Louisiana State Board of Examiners of Psychologists

ENDORSEMENT LICENSE VERIFICATION FORM

(Pursuant to R.S. 37:51–59)

PART I. APPLICANT REQUEST
(To be completed by Louisiana Applicant for Licensure ("Applicant"))

Instructions to Applicant:

1. Complete this page.
2. Print and sign the authorization in the presence of a witness.
3. Mail **Part I** and **Part II** to each jurisdiction where you've ever held a professional license.
4. Include any applicable fees required by the Reporting Jurisdiction.

TO: _____

Reporting Jurisdiction

I am applying for a Louisiana license to practice psychology by endorsement. I am the person whose name and information is listed below. I am requesting that you complete PART 2 of this license 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:	License 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 jurisdiction named above ("Reporting Jurisdiction"), for the purpose of reporting the information requested herein, to the Louisiana State Board of Examiners of Psychologists, to which I am applying for licensure by endorsement pursuant to La. R.S. 37:51-59, including any and all information concerning complaints adjudicated, stipulated, or pending against me; informal adjudication/resolution; and/or participation in any program to which I have acknowledged impairment (physical, mental or substance) regardless of confidentiality designation.

_____ _____

Applicant Signature **Date**

_____ _____

Witness Signature **Date**

Witness Printed Name

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)

PART 2: LICENSE VERIFICATION

(To be completed by the State Psychology Board, Agency or Authorized Jurisdiction ("Jurisdiction"))

SECTION I: GENERAL INFORMATION

Jurisdiction completing verification:

Full Legal Name of Licensee:	**Degree:**

Address of Record: (street no., street, city, state, zip code)

License No:	**License Type:**	**Original Issue Date:**	**Expiration Date:**

Current License Status: ☐ Active ☐ Inactive ☐ Expired ☐ Revoked ☐ Suspended ☐ Other:_____

If active, is license in good standing? ☐ Yes ☐ No
If, "No" please provide explanation, or attach additional record.

Is your agency/board an original licensing jurisdiction? ☐Yes ☐No
(NOTE: For the purposes of this verification, "Original" means licensee was required to document all degrees, training and credentials required for licensure in your state, and was not licensed via reciprocity, endorsement or compact)

If licensed via reciprocity or endorsement, please check one:

☐ Certificate of Professional Qualifications (CPQ)
☐ Reciprocity with _____(jurisdiction)
☐ Professional Endorsement (specify)_____
☐ Other (specify)_____

Is your jurisdiction a member board of the Association of State and Provencial Psychology Boards? ☐ Yes ☐ No.

Louisiana State Board of Examiners of Psychologists

SECTION II: JURISDICTION LICENSE/CERTIFICATION REQUIREMENTS

Name of Jurisdiction:

Scope of Practice: (Please provide legal citation for scope of practice for this certification/license or attach separate description)

License/certification Requirements:

At the time of licensure in your jurisdiction, was the applicant:

1. required to pass the Examination for Professional Practice in Psychology	☐Yes ☐No Score: _____
2. required to pass the PRAXIS Examination for School Psychology	☐Yes ☐No Score: _____
3. required to obtain a doctoral degree in psychology from a university accredited by the American Psychological Association or equivalent?	☐Yes ☐No
4. required to obtain a specialist in school psychology from a university accredited or approved by the National Association of School Psychologists or equivalent?	☐Yes ☐No
5. required to obtain a masters degree in psychology from a university accredited by the American Psychological Association or equivalent?	☐Yes ☐No
6. practicum training in psychology was required as part of the degree program?	☐Yes ☐No
7. internship training in psychology was required as part of the degree program?	☐Yes ☐No
8. postdoctoral or postgraduate supervised training in psychology was required for licensure/certification?	☐Yes ☐No

Please describe any discrepancies or add clarification if needed:

SECTION III: DISCIPLINARY HISTORY	
Has there ever been any disciplinary action taken against this license in your jurisdiction? (If "Yes", attach record)	☐ Yes ☐ No
Has this individual ever acknowledged any impairment (physical, mental, or substance) or participated in an impaired psychologist agreement/procedure? (If "Yes", attach record)	☐ Yes ☐ No
Are there any pending complaints against this individual's license/certification? (If "Yes", attach record)	☐ Yes ☐ No

SECTION IV: CERTIFICATION OF VERIFYING JURISDICATION

I certify that I am the person authorized to provide license verifications for the jurisdiction named herein, and that the information provided above is true and complete to the best of my knowledge.

Verified By: _____
PRINT NAME

Title: _____

SIGNATURE: _____

DATE: _____

AFFIX JURISDICTION SEAL/STAMP:

RETURN COMPLETED ORIGINAL TO:

LSBEP
4334 S. Sherwood Forest BlvD., Suite C-150
Baton Rouge, LA 70817

Should you have any questions/concerns regarding completing this form, please contact the LSBEP at 225-295-8410.