



**LOUISIANA STATE BOARD
OF EXAMINERS OF
PSYCHOLOGISTS**

8706 Jefferson Hwy., Suite B
Baton Rouge, Louisiana 70809

Voice: (225) 925-6511
Fax: (225) 925-6521
Email: admin.Lsbep@La.gov
Website: Lsbep.org

Self-Nomination to Serve on the
Louisiana State Board of Examiners of Psychologists

Election to Fill Vacancy Occurring July 1, 2022

(TERM: July 1, 2022- June 30, 2027)

DEADLINE FOR NOMINATIONS:

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 the LSBEP, how you see your role as a regulator in enforcing the laws, standards and ethics code, and your 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