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

630 Camp Street, New Orleans, LA 70130

Telephone: (504) 568-6820

Website: [**www.lsbme.la.gov**](http://www.lsbme.louisiana.gov)

**Verification of License**

Name (LASTNAME, first name, Professional Credential)

Psychology License number

I hereby request the Louisiana State Board of Examiners of Psychology to provide the **Louisiana State Board of Medical Examiners** with the following information

* 1. Verification of licensure in good standing to practice psychology
	2. Disciplinary orders / consent agreements if any
	3. Impaired provider agreements if any
	4. Application for license (original)
	5. Specialty declaration if applicable
	6. Application for clinical neuropsychology specialization if applicable

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**Signature of applicant**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date**

Instructions for applicant

1. **Contact LSBEP for information re fees associated with this request**
2. **Mail original to**

Louisiana State Board of Examiners of Psychologists

8706 Jefferson Highway, Suite B

Baton Rouge, Louisiana 70809

1. **Mail copy to**

LSBME

630 Camp Street

New Orleans, LA 70130