

# Louisiana State Board of Examiners of Psychologists

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## LICENSEE APPLICATION FOR PREAPPROVAL OF UNSPONSORED CONTINUING PROFESSIONAL DEVELOPMENT OFFERINGS OR ACTIVITIES

This application form is for utilization by a Licensed Psychologist requesting PREAPPROVAL from the Louisiana State Board of Examiners of Psychologists (“Board”) pursuant to the La. Administrative Code (LAC), Title 46:LXIII.806.D, for an unsponsored Continuing Professional Development (“CPD”) offering or activity to be used for credit at the time of renewal.

Activities that are offered for credit by approved sponsors pursuant to the LAC:46:LXIII.805.C. and D., and which meet the criteria under the LAC:46:LXIII.801 are automatically approved and **are not** subject to preapproval under this application. The pre-approval of any activity applies only to the applicant, for a single activity/offering, and is not transferrable to other individuals. Preapproval shall not be granted to any application received after JUNE 30<sup>th</sup> of the licensees reporting year for license renewal.

LICENSEE INFORMATION	
FULL LEGAL NAME	LICENSE NUMBER:
CURRENT ADDRESS: WORK OR HOME	CURRENT TITLE/POSITION:
	PHONE #:
WORK PHONE #:	EMAIL ADDRESS

CONTINUING PROFESSIONAL DEVELOPMENT	
<b>OBJECTIVES AND CONTENT</b> Pursuant to R.S. 37:2357(B), each licensed psychologist is required to complete continuing education hours, also referred to as continuing professional development (CPD) within biennial reporting periods. A CPD activity that meets acceptable criteria of the Board: 1. are relevant to psychological practice, education and science; 2. enable psychologists to keep pace with emerging issues and technologies; and 3. allow psychologists to maintain, develop, and increase competencies in order to improve services to the public and enhance contributions to the profession.	
<b>UNSPONSORED WORKSHOP OR CONFERENCE (OR SPONSOR NOT RECOGNIZED UNDER 805.C.)</b>  Identify and document the type of CPD activity requested for PREAPPROVAL, for credit toward license renewal.	
TITLE:	
MODE OF DELIVERY: (e.g. in-person, online live, online recorded)	ACTIVITY TYPE: <input type="checkbox"/> ½ DAY WORKSHOP <input type="checkbox"/> FULL DAY WORKSHOP <input type="checkbox"/> MULTI-DAY WORKSHOP <input type="checkbox"/> CONFERENCE <input type="checkbox"/> OTHER: (specify if selected)

NAME(S) AND CREDENTIALS OF PRESENTERS:

DATE(S): (INCLUDE ALL DATES)	EVENT/TRAINING LOCATION:
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TARGETED AUDIENCE:

Describe Psychological Basis/Principles/Concepts:

Specific Learning Objectives:

How will learning objectives be assessed?

How will attendance be tracked/confirmed?

**CREDIT HOURS REQUESTED**

Louisiana requires 40 hours of continuing professional development per biannual reporting period. Credit is granted on a 1Hour:1Credit ratio. Within the required 40 hours, a licensee is required to obtain 2 hours of ethics or law AND 2 hours of multiculturalism or diversity. To qualify for ethics, law, multiculturalism or diversity, the program must be exclusively designated or have specific time exclusively dedicated to these topics.

EVENT START TIME:	EVENT END TIME:	ACTUAL HOURS IN TRAINING:
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CHECK ALL THAT APPLY INCLUDING PERCENT OF TIME DEDICATED TO EACH:

TOPIC	Percent of time dedicated to training	TOPIC	Percent of time dedicated to training
<input type="checkbox"/> ETHICS	%	<input type="checkbox"/> MULTICULTURALISM	%
<input type="checkbox"/> LAW	%	<input type="checkbox"/> DIVERSITY	%
<input type="checkbox"/> ETHICS/LAW (Forensics)	%	<input type="checkbox"/> PRACTICE SPECIFIC CONTENT	%

**DOCUMENTATION REQUIRED TO BE ATTACHED TO APPLICATION**

1. Advertisements including mailers/flyers/brochures
2. Registration form
3. Agenda/syllabus

**PROFESSIONAL ACTIVITIES**

Serving on an international, national, regional, or state psychological association board or committee; or board member of regulatory body related to the field of psychology. Professional activities shall not include lobbying activities. One-year equals 10 credits.

Name of association or regulatory body/board:

Date of appointment:

Duties:

**\*\*\*Attach verification of appointment from organization\*\*\***

**CONTINUOUS PRACTICE OUTCOME MEASURE**

Assessing patient/client outcomes via questionnaire(s) that is appropriate to the practice endeavor. One client equals one credit per reporting period. If requested, documentation required to earn credit shall be a verification form and a de-identified copy of the patient/client questionnaire.

Dates of Meeting(s)	Client/Patient ID	Number of protocol administrations with each client/patient

**\*\*\*Attach protocol used for each client/patient\*\*\***

**REGISTERED ATTENDANCE AT CONFERENCES/CONVENTIONS**

Attendance at a conference related to the field of psychology or a conference, that aids in the licensee’s professional development. One conference day equals one credit. This credit is separate from traditional continuing education units that may be awarded by an approved sponsor at said conference. A certificate of attendance is required.

Title of Activity:

Mode of Delivery or Type (online video/workshop/book):

Applicability to Practice:

**\*\*\*Attach copy of title page, preface, introduction\*\*\***

**ACADEMIC COURSES**

A graduate-level course related to the psychologist’s discipline and practice, taken for credit from a regionally accredited university or one pre-approved by the board. One three-hour course or equivalent equals 20 credits; or, one registered audit, documented by the university, equals five credits.

Course Title:

Name of University:

Course Description:

**\*\*\*Attach transcript\*\*\***

### INSTRUCTION

Preparation and teaching of a semester-long graduate or undergraduate course, related to psychology, in a regionally accredited institution; or continuing education workshop presentation. Credit can only be received the first time teaching or presenting the material.

a. Credit hours for preparing and teaching a workshop shall be calculated at four times the credit granted attendees, divided by the number of presenters.

b. Credit hours for teaching a university course shall be calculated at 10 times the number of credit hours awarded the students.

Documentation required to earn credit shall be the course syllabus or brochure.

Course Title:

Workshop Sponsor/University:

Additional Presenters:

Credit hours awarded attendees/students:

**\*\*\*Attach course syllabus, brochure, or course description.\*\*\***

### PUBLICATIONS

Author of an article for peer-reviewed publications or author, editor or co-editor of a book/book chapter related to the field of psychology.

One article equals 10 hours; one book/book chapter equals 10 credit hours.

PUBLICATION TITLE:

Title of Article:

Date of publication:

CITATION:

**\*\*\*Attach a copy of journal abstract or a copy of the publication.\*\*\***

### PEER CONSULTATION

Acceptable consultation is regularly scheduled interactions with colleagues, licensed in a health care profession or other general applied psychology profession, in a structured and organized format. Examples include case consultation groups, journal clubs, research groups, and shadowing a colleague. Acceptable supervision is one-to-one general professional, specific case discussion, or skill training that is provided under Chapter 7 of this Part by a qualified supervisor. One hour of acceptable consultation or supervision equals one hour of credit. Documentation required to earn credit shall be a verification form providing evidence that it is a structured program of consultation with regularly scheduled meetings and showing the nature of the consultation, or in the case of supervision the Supervised Practice Plan approved by the board; and The person providing the consultation, or facilitating the case consultation group, must attest, by signature, to the description of the program, number of hours met and that the verification form has been completed.

Dates of Meeting(s):

Number of Hours:

Nature of Consultation:

**\*\*\*Attach a signed attendance log(s)\*\*\***

Person Attesting to meetings:

Print: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**GENERAL RECITALS, AFFIRMATIONS AND AGREEMENTS**

- I understand that a payment of the required application fee that is collected pursuant to La. Revised Statutes 37:2354.F.(3) and the Louisiana Administrative Code, Title 46:LXIII. Chapter 6. FEES for Psychologist Application for Pre-approval of Continuing Professional Development, in the amount of \$25 (including processing fees for online payment), is not refundable and the decision of the LSBEP is final.
- I understand that the LSBEP may deny an application if it is not found to meet the requirements and objectives for an acceptable Continuing Professional Development activity pursuant to the Louisiana Administrative Code, Title 46:LXIII. Chapter 8.
- I understand that an application submitted with missing information, including applications submitted without required data, illegible content, signatures or program brochures will be rejected and a new application and application fee will be required for subsequent review/consideration.
- I understand that an application submitted after June 30<sup>th</sup> of the licensees reporting year will be rejected and the activity will not be allowed to be credited toward renewal.

THE UNDERSIGNED INDIVIDUAL, attests they are the LICENSEE represented by name and license number within this form, requesting preapproval of an activity or offering to count toward their next reporting period for the renewal of their license; 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, misrepresented credentials for presenters/trainers, or otherwise provided misleading information that might affect the approval of this application; FURTHER that they have read and understand this this affidavit.

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT TITLE: \_\_\_\_\_

**OPTIONS FOR PAYMENT/SUBMISSION OF APPLICATION**

1. Options for paying the required \$25 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 \$.37 for online payment of the Application Fee. Print a copy of your receipt and attach it to this application as proof of payment.

[INSERT STRIPE PAYMENT LINK AND LINK STEPS TOWARD LICENSURE.](#)

2. 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 70817