the your immediate family, a current or former client/patient of the supervisor ?		YES NO

PART II: SECTION II – REGISTRANT'S CONDUCT ATTESTATIONS		Check "YES" or "NO"
1.	Have you <u>EVER been arrested</u> , charged with, pled guilty, pled nolo contendere or convicted of any crimes (<u>including arrests, charges, and convictions that have been dismissed or expunged</u>)? If "YES", attach a detailed explanation along with documentation regarding the status of the matter.	YES NO
2.	I have been provided a copy of the Louisiana Administrative Code, ethics or other statutory requirements and affirm that I will adhere to requirements in consultation with my supervising psychologist.	YES NO
3.	Have you ever applied or been registered as an Assistant to a Psychologist or the equivalent under any other jurisdiction, board or government in the United States or other country?	YES NO
3a.	If you answered "YES" to Question 3 above, list all jurisdictions:	
3b.	If you answered "YES" to Question 3 above, list all supervisors and dates:	

4.	Have you ever applied or been licensed or provisionally licensed, or the equivalent, to practice psychology under any other jurisdiction, board or government in the United States or other country?	YES	NO
	If you answered "YES" to Question 4 above, list all jurisdictions:		
5.	I understand, in accordance with La. R.S. 37:2359.A, this registration under the supervision of a licensed psychologist with the LSBEP is required and any training received or skills obtained under this registration does not qualify me for independent practice now or in the future.	YES	NO
6.	I understand that this registration may be denied or revoked by the Board in the best interest of public safety and welfare which will affect my ability to perform associated activities and subsequently employment with my supervisor named herein.	YES	NO
7.	I understand that registration as an Assistant to Psychologist does not constitute a property interest by the registrant or by their supervisor, and therefore the registrant is not entitled to a hearing in the event of denial or revocation.	YES	NO
8.	I understand I must submit to a criminal background check in accordance with 37:2356.1 and provide my fingerprints as part of the B. Certain criminal history may be deemed inappropriate or directly impact your ability to provide certain services and could constitute grounds for denial of this registration.	YES	NO
9.	I understand that any false or misleading information in, or in connection with this registration <u>will</u> be cause for immediate revocation.	YES	NO

PART II: SECTION III. REGISTRANT'S GENERAL RECITALS, AFFIRMATIONS AND AGREEMENTS

I have affixed one current color passport photograph of myself in the designated box below.

I understand that payment of all fees under the Louisiana Administrative Code, Title 46:LXIII. Chapter 6. FEES are required to process my application, including the initial application of \$50 to be collected by LSBEP. I understand that any such fees submitted to the LSBEP as a requirement to process my application are not refundable and the decision of the LSBEP is final.

I understand that in accordance with the provisions of La. R.S. 37:2359, the LSBEP may deny an application for any fraud or deception in applying for or procuring a registration. Should the applicant provide fraudulent or deceptive information herein, the application will be denied for a period not exceeding 2 years, requiring reapplication and payment of current application fees at the time re-application is made.

I understand that missing information, including applications submitted without signatures or a color passport photograph (no photocopies) will be rejected and resubmission of a new notarized application will be required.

I understand that my status as an applicant OR registrant does not create a property right.

I understand that I cannot use my status as an applicant OR registrant to identify myself as a "psychologist" or by any other title or description of services incorporating the words "psychology", "psychological", or "psychologist", or use any term that imply that I am qualified to practice psychology or possesses expert qualification in any area of psychology without a license issued by the LSBEP is prohibited under La. R.S. 37:2352(9).

I understand that to engage in the independent practice of psychology defined in La.R.S. 37:2352.(7) in Louisiana requires a license issued by the LSBEP.

I understand that all work performed by unlicensed individuals that is defined as the practice of psychology under La.R.S. 37:2352.(7) is required to be conducted under the direct, legal, and functional supervision of a psychologist licensed under the LSBEP.

2x2 color passport photo. AFFIX WITH TAPE OR STAPLE

PART II: SECTION V. CRIMINAL HISTORY RECORDS INFORMATION (CHRI)

Authority and Intended Use | Review of Applicant's Criminal History |

Non-Criminal Justice Applicant's Privacy Rights | Privacy Acknowledgment Attestations

AUTHORITY AND INTENDED USE OF CHRI: As an Applicant for Registration as an Assistant to a Psychologist, the LSBEP is authorized and empowered to determine that you meet the criteria under the Louisiana Administrative Procedures Act, Title 46, Part LXIII. Chapter 11, including that you are "of good moral character" that you are not "in violation of any of the provisions" of Title 37, Chapter 28. Psychologists, specifically R.S. 37:2356.2.A and 37:2359.B (1), (4), (5), (11), (12), (13) and (14), and that you are physically and mentally competent to render psychological services with reasonable skill and safety to patients and that you are not afflicted with a disease or condition, either physical or mental, which would impair his competency to render psychological services (R.S. 37:2356.2.B). A national fingerprint-based criminal history record check (Criminal Background Check (CBC)) is required as a part of your application under the authority of La. R.S. 37:2356.1, and will be used to check the criminal history records of the FBI to determine your eligibility for registration as an ATAP. under La Revised Statutes, Title 37 §§2351 – 2360 and the board's rules respecting any such practice set forth in LAC 46:LXIII. Providing your fingerprints and associated information is voluntary, however failure to do so will affect the completion and approval of your application. The results of your criminal background check must be received before your application will be considered.

REVIEW OF APPLICANT'S CHRI: In reviewing an applicant's criminal background the Board shall consider,

- 1) The nature and seriousness of the offense.
- 2) The amount of time that has passed since the conviction and the age of the person at the time of the crime.
- 3) The specific duties and responsibilities for which the license is required (i.e. the nexus between the criminal conduct and the prospective duties of the applicant when licensed).
- 4) The facts relevant to the circumstances, including any aggravating or mitigating circumstances or social conditions surrounding the commission of the offense.
- 5) Evidence of rehabilitation or treatment undertaken by the person since the conviction, including but not limited to:
 - a. Completion of, or active participation in, rehabilitative drug or alcohol treatment.
 - b. Voluntary entry into a first-offender, diversion or post-conviction program.
 - c. The subsequent commission of a crime by the applicant.
 - d. Any affidavits or other written documents, including character references.
 - e. Prison, jail, probation, parole, rehabilitation, and employment records of the applicant since the date the crime was committed.

NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS:

As an applicant for registration as an ATAP, subject to a national fingerprint-based criminal history record check for a noncriminal justice purpose, you have certain rights to privacy and expectations related to your Criminal History Record Information (CHRI) explained below:

- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.
- You must be provided written notification that your fingerprints will be used to check the criminal history records of the FBI.
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures of obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.
- You have the right to expect that the officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council. [see also Privacy Act Statement: <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>].
- If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication form that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34)

LSBEP's CHRI PRIVACY STATEMENT and APPLICANT ACKNOWLEDGEMENT

Read and initial each item to affirm and demonstrate understanding:

___ I have read the **NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS** provided with this application and have accessed and read the National Crime Prevention and Privacy Compact Counsel's Privacy Act Statement at <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>.

___ I understand that pursuant to La. Revised Statute 15:588, an individual can obtain a certified copy of his/her personal criminal history record [RIGHT TO REVIEW] as maintained by the Louisiana State Police Bureau (LSP). **NOTE:** You may share your Right to Review with your employer, however, LSBEP is prohibited from sharing the criminal history record with other agencies and/or positions in which you may be applying.

___ I understand the authority of the LSBEP to collect and handle fingerprints and associated information, as well as the Board's intended use of my Criminal History Record Information (CHRI).

___ I understand that Criminal History Record Information (CHRI) received by the Board in conjunction with an application or other authorized use, is deemed confidential and is not a public record pursuant to La. R.S. 44:4(29); is reviewed and discussed in Executive Session; is not subject to subpoena by any person or other state or federal agency pursuant to LAPA §956(8)(a); and is further exempt from public records under La. R.S. 37:2356.1 of the Psychology Board Practice Act which specifically exempts criminal history record information obtained by the Board.

___ I understand that there are exceptions/limitations to the confidentiality of CHRI and/or association information submitted to the LSBEP as part of my application for licensure, that may cause my CHRI to become public record pursuant to the provisions of Louisiana Public Records Law, La. R.S. 44:1, *et seq.*, including: exercising my right under La. R.S. 42:17.A(1) to require that the Board's discussion of my application be held in open meeting.

___ I understand that CHRI may be disclosed as part of the adjudication process, during a hearing conducted in accordance with La. 37:2351 *et al*, that is open to the public following proper notification and based on a formally established requirement; you are not prohibited from being present at the hearing; and CHRI will not be disclosed during the hearing if the applicant withdraws from the application process or otherwise relinquishes a registration, or license, if licensed.

___ I understand that CHRI may be disclosed if it is required to be filed with a court of competent jurisdiction, as part of a judicial review of a Board decision and/or disclosure is otherwise ordered by a court of competent jurisdiction.

___ I understand that procedures for obtaining a change, correction, or updating of an FBI identification record are set forth in 28 CFR 16.34 for information reported to the Board that is believed to be inaccurate or incomplete are as follows: Make application directly to the Department of Public Safety, Bureau of Criminal Identification and Information, Attn: Applicant Processing, P.O. Box 66614 (Mail Slip A-6), Baton Rouge, LA 70896 **AND/OR** direct your challenge as to the accuracy or completeness of any entry on your record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will forward the challenge to the agency which submitted the data requesting that agency verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

___ I understand that in accordance with LAC:46:LXIII.1207.B., the submission of an application for registration as an ATAP to the board shall constitute and operate as an acknowledgement and authorization by the applicant for the board's utilization of criminal history record information to determine his or her suitability and eligibility for licensure, and whether just cause exists for the board to refuse to issue, suspend, revoke, or impose probationary or other terms, conditions, or restrictions on any registration held or applied for by an applicant in the state of Louisiana for violation of any of the causes specified by R.S. 37:2359 or 37:2360, and the board's rules respecting any such registrant as set forth in LAC 46:LXIII.

___ I understand that LSBEP receives expunged records.

COMPLETING CRIMINAL BACKGROUND CHECKS:

Criminal Background Checks may be completed by signing up for an appointment at one of the 30+ sites around the state for a live scan that is sent directly to Louisiana State Police for processing. You **MUST** follow the instructions posted on the Board's website to complete this process. Separate options are available for non-residents. Criminal Background Check fees are in addition to the Application for License fee and collected by IDEMIA/Identogo or Louisiana State Police.

Please select one option below:

I am a Louisiana Resident and will be completing my Criminal Background Check via IDEMIA.

I am a not a Louisiana Resident and will be completing my Criminal Background Check via IDEMIA.

My employer is requiring a RIGHT TO REVIEW - In this case, DO NOT USE the Identogo instructions. Instead, by checking this box, LSBEP will forward a background check packet to you with the necessary forms, instructions, and payment options for you to complete your Criminal Background Check and receive a Right to Review.

NOTARIZED AFFIDAVIT

THE UNDERSIGNED APPLICANT FOR REGISTRATION, BEING SWORN, DEPOSES AND SAYS, that they are the person whose credentials and likeness are represented in this Application for Registration of an Assistant to a Psychologist to work under the supervision of a Licensed Psychologist, within the field of psychology in the State of Louisiana, under the rules established by the Louisiana State Board of Examiners of Psychologists, and in conformity with Louisiana R.S. 37:2351-2366;

FURTHER that the statements, oaths, recitals and affirmations contained herein are true and complete in every respect;

FURTHER that they have not suppressed any information, omitted any information, or otherwise provided misleading information that might affect this application;

FURTHER that they will conform to the lawful and ethical standards of conduct of the profession for the duration of their status under the jurisdiction of the LSBEP as an applicant or registered as an ATAP, and for the duration of their registration if a registration is granted; and

FURTHER that they have read and understand this affidavit.

APPLICANT FOR REGISTRATION SIGNATURE: _____

SWORN BEFORE ME, this _____ day of _____, 20 _____

NOTARY SEAL

(Printed Name, Number and Commission):

State of _____

Parish or City of _____

NOTARY SIGNATURE: _____

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. INSTRUCT the prospective ATAP to complete their Criminal Background Check.
6. 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.**