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.

<table>
<thead>
<tr>
<th>Licensing Agency:</th>
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<tbody>
<tr>
<td>License Type:</td>
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<tr>
<td>License Number:</td>
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<tr>
<td>Original Issue Date:</td>
<td></td>
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<tr>
<td>Expiration Date:</td>
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Has the Licensee held continuous licensure in your state, without lapse?
   o Yes
   o No

Has there ever been any disciplinary action taken against this license?
   o Yes (please attach any public record or details)
   o No

Has this individual ever acknowledged any impairment (physical, mental, or substance) or participated in an impaired agreement?
   o Yes (please attach any public record or details)
   o No

In testimony whereof witness my hand and seal:

Signature: ________________________________________________

Title: _____________________________________________________

Printed: __________________________________________________

Signature Date: ________________________________

(OFFICIAL BOARD SEAL REQUIRED)