



APPLICATION FOR LICENSE REINSTATEMENT

Louisiana State Board of Examiners of Psychologists
 4334 S. Sherwood Forest Blvd., Suite C-150
 Baton Rouge, LA 70816
 225-295-8410

ATTACH
 PHOTO
 HERE

- I am applying for reinstatement of my Louisiana License to Practice Psychology # _____
- It has been LESS than ONE (1) year from the date of lapse of this license.
 - It has been MORE than ONE (1) year from the date of lapse of this license.
 - It has been TWO (2) or more years from the date of lapse of this license.

PART I: GENERAL INFORMATION (Please print or type)

Full Name: (Last, First, Middle, Suffix)		Social Security Number:	
Maiden/Alias:	Date and Place of Birth:	E-mail address:	
Additional Languages:	Are you a United States Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No", by what date do you expect to become a U,S, Citizen? _____)		
Home Phone:	Home Address:		
Cell Phone:	City, State Zip		
Current Employment:			
Business Phone:	Business Address:		
Fax Number:	City, State Zip		

PART II: LICENSE HISTORY

Provide information on every jurisdiction where you have held a professional license. You must request a verification (on the form provided by this Board) for each jurisdiction. (Attach additional pages if needed)

Jurisdiction	Original Issue Date	License Number	Expiration Date	Area of Practice

**PART III. Reinstatement Application:
CONTINUING PROFESSIONAL DEVELOPMENT (CPD)**

INSTRUCTIONS FOR COMPLETING CPD FORM

You must document that you are current on Continuing Professional Development requirements prior to reinstatement. All offerings must comply with the requirements of the LA Administrative Code 46:LXIII. Chapter 8.

- Report only CPD that falls within the 24 months preceding this application. Please contact the Board office if you are unsure of these dates.
- Report **FOURTY (40)** hours of CPD, with **TWO (2)** of those 40 in ethics and/or forensics.
- Indicate the required **ETHICS/FORENSICS** activities with an **asterisk (*)**.
- Attach **DOCUMENTATION OF COMPLETION** of all activities listed.
- CPD must be obtained in at least 2 of the three categories listed below. Provide correct **TYPE CODES** for each entry of CPD (See Type Code list below):

CATEGORY 1: PROFESSIONAL

- **(PC) Peer Consultation***
- **(POM) Practice Outcome Monitoring*** (1 client = 1 credit per reporting period)
- **(PA) Professional Activities*** (1 year = 10 credits)
- **(C) Conference** – (1 conference day = 1 credit. May be counted in addition to traditional workshop hours granted by the sponsor)

CATEGORY 2: ACADEMIC

- **(GC) Graduate Class** (1 three hour course equals 20 credits)
- **(T) Graduate Class Preparation and Teaching** (May be claimed once per course: Claim 10 times the credit granted students)
- **(AGC) Auditing a Graduate Course** (1 registered course documented by the university = 5 credits)
- **(PUB) Publications*** (1 article = 10 credits; 1 book/book chapter = 10 credits)
- **(WP) Workshop Preparation and Teaching** (May be claimed once per course: Claim 2 times the credit granted attendees)

CATEGORY 3: TRADITIONAL

- **(ASCE) Approved Sponsored Workshop** (1 hour = 1 credit – REPORT ALL ACTIVITIES WITH APPROVED SPONSORS REGARDLESS OF MODE OF DELIVERY)
- **(SDL) Self-directed Learning*** (Limit 10 Credits per reporting period - REPORT ONLY ACTIVITIES WITHOUT APPROVED SPONSORSHIP)

***ATTACH: “Continuing Professional Development Verification Form” with supporting documentation.**

CONTINUING PROFESSIONAL DEVELOPMENT REPORT (FOR REINSTATEMENT APPLICATION ONLY)

REPORT DATES: START: _____ END: _____
(MM/DD/YYYY) (MM/DD/YYYY)

DATE	TITLE <small>Denote Ethics with an asterisk [*], the word "Ethics" must be part of the title.</small>	SPONSOR	TYPE CODE	Use for calculating credit		HOURS
				Course Credit	Your Hours	
7/1/07	<i>EXAMPLE: Alt. to the Disease Model of Addictive Behaviors</i>	LA Psychological Assoc. (LPA)	ASCE			3
6/30/09	<i>EXAMPLE: Psychological Treatment of Closed Head Injuries</i>	LA Neuropsychological Assoc.	WP	3	6	6
TOTAL						

PART IV: PROFESSIONAL REFERENCES

List the names, positions, and addresses of three psychologists who are currently well acquainted with you and your work to whom professional reference forms will be sent by the Board.

1. Full Name:	Street Address:
Email Address:	
Position/Title:	City, State Zip Code:
2. Full Name:	Street Address:
Email Address:	
Position/Title:	City, State Zip Code:
3. Full Name:	Street Address:
Email Address:	
Position/Title:	City, State Zip Code:

PART V: ATTESTATION, IDENTIFICATION AND AFFIDAVIT

If you answer “Yes” to any of the following questions, attach an explanation on a separate page.

Have you ever been disciplined, sanctioned, reprimanded, or subjected to any like action by the Committee on Ethics of any professional organization of which you were, or are, a member?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of, or pled guilty or nolo contendere to a violation of any federal, state or provincial statute, any city or country ordinance, or law of a foreign country (except for minor traffic violations?)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you now, or have you ever engaged in any activities that misrepresent your professional qualifications, affiliation, or purposes, or those of institutions, organizations, products and/or services with which you are associated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been denied any license or certificate as a psychologist in any state, province, or country, or denied the right to take an examination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been denied any license or certificate for any other profession?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any license or certificate as a psychologist ever been restricted, suspended, or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any license or certificate for any other profession ever been restricted, suspended, or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been found guilty of any unprofessional conduct under the Law or Rules of any jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been found guilty of fraud or deceit in any services rendered as any licensed professional?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever aided or abetted any person who has misrepresented themselves as a psychologist?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever voluntarily surrendered or relinquished a license to practice psychology?	<input type="checkbox"/> Yes <input type="checkbox"/> No

IDENTIFICATION

Attach on the first page of this application, one current passport picture of yourself

AFFIDAVIT

I understand that I may choose to apply for licensure under applicable standard board licensing procedures rather than under this agreement. My signature indicates that I have chosen to reinstate my license to practice psychology in Louisiana.

The undersigned, being duly sworn under penalty of perjury, deposes and says that the statements contained herein are true, complete, and correct to the best of his/her knowledge and belief; that he/she has not suppressed any information which might affect this application; that he/she has not omitted any information relevant to his/her current fitness to practice; that he/she is of good moral character and will conform to the ethical standards and conduct of the profession; that he/she has no complaints pending, and has had no disciplinary action against him/her in any jurisdiction; that he/she has otherwise met all statutory requirements and believes him/herself eligible for licensure via reciprocity, and that he/she has read and understood this affidavit.

Signature of Applicant

Date

STATE OF _____

PARISH OR COUNTY _____

SWORN TO BEFORE ME THIS _____ DAY OF _____ 20_____

SIGNATURE OF NOTARY _____

NOTARY
SEAL

Return this form completed along with the required, non-refundable reinstatement fee of \$600.00 payable to the *Louisiana State Board of Examiners of Psychologists (or LSBEP)*