LOUISIANA STATE BOARD OF MEDICAL EXAMINERS

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Web site: [www.lsbme.la.gov](http://www.lsbme.la.gov)

**Emergency Temporary Permit Application**

**\*\* Complete this form PRIOR to printing\*\***

What category of licensure are you applying for:

|  |  |  |
| --- | --- | --- |
| **Physician** | **Allied Health** | **Clinical Laboratory** |
| [ ] Physician[ ] Osteopathy[ ] Medical Psychologist [ ] Physician Acupuncturist  | [ ] Acupuncture Detoxification Specialist [ ] Athletic Trainer[ ] Clinical Exercise Physiologist[ ] Licensed Acupuncturist[ ] Licensed Respiratory Therapist[ ] Midwife [ ] Occupational Therapist | [ ] Occupational Therapy Assistant[ ] Perfusionist[ ] Physician Assistant[ ] Podiatrist[ ] Polysomnography[ ] Private Radiological Technology | [ ] CLS-Generalist[ ] CLS-Specialist[ ] CLS-Technician[ ] Cytotechnologist[ ] Laboratory Assistant[ ] Phlebotomist |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NAME:** LAST      | FIRST      | MIDDLE      | SUFFIX (SR, JR)      | TITLE      |
| SOCIAL SECURITY NUMBER:      | DRIVER’S LICENSE # & STATE:      |
| **HOME ADDRESS:** STREET & NO.      | CITY      | STATE & ZIP CODE      |
| HOME PHONE:       | CELL:       | EMAIL:        |
| **MAILING ADDRESS**: STREET & NO.      | CITY      | STATE & ZIP CODE      |
| **FACILITY IN LOUISIANA WHERE YOU WILL BE PROVIDING HEALTHCARE SERVICES:** |
| NAME OF FACILITY / STREET & NO.      | CITY      | STATE & ZIP CODE      |
| **IDENTIFICATION:** RACE:       SEX      WEIGHT:       HEIGHT:       EYES:       HAIR:       MARKS:      PLACE OF BIRTH:       DATE OF BIRTH:        |
| **OTHER STATE LICENSES:** Have you ever been licensed to practice in any other state, territory, province, or country?STATE:       LICENSE #:       ISSUE DATE:       EXPIRATION DATE:     STATE:       LICENSE #:       ISSUE DATE:       EXPIRATION DATE:     STATE:       LICENSE #:       ISSUE DATE:       EXPIRATION DATE:     STATE:       LICENSE #:       ISSUE DATE:       EXPIRATION DATE:      |

Do you have a supervising physician: [ ] Yes [ ] No

If yes, list: