Louisiana State Board of Examiners of Psychologists
4334 S. Sherwood Forest Boulevard • Suite C-150 • Baton Rouge, LA 70816
Voice (225)295-8410 • Fax: (225) 295-8412
Email: admin.lsbep@la.gov • Website: lsbep.org

ONLINE APPLICATION ENGAGMENT AGREEMENT
LSBEP Licensing Portal

INSTRUCTIONS: Read this Agreement. Complete and sign before a notary. Return the original notarized copy to the board at the address on this letterhead. Online notarizations are not acceptable.

I am the person whose credentials and likeness are represented in the LSBEP Licensing Portal ("Portal") as:

_____
PRINT OR TYPE YOUR FULL LEGAL NAME

Social Security Number: _____

Date of Birth: _____

1. I understand and agree that,
    a. by creating an account with the Louisiana State Board of Examiners of Psychologists through the Portal, I am initiating an application for review and consideration of a license to practice within the field of psychology in the State of Louisiana under the jurisdiction of the Louisiana State Board of Examiners of Psychologists (LSBEP) and in conformity with Louisiana R.S. *37:2351-2367 et al;*
    b. I am responsible for completing the application in the Portal on my own and will not share my login credentials or passwords or allow access to the Portal by another person, business, or other representative;
    c. I have a continuing responsibility for my account through the Portal and will not share my login credentials or passwords for any future licensing matters including but not limited to license renewals, audits, investigations and/or disciplinary matters;
    d. all data or other communications, notes, documents, letters, electronic mail, communications, forms, or other media (hereafter "documents") entered or uploaded by myself will be stored and utilized in the review, consideration and final licensing determination by the LSBEP and, if licensed, for any future determinations related to licensing renewals, audits, investigations, and/or disciplinary matters. Further that any data or documents regarding my application or future licensing matters that are not received through the Portal, but submitted directly to the LSBEP by myself, or a third party, or created by the LSBEP may also be uploaded to my account for the same purpose;
    e. my application for license is confidential, however certain information and data stored in my account, may be disclosed as part of a lawful request including a license verification, public mailing list, public records request, and deidentified data/workforce data reports;

f. I am required to, and that I will conform to the lawful and ethical standards of conduct of the profession for the duration of my status under the jurisdiction of the LSBEP as an applicant, candidate, and/or for the duration of a provisional or permanent license if a license is granted, including but not limited to Louisiana R.S. 37:2351-2366 and the Louisiana Administrative Code, Title 46:LXIII. Psychologists.

SIGNATURE: _____ DATE:_____

NOTARY STATEMENT

THE UNDERSIGNED APPLICANT, BEING SWORN, DEPOSES AND SAYS THAT, they are the person executing this Agreement and whose name, credentials and likeness are represented in the LSBEP Licensing Portal ("Portal"); FURTHER that the statements, oaths, recitals and affirmations contained in their application submitted through the Portal 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 their application; FURTHER that they will conform to the terms of this agreement; and FURTHER that they are a citizen of the United States or they will apply for citizenship when they become eligible to make such application; and FURTHER that they have read and understands this affidavit.

APPLICANT PRINTED NAME: _____

APPLICANT SIGNATURE: _____ DATE: _____

SWORN BEFORE ME, this_____ day of _____, _____

STATE OF _____ PARISH/CITY OF _____

NOTARY SIGNATURE:_____

NOTARY SEAL (Printed Name, Number and Commission)