



TEMPORARY REGISTRATION
 (LA R.S. 37:2365.D)
Louisiana State Board of Examiners of Psychologists
4334 S. Sherwood Forest Blvd., Suite C-150
Baton Rouge, LA 70816
225-295-8410

ATTACH
2x2
PHOTO
HERE

Temporary Registration fee: \$200
Allow 4-6 weeks for processing registrations.
****You may not practice until the Board has approved this application.****

IDENTIFICATION AND DOCUMENTATION REQUIRED

1. Attach on the first page of this application, one current passport size picture of yourself; and
2. Include one copy of a valid drivers license, or other acceptable form of photo identification; and
3. Documentation that the state in which you reside provides a like and similar privilege to Louisiana residents as required under LA R.S. 37:2365.D.; and
4. A verification of your current and unrestricted license to practice psychology at a doctoral level from the state you have listed as your residence. **Verifications must be received by LSBEP directly from the originating agency.**

PART I: GENERAL INFORMATION (Please print or type)

Full Name: (Last, First, Middle, Suffix)		Social Security Number:	
Maiden/Alias:	Date and Place of Birth:	E-mail address:	
Home Phone:	Home Address: Preferred mailing		
Cell Phone:	City, State Zip		
Business Phone:	Business Address: Preferred mailing		
Fax Number:	City, State Zip		

PART II: LICENSE HISTORY

State of your residence:		Are you licensed for the independent practice of psychology at a doctoral level in this state? <input type="checkbox"/> YES <input type="checkbox"/> NO		
License Number:	Original Issue Date:	Expiration Date:	Area of Practice:	
<i>Provide information on other jurisdictions where you have held, or currently hold a professional license</i>				
Jurisdiction	Original Issue Date	License Number	Expiration Date	Area of Practice

PART III: DATES AND LOCATION OF PRACTICE IN LOUISIANA

Period may not exceed thirty (30) days in any calendar year.

Is this temporary practice in association with a professional organization or group (volunteer or otherwise)?	
o Yes o No	
Organization Name:	Telephone Number:
Street Address:	City, State Zip:
Provide the specific location and dates of your temporary practice, and the local phone number for this location below.	
Temporary Practice Location:	Telephone Number:
Street Address:	City, State Zip:
Describe specific psychological duties to be provided during your temporary practice in Louisiana (include frequency and duration):	
ANTICIPATED PRACTICE DATES: (You MUST allow 4-6 weeks to process this application)	
Start Date(mm/dd/yyyy):	End Date (mm/dd/yyyy):
PART IV: ATTESTATION, IDENTIFICATION AND AFFIDAVIT	
<i>If you answer "Yes" to any of the following questions, attach an explanation on a separate page.</i>	
Have you ever been disciplined, sanctioned, reprimanded, or subjected to any like action by the Committee on Ethics of any professional organization of which you were, or are, a member?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of, or pled guilty or nolo contendere to a violation of any federal, state or provincial statute, any city or country ordinance, or law of a foreign country (except for minor traffic violations?)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you now, or have you ever engaged in any activities that misrepresent your professional qualifications, affiliation, or purposes, or those of institutions, organizations, products and/or services with which you are associated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been denied any license or certificate as a psychologist in any state, province, or country, or denied the right to take an examination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been denied any license or certificate for any other profession?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any license or certificate as a psychologist ever been restricted, suspended, or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any license or certificate for any other profession ever been restricted, suspended, or revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been found guilty of any unprofessional conduct under the Law or Rules of any jurisdiction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been found guilty of fraud or deceit in any services rendered as any licensed professional?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever aided or abetted any person who has misrepresented themselves as a psychologist?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever voluntarily surrendered or relinquished a license to practice psychology?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever taken and passed a psychology oral examination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, date _____ Location _____	

