Louisiana State Board of Examiners of Psychologists

VERIFICATION OF EMPLOYMENT
Licensed Specialist in School Psychology – Legacy Application
(Pursuant to LAC Title 46, Part LXIII, §3300)

Instructions to Local Educational Agency:

This form must be completed by the employing Local Educational Agency (LEA) and submitted directly to the Louisiana State Board of Examiners of Psychologists (LSBEP) by the verifying entity.

Instructions to Applicant:

Print your name and identifying information for the LEA under Part 1 of this form, sign, and forward to the verifying LEA, along with any applicable fees required by the LEA for completion.

PART 1 – Applicant Information

TO (Name LEA):

I am applying for a Louisiana license to practice school psychology under the provisions of *LAC:46:LXIII,§3300.* I am the person whose name and information is listed below. I am requesting that you complete PART 2 of this employment verification, and return the form directly to the Louisiana State Board of Examiners of Psychologists. Please advise me if there are any fees associated with this request.

Full Legal Name:	Degree:	La School Psych Certification No:
Social Security Number:		Date of Birth:
Phone Number:		Email:

Current Residential Address: (street no., street name, apt, city, state, zip code)

Authorized Release of Information: By my signature below, I hereby waive all right to confidentiality to the Local Education Agency named above, for the purpose of reporting the information requested herein, to the Louisiana State Board of Examiners of Psychologists, to which I am applying for a license, including any and all information concerning disciplinary or adverse actions taken by the LEA.

_____ _____
Applicant Signature **Date**

_____ _____
Witness Signature **Date**

Witness Printed Name:

PART 2 – Employment Verification (To be completed by LEA representative)

NOTICE: All information provided to the LSBEP on or as an attachment to this form shall be deemed confidential and exempt from public records request under LA R.S. 42:17 and La. R.S. 44:4(29).

Employment Verification of

Employing LEA Name	
LEA Address	
LEA Contact Name	
LEA Contact Title	
Phone Number	
Email Address	

Applicant was employed by this LEA between: **Start Date:** _____ **End Date:** _____

Position Title:_____

Employment Status: ☐ Full-time ☐ Part-time

Did the applicant hold an ancillary certificate in school psychology or as a "certified school psychologist" issued by the Louisiana Department of Education during the above employment period? ☐ Yes ☐ No

If yes, Certificate Type: _____

Certificate Issue Date: _____ Certificate Expiration Date: _____

Disciplinary or adverse actions against employee: ☐ Yes ☐ No
If yes, please explain or attach additional information:

PART 3 – Attestation

I hereby certify that the above information is accurate and complete to the best of my knowledge and that I am authorized to verify employment for the above-named applicant.

Signature of LEA Representative: _____ **Date:** _____

Printed Name: _____ **Title:**_____

Official Seal/Stamp (if applicable)

Submission Options: Email: admin.lsbep@la.gov (directly from the LEA representative's official email) OR **Mail:** LSBEP, 4334 S. Sherwood Forest Blvd., Suite C-150, Baton Rouge, LA 70816