

Louisiana State Board of Examiners of Psychologists

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APPLICATION FOR LICENSED SPECIALIST IN SCHOOL PSYCHOLOGY

I, _____, hereby apply for licensure as a Licensed Specialist in School Psychology in the State of Louisiana under the rules established by the Louisiana State Board of Examiners of Psychologists (“LSBEP” or “Board”) and in conformity with Louisiana R.S. 37:2351-2366.

APPLICATION WORKFLOW INFORMATION		
ANSWER “YES” or “NO”		
I have obtained a specialist degree in school psychology from a program that is accredited or approved by the National Association of School Psychologists (NASP)	YES	NO
I have obtained a specialist degree in school psychology or an equivalent certificate (LAC46:LXIII.3401) from a university offering a full-time graduate course of study in school psychology that is not NASP accredited or approved.	YES	NO
I am, or my spouse is, on active military duty and I would like to be considered for a Temporary Registration while completing my Application for Licensed Specialist in School Psychology under LAC46:LXIII.1003	YES	NO
I have or have previously been certified as a school psychologist under the Louisiana Department of Education or another jurisdiction	YES	NO
I have previously applied for a license to practice psychology/school psychology in Louisiana	YES	NO

GENERAL INFORMATION	
FULL LEGAL NAME: (LAST, First, Middle, Suffix)	MAIDEN NAME/ALIAS
HOME ADDRESS (Not Public/Required):	PHONE #: HOME CELL
	PHONE#: HOME CELL
BUSINESS/WORK ADDRESS (Public Address/Required): If you listed a Louisiana address, who is your current Supervisor at this location?	WORK PHONE (Available to the public):
	EMAIL ADDRESS (Available to the public):
PREFERRED MAILING ADDRESS (For LSBEP Use):	EMAIL ADDRESS (For LSBEP Use):

PERSONALLY IDENTIFIABLE INFORMATION (PII)		
La R.S. 37:2352, 37:2356, 37:2356.1, and 45 CFR 60.1 <i>et al</i>		
Social security number, birthplace, and date of birth are required to verify the Applicant’s identity including but not limited to criminal history records information, and to query and report to the National Practitioner Data Bank. PII will not be used or distributed for any other purpose unless explicitly required by state or federal law.		
SOCIAL SECURITY NUMBER:	DATE OF BIRTH : (mm/dd/yyyy)	PLACE OF BIRTH (City and State/Province <i>or</i> Country):
RACE ETHNICITY GENDER		
Race (optional):	List languages in which you are proficient to offer psychological services?	
Ethnicity (optional):		
Gender (optional):		

CITIZENSHIP OATH: LA R.S. 37:2356(A)(3); 2356.2(A)(3) and 2356.3(A)(1)(c)

ARE YOU A CITIZEN OF THE UNITED STATES? YES NO

If you answered "NO" above:

Have you applied for citizenship? YES NO

Is it your intent to apply for citizenship? YES NO

By what date do you expect to be eligible to make application for Citizenship or become a U.S. Citizen? _____

PROFESSIONAL REFERENCES

Provide requested information for three licensed/certified psychologists who are **well acquainted with you and your recent work in the field of school psychology** to whom professional reference forms will be sent by the LSBEP. Appropriate references include: immediate supervisors, past supervisors, or colleagues.

NAME and DEGREE	POSITION	COMPLETE MAILING ADDRESS	EMAIL ADDRESS
1.			
2.			
3.			

EDUCATION

A Specialist degree in school psychology or equivalent degree is a prerequisite for licensure (LAC:46:LXIII.3401).

UNIVERSITY OR COLLEGE	ADDRESS	EARNED DEGREE (e.g. SSP, M.S....)	DATE OF CONFERRAL	PROGRAM TITLE

INTERNSHIP TRAINING

Internship is a prerequisite for licensure. Acceptable internships are obtained as part of a school psychology program under the supervision of a certified school psychologist or licensed psychologist. Internship requirements are defined under the LAC:46:LXIII.3403. An internship must be at least nine-months in duration. Twelve hundred (1200) clock hours are required, a minimum of six hundred (600) hours of the internship must have occurred in a school-based setting.

NAME OF INTERNSHIP SITE AND ADDRESS	DATES Start End MM/DD/YYYY - MM/DD/YYYY	CLOCK HOURS	Was this experience completed in a school-based setting?		Was this internship completed under the supervision of a licensed psychologist?	
			YES	NO	YES	NO
			YES	NO	YES	NO
			YES	NO	YES	NO
			YES	NO	YES	NO
TOTAL INTERNSHIP HOURS:						

ADDITIONAL CREDENTIALS OR TRAINING

List other special certifications or training relevant to your work in school psychology:

PRAXIS AND JURISPRUDENCE EXAMINATION

Passing scores on the Praxis Series-school psychologist exam constructed by the National Association of School Psychology is a prerequisite for licensure. Passing scores on the Louisiana Jurisprudence Examination constructed by the Board is also a prerequisite for licensure. The Jurisprudence Examination is an online examination you will receive an email through CANVAS with instructions to complete this requirement.

HAVE YOU TAKEN THE PRAXIS EXAMINATION FOR SCHOOL PSYCHOLOGISTS YES NO

FORM NUMBER:	DATE OF EXAMINATION:	FINAL PASSING SCORE:
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Will you require any special accommodation, under ADA, the Louisiana Jurisprudence examination(s)?
 If yes, submit the following: (1) a letter describing the accommodations you are requesting; (2) documentation from a medical or mental health professional, who is qualified to administer tests for diagnosing and validating the identified disability, which confirms the disability and provides information that validates the accommodations you are requesting; and (3) if applicable, a letter from your graduate degree psychology program indicating the accommodations granted during graduate school. A request for special accommodations must be made at the time of application unless the disability develops after the time of application.

YES NO

PROFESSIONAL LICENSES | CERTIFICATIONS

COMPLETE THE INFORMATION BELOW IF YOU ARE LICENSED OR CERTIFIED AS A PSYCHOLOGIST OR OTHER MENTAL HEALTH PROFESSIONAL IN ANY OTHER JURISDICTION

Add additional pages if necessary. You must request a verification of your license from each jurisdiction be sent directly to the LSBEP.

JURISDICTION Use an asterisk "*" to designate original licensing jurisdiction.	DATE OF ISSUANCE	LICENSE OR CERTIFICATION #	IS THIS LICENSE ACTIVE?

OTHER EMPLOYMENT HISTORY

EMPLOYER:	DATES Start: End:
ADDRESS:	PHONE NUMBER:
CITY AND STATE:	EMAIL ADDRESS:
NAME OF SUPERVISOR FOR PSYCHOLOGICAL DUTIES (Include Degree)	
DESCRIPTION OF WORK (List only psychological duties):	

OTHER EMPLOYMENT HISTORY CONTINUED

EMPLOYER:	DATES Start: _____ End: _____
ADDRESS:	PHONE NUMBER:
CITY AND STATE:	EMAIL ADDRESS:
NAME OF SUPERVISOR FOR PSYCHOLOGICAL DUTIES (Include Degree)	
DESCRIPTION OF WORK (List only psychological duties):	

OTHER EMPLOYMENT HISTORY CONTINUED

EMPLOYER:	DATES Start: _____ End: _____
ADDRESS:	PHONE NUMBER:
CITY AND STATE:	EMAIL ADDRESS:
NAME OF SUPERVISOR FOR PSYCHOLOGICAL DUTIES (Include Degree)	
DESCRIPTION OF WORK (List only psychological duties):	

DISCIPLINARY ATTESTATIONS

As an Applicant for licensure, the LSBEP is authorized and empowered to determine that you meet the criteria under LA R.S. 37:2356.3 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. 37:2356.3.A.(2). and 37:2359.B.(1) – B.(15), that you are 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 your competency to render psychological services (R.S. 37:2356.2.B). Please answer each of the following truthfully.

1	Have you ever had an application for any professional license refused or denied by any licensing authority?	YES	NO
2	Have you ever been placed on probation, restriction, suspension, revocation, modification, allowed to resign, requested to leave temporarily or permanently, or otherwise acted against by any professional training program either prior to the completion of that training or after the completion of that training?	YES	NO
3	Have you ever voluntarily surrendered any professional license, including a license to practice psychology/school psychology or a provisional license to practice psychology/school psychology?	YES	NO
4	Have you ever allowed any professional license or certification, including a psychology, school psychology or provisional psychology license or certification to lapse; or had a limited or probationary license or certification issued by any state licensing authority, including in Louisiana?	YES	NO
5	Have you ever been found guilty of Medicare/Medicaid fraud?	YES	NO
6	Are you a restricted provider? (Medicare, Medicaid, or Other Insurance)?	YES	NO
7	Have you ever had any professional license, license or certification, including a psychology, school psychology or provisional psychology license or certification revoked by any authority, including in Louisiana?	YES	NO
8	Have you ever been the subject of disciplinary action, on your license or certification, including a psychology, school psychology or provisional psychology license or certification, or been sanctioned by any state licensing authority, state association, licensed healthcare facility, or the administrative staff of such facility, including Louisiana?	YES	NO
9	Have your practice privileges ever been restricted, suspended, or terminated by any licensing authority, board association, licensing facility, or staff of such facility; or have you ever voluntarily or withdrawn from such association to avoid imposition of involuntarily resigned or withdrawn from such association to avoid imposition of such measures?	YES	NO

10	To your knowledge, are there any complaints against you which are currently pending or unresolved before any licensing authority, association, licensed hospital/clinic, or staff of such hospital or clinic?	YES	NO
11	Is your professional license or permit currently under disciplinary review in another state?	YES	NO
12	Do you currently have any condition or impairment (including, but not limited to, substance abuse, alcohol abuse, or a mental, emotional, or nervous disorder or condition) which in any way currently affects your ability to practice psychology in a competent and professional manner?	YES	NO
13	Have you ever been arrested, charged with, convicted of, OR pled guilty or nolo contendere, to a felony offense in any state or federal court, whether or not sentence has been imposed or suspended? Pursuant to La. C.Cr.P. Art. 973, include information contained in expunged records. CAUTION: Pursuant to La. C.Cr.P. Art. 973, include information contained in expunged records.	YES	NO
14	Have you ever been pardoned from a felony conviction?	YES	NO
15	Have you ever been named as a defendant to a lawsuit related to your profession (i.e. malpractice)?	YES	NO
16	Within the past two (2) years, have you ever used illegal drugs including, but not limited to, heroin, cocaine, and methamphetamines, or other drug in a manner not in accordance with a valid and lawful prescription?	YES	NO
17	Have you ever been convicted of or plead guilty or nolo contender to any violations of law (except minor traffic violations)? Pursuant to La. C.Cr.P. Art. 973, include information contained in expunged records. CAUTION: Pursuant to La. C.Cr.P. Art. 973, include information contained in expunged records.	YES	NO
18	Have you within the past five (5) years exhibited any conduct or behavior that could call into questions your ability to practice school psychology and interact with patients/clients?	YES	NO

If you answered "Yes" to any question above, attach a detailed explanation and include any supporting documentation (e.g. court record of case disposition, arrest report, expungement)

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 \$200 to be collected through LSBEP's Online Application and Renewal System. I understand that any such fees submitted to the LSBEP as a requirement to process my application including but not limited to jurisprudence examination fees 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 license to practice school psychology. 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, candidate, or provisional licensee does not create a property right.
- I understand that I cannot use my status as an applicant, candidate, or provisional licensee to identify myself as a "Licensed Specialist in School Psychology", "specialist in school psychology", "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) or practice as a specialist in school psychology defined in La. R.S. 37:2352.(6) in Louisiana requires a license, respectively issued for such practice by the LSBEP.
- I agree that all work performed by unlicensed individuals that is defined as the practice of psychology under La.R.S. 37:2352.(7) or or practice as a specialist in school psychology defined in La. R.S. 37:2352.(6) is required to be conducted under the direct, legal, and functional supervision of an individual duly licensed under the LSBEP to provide such supervision.
- PRINT your legal name as you would like for it to appear on your license. You may use any of the following combinations: First Middle Last, Degree; First-Initial. Middle Last, Degree; First Middle-Initial Last, Degree; First Last, Degree; you may also include a nickname or preferred name in quotations as long as your legal name is apparent (example Robert "Bob" Last, Degree).

**2x2 color passport photo.
AFFIX WITH TAPE OR
STAPLE**

PRINT NAME

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 licensure, the LSBEP is authorized and empowered to determine that you meet the criteria under LA R.S. 37:2356 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. 37:2359.A and 37:2359.B.(1) - B(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. 37:2356.3.A.(2)). 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 licensure under La Revised Statutes, Title 37 §§2351 – 2360 and the board's rules respecting any such health care provider as 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 status as a candidate for licensure 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:

An applicant for licensure, 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 from 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 as maintained by the Louisiana State Police Bureau (LSP). 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 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 licensure 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 license 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 health care provider as set forth in LAC 46:LXIII.

_____ I understand that LSBEP receives expunged records.

COMPLETING YOUR CRIMINAL BACKGROUND CHECK

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, BEING SWORN, DEPOSES AND SAYS THAT, they are the person whose credentials and likeness are represented in this Application for License as a specialist in school psychology to practice within the field of school 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, candidate, and for the duration of their provisional or permanent license if a license is granted; and FURTHER that they have read and understands this affidavit.

APPLICANT SIGNATURE: _____

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

State of _____

Parish or City of _____

NOTARY SIGNATURE: _____

NOTARY SEAL

(Printed Name, Number and Commission):

CHECKLIST FOR SUBMITTING APPLICATION:

1. Ensure all applicable fields are complete and legible. Dates should be accurate and include MM/DD/YYYY.
2. It is important to provide a valid email address for yourself, your references, internship training director and postdoctoral supervisor. These individuals will be contacted by the LSBEP to verify your training and credentials. You should advise these individuals to expect an email from the Adobe.sign platform that is used by the LSBEP to obtain a secure valid electronic signature. If you do not provide an email address, references will be mailed to the address provided.
3. 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.
4. JURISPRUDENCE: You will receive an email from the Board through CANVAS. You will need to accept the emailed invitation and follow the instructions to complete the Jurisprudence Examination online.
5. It is not recommended that you use a third party to submit an application on your behalf. If you choose to use a third party, please be advised that LSBEP will only communicate with you at your personal email or mailing address. A professional license is a legal document issued to the applicant. It is expected that questions and confirmation of credentials including disciplinary history will be vetted and attested to by the applicant ONLY. Invitation and access to the oral, jurisprudence and EPPP examinations will be directed to the applicant ONLY.
6. Use only licensed/certified school psychologists for your references.
7. 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.
 - a. DO NOT send a loose photograph with this application
 - b. DO NOT send a photocopy from your ink jet or black, white printer OR clipped from a newspaper or magazine.
 - c. 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.
8. Your original signature on this application must be notarized.
9. Options for paying the required \$200 application fee:
 - a. 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.
 - b. Online Payment - There is an additional processing fee of \$6.10 for online payment of the Application Fee. Print a copy of your receipt and attach it to this application as proof of payment.

[PAYMENT LINK](#)

10. Mail your 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
11. Review the STEPS TOWARD LICENSURE form and begin contacting applicable sources to compel transcripts, license verifications, score reports, and other applicable information be sent DIRECTLY to the LSBEP.