



**LOUISIANA STATE BOARD
OF EXAMINERS OF
PSYCHOLOGISTS**

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Self-Nomination to Serve on the
Louisiana State Board of Examiners of Psychologists (2017-2022)

DEADLINE FOR NOMINATIONS: OCTOBER 30, 2016

Name: _____

City: _____ State: _____ Parish: _____

LA License No.: _____ Original LA Licensure Date: _____

Specialty Designation: General Clinical Counseling School
Developmental Experimental Clinical Neuropsychology I/O

Principal position: _____

Other current positions (include small contracts):

- 1. _____
- 2. _____
- 3. _____

Highest professional degree earned:

Ph.D. Psy.D. Ed.D. Other: _____

Educational Institution: _____

Date of Graduation: _____ Major: _____

Other jurisdictions in which you are licensed to practice psychology:

STATE	LICENSE NO.	DATE OF ORIG. LIC.	EXPIRATION DATE

Have you ever been disciplined by any state licensing board(s) or sanctioned by a professional ethics committee? Yes No

If yes, please provide detail information:

Please list your memberships in professional organizations:

1. _____
2. _____
3. _____
4. _____

Have you previously served on the LSBEP? Yes No

If so, please list the dates: _____

Have you ever contracted with LSBEP in any professional role? Yes No

Please provide a statement of issues facing LSBEP and psychology, and state goals for your tenure on the Board.

I affirm that I meet the statutory requirements for service on the Louisiana State Board of Examiners of Psychologists, have no ethical conflicts, and am willing to serve if appointed.

Date: _____

Signature