

LEP LICENSEES ONLY

Submit this application WITH YOUR CURRENT RESUME to the Examination Unit at the above address.

Section A PERSONAL INFORMATION										
Last Name					First Name				MI	
Street Address				City				State		Zip
Home Phone	()		Work Phone	()		Fax Phone	()			
Cell	()		Pager	()		E-Mail Address				
License Type		License Number		Expiration Date		Other licenses				
Completion of the following fields are OPTIONAL:										
Race/Ethnicity				Date of Birth			Gender			

Section B REQUIREMENTS	
<p>Do you currently practice independently as an LEP outside of employment as a school psychologist?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	

Section C QUESTIONNAIRE	
<p>Have you ever participated in an examination development workshop for the Board?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes If YES, when did you last participate in a workshop? _____</p>	

I declare under penalty of perjury that all information provided on this application is true and correct. I understand that if I am hired, I will be required to comply with the terms of an examination security/confidentiality agreement.

Signature

Date