LICENSE VERIFICATION FORM

Louisiana State Board of Examiners of Psychologists
8706 Jefferson Hwy., Suite B
Baton Rouge, LA 70809
225-925-6511

*Instructions for Applicant: Print your name and information for the jurisdiction to which you are requesting verification. Forward this document along with any applicable fees to **every** jurisdiction where you have ever held a professional license.*

Applicant Name_____ License # _____

Social Security Number:_____ Date of Birth: _____

Reporting Jurisdiction:_____

I hereby waive all right to confidentiality to the jurisdiction reporting herein, for the purpose of reporting to the Louisiana State Board of Examiners of Psychologists to which I have applied for licensure, the information requested below including any and all complaints adjudicated, stipulated, or pending against me including participation in any program to which I have acknowledged impairment (physical, mental or substance).

_____
SIGNATURE OF APPLICANT Date

TO BE COMPLETED BY THE STATE LICENSING BOARD
Please return completed form directly to the LSBEP.

Licensing Agency:_____

Licensee: _____ License Number:_____

Has the licensee held continuous licensure in your state, without lapse? ☐ Yes ☐ No

Issue Date:_____ Expiration Date:_____

Are you the original licensing jurisdiction? ☐ Yes ☐ No

If licensed via reciprocity or endorsement, please check one:

☐ Certificate of Professional Qualifications (CPQ) ☐ Reciprocity between States
☐ Professional Endorsement (specify)_____ ☐ Other (specify)_____

Has there ever been any disciplinary action taken against this license?

☐ Yes (please attach any public record or details) ☐ No

Has this individual ever acknowledged any impairment (physical, mental, or substance) or participated in an impaired psychologist agreement/procedure?

☐ Yes (please attach any public record or details) ☐ No

In testimony whereof witness my hand and seal:

OFFICIAL
SEAL

_____
Signature **Date**

_____
Official Title

_____
Telephone Number