**L**ouisiana **S**tate **B**oard of **M**edical **E**xaminers

630 Camp Street, New Orleans, LA 70130

(504) 568-6820

*Application for Medical Psychology Certificate of Advanced Practice*

**READ CAREFULLY AND TAKE NOTICE:** This application and any subsequently issued license, permit, certificate, or other authority to practice in the State of Louisiana are subject to all Louisiana laws and administrative rules governing the practice of medicine and allied health. A copy of the laws and rules can be found on the LSBME website. All applicants are hereby PLACED ON NOTICE that they are responsible for knowing the laws and rules and for complying with them. By submitting this application, you expressly acknowledge and agree that you are responsible for knowing and complying with the laws and administrative rules governing the practice of licensure for which you are applying.

First Name       Last Name       Suffix:       Professional Credential:

Psychology License number (LSBEP)       Leave blank if not applicable

Medical Psychology License number (LSBME)       Leave blank if not applicable or pending

Date of licensure by LSBME (mm/dd/yy)       Leave blank if not applicable or pending

CPA number (LSBEP)       Leave blank if not applicable

Date of Original CPA issuance (mm/dd/yy)       Leave blank if not applicable

Experience practicing as a medical psychologist - Three years of experience practicing as a medical psychologist is required. For those individuals licensed under R.S. 37:1360.55(A), such experience shall be deemed to have commenced with the issuance of the original certificate of prescriptive authority (CPA) issued by the Louisiana State Board of Examiners of Psychologists (LSBEP). In all other cases the time will commence with the date of licensure by the Louisiana State Board of Medical Examiners (LSBME)

Treatment of required number of patients - Treatment of a minimum of one hundred patients including twenty five or more involving the use of major psychotropics and twenty-five or more involving the use of major antidepressants is required. The Clinical Experience Documentation Form may be downloaded from the LSBME Web site

Recommendation of collaborating physicians - The recommendation of two collaborating physicians, each of whom holds an unconditional license to practice medicine in Louisiana, and who are familiar with your competence to practice medical psychology is required for a certificate of advanced practice. The Collaborating Physician Recommendation Form may be downloaded from the LSBME web site. Please fill in the name of the collaborating physician(s) and your name and related information and send to the collaborating physician(s).

Continuing medical education - The completion of a minimum of one hundred hours of continuing medical education relating to the use of medications in the management of patients with psychiatric illness commencing with the issuance of a certificate of prescriptive authority by the Louisiana State Board of Examiners of Psychologists prior to January 1, 2010, or by the board after this date. The CME documentation may be downloaded from the LSBME Web site

Criminal background check - A criminal background check (CBC) by the state police and FBI is required for all health professionals according to state law. Finger prints are required. See Criminal Background Check Instructions which may be downloaded from the LSBME Web site

Signature - I hereby certify that to the best of my knowledge, all statements I have made in this application are true.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (No Stamps) Date: ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant Check list**

Clinical experience documentation form attached

CME documentation form with supporting documentation attached

All forms signed

Recommendation Form sent to collaborating physicians (two)

Fingerprints for Criminal Background check submitted

Fee (check or money order) for $175 made out to LSBME is attached

Make a copy of EVERYTHING for your files

Mail originals to LSBME

**By submitting this application, I expressly acknowledge that I understand and agree I am responsible for knowing and complying with the laws and administrative rules governing the practice of licensure for which I am applying. A copy of which are available for my review on the LSBME website.** [**CLICK HERE TO READ THE RULES BY SELECTING YOUR LICENSE CATEGORY**](https://www.lsbme.la.gov/licensure/rules)**.**

**For LSBME use only**

Application complete

Recommended by MPAC

Approved by Board