



**Louisiana Behavior Analyst Board**  
**4334 S. Sherwood Forest Blvd.**  
**Suite C-150**  
**Baton Rouge, LA 70816**  
**(225) 295-8413**  
**baadmin@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)