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

**Clinical Experience Documentation**

**Last Name:**

**First Name:**

**LSBEP License Number:**

**Contact Telephone Number:**

**Email Address:**

**Requirements:** 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 must be documented. LRS 37 §1360.57 (2)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Record Number** | **Date (mm/dd/yy)** | **Psychiatric diagnosis** | **Psychotropic medications** | **Antidepressant medications** | **Collaborating Physician License #** | **Medication type** |
| **Foot** | **notes** | **1** | **2** | **2-4** | **2-3** | **5** | **6** |
| **1** |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |  |
| **11** |  |  |  |  |  |  |  |
| **12** |  |  |  |  |  |  |  |
| **13** |  |  |  |  |  |  |  |
| **14** |  |  |  |  |  |  |  |
| **15** |  |  |  |  |  |  |  |
| **16** |  |  |  |  |  |  |  |
| **17** |  |  |  |  |  |  |  |
| **18** |  |  |  |  |  |  |  |
| **19** |  |  |  |  |  |  |  |
| **20** |  |  |  |  |  |  |  |
| **21** |  |  |  |  |  |  |  |
| **22** |  |  |  |  |  |  |  |
| **23** |  |  |  |  |  |  |  |
| **24** |  |  |  |  |  |  |  |
| **25** |  |  |  |  |  |  |  |
| **26** |  |  |  |  |  |  |  |
| **27** |  |  |  |  |  |  |  |
| **28** |  |  |  |  |  |  |  |
| **29** |  |  |  |  |  |  |  |
| **30** |  |  |  |  |  |  |  |
| **31** |  |  |  |  |  |  |  |
| **32** |  |  |  |  |  |  |  |
| **33** |  |  |  |  |  |  |  |
| **34** |  |  |  |  |  |  |  |
| **35** |  |  |  |  |  |  |  |
| **36** |  |  |  |  |  |  |  |
| **37** |  |  |  |  |  |  |  |
| **38** |  |  |  |  |  |  |  |
| **39** |  |  |  |  |  |  |  |
| **40** |  |  |  |  |  |  |  |
| **41** |  |  |  |  |  |  |  |
| **42** |  |  |  |  |  |  |  |
| **43** |  |  |  |  |  |  |  |
| **44** |  |  |  |  |  |  |  |
| **45** |  |  |  |  |  |  |  |
| **46** |  |  |  |  |  |  |  |
| **47** |  |  |  |  |  |  |  |
| **48** |  |  |  |  |  |  |  |
| **49** |  |  |  |  |  |  |  |
| **50** |  |  |  |  |  |  |  |
| **51** |  |  |  |  |  |  |  |
| **52** |  |  |  |  |  |  |  |
| **53** |  |  |  |  |  |  |  |
| **54** |  |  |  |  |  |  |  |
| **55** |  |  |  |  |  |  |  |
| **56** |  |  |  |  |  |  |  |
| **57** |  |  |  |  |  |  |  |
| **58** |  |  |  |  |  |  |  |
| **59** |  |  |  |  |  |  |  |
| **60** |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **61** |  |  |  |  |  |  |  |
| **62** |  |  |  |  |  |  |  |
| **63** |  |  |  |  |  |  |  |
| **64** |  |  |  |  |  |  |  |
| **65** |  |  |  |  |  |  |  |
| **66** |  |  |  |  |  |  |  |
| **67** |  |  |  |  |  |  |  |
| **68** |  |  |  |  |  |  |  |
| **69** |  |  |  |  |  |  |  |
| **70** |  |  |  |  |  |  |  |
| **71** |  |  |  |  |  |  |  |
| **72** |  |  |  |  |  |  |  |
| **73** |  |  |  |  |  |  |  |
| **74** |  |  |  |  |  |  |  |
| **75** |  |  |  |  |  |  |  |
| **76** |  |  |  |  |  |  |  |
| **77** |  |  |  |  |  |  |  |
| **78** |  |  |  |  |  |  |  |
| **79** |  |  |  |  |  |  |  |
| **80** |  |  |  |  |  |  |  |
| **81** |  |  |  |  |  |  |  |
| **82** |  |  |  |  |  |  |  |
| **83** |  |  |  |  |  |  |  |
| **84** |  |  |  |  |  |  |  |
| **85** |  |  |  |  |  |  |  |
| **86** |  |  |  |  |  |  |  |
| **87** |  |  |  |  |  |  |  |
| **88** |  |  |  |  |  |  |  |
| **89** |  |  |  |  |  |  |  |
| **90** |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **91** |  |  |  |  |  |  |  |
| **92** |  |  |  |  |  |  |  |
| **93** |  |  |  |  |  |  |  |
| **94** |  |  |  |  |  |  |  |
| **95** |  |  |  |  |  |  |  |
| **96** |  |  |  |  |  |  |  |
| **97** |  |  |  |  |  |  |  |
| **98** |  |  |  |  |  |  |  |
| **99** |  |  |  |  |  |  |  |
| **100** |  |  |  |  |  |  |  |

**Attestation: By signing this document I certify that that I treated the patients recorded above and that the records are available for review. I understand that falsification of information is grounds for disciplinary action by the Louisiana State Board of Medical Examiners and could result in delays and/or suspension and/or revocation of my license or certificate to practice**

**Signature**: (no stamps) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Footnotes**

1. Date (mm/dd/yy) when listed medications used
2. Standard abbreviations may be used.
3. List most salient medications only.
4. For the purpose of this application, psychotropic medications refer to antipsychotics, mood stabilizers, psychostimulants and anti-obsessional agents.
5. For license numbers of collaborating physicians go to <http://www.lsbme.la.gov/apps/verifications/lookup.aspx>
6. Enter P for major psychotropic medication, Enter D for major antidepressant medication, Enter B for both types of medication used (25 of each required). Referenced medications must be listed

**Instructions**

1. Download and save file to computer
2. Enter all information using a MS Word 2003 or compatible program
3. Use multiple lines per cell/ resize the columns to keep the document from going off page as needed
4. Save file after entering all information
5. Print when complete
6. Sign and date
7. Submit this document with application