



## Louisiana Behavior Analyst Board

8706 Jefferson Highway, Suite B

Baton Rouge, LA 70809

225-925-6523

[baboard@la.gov](mailto:baboard@la.gov)

### State License/Certification Verification Form

*Instructions for Applicant: Print your name and information for the jurisdiction to which you are requesting verification. Forward this document along with any applicable fees to **every** jurisdiction where you have ever held **ANY** license.*

I hereby waive all right to confidentiality to the jurisdiction reporting herein, for the purpose of reporting to the Louisiana Behavior Analyst Board to which I have applied for licensure, the information requested below including any and all complaints adjudicated, stipulated, or pending against me including participation in any program to which I have acknowledged impairment (physical, mental or substance).

NAME OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF APPLICANT: \_\_\_\_\_

#### **TO BE COMPLETED BY THE STATE LICENSING BOARD**

**Please return completed form directly to the LBAB via U.S. mail.**

Licensing Agency:	
License Type:	
License Number:	
Original Issue Date:	
Expiration Date:	

Has the Licensee held continuous licensure in your state, without lapse?

- Yes
- No

Has there ever been any disciplinary action taken against this license?

- Yes (please attach any public record or details)
- No

Has this individual ever acknowledged any impairment (physical, mental, or substance) or participated in an impaired agreement?

- Yes (please attach any public record or details)
- No

***In testimony whereof witness my hand and seal:***

**Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Printed:** \_\_\_\_\_

**Signature Date:** \_\_\_\_\_

(OFFICIAL BOARD SEAL REQUIRED)