

SECTION II. MILITARY

Are you currently serving in, or have you previously served in, the military? Yes No

SECTION III. APPLICATION BASIS (Check one response only.)

A doctorate degree in psychology, education psychology, or in education with a field of specialization in counseling psychology or educational psychology from an accredited or approved educational institution.

A doctoral degree that has been granted by a foreign university, college, or professional school.

SECTION IV. EDUCATIONAL DATA

MASTER'S DEGREE
Granting Institution _____
Dates Attended _____
Major Field of Degree _____
Degree Awarded _____ Date Awarded/Met Requirements _____

DOCTORAL DEGREE
Granting Institution _____
Dates Attended _____
Major Field of Degree _____
Degree Awarded _____ Date Awarded/Met Requirements _____

SECTION V. SUPERVISED PROFESSIONAL EXPERIENCE

List below the names of every **primary** supervisor whom you are asking to verify a portion of the required 1,500 hours of supervised professional experience:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

SECTION VI. EMPLOYING AGENCY

AGENCY NAME _____

AGENCY ADDRESS (This address will be used for all correspondence throughout the application process.)

Number and Street _____

City _____ State _____ Zip Code _____

Phone Number _____ Fax Number _____ E-mail Address _____

DIRECTOR OR CHIEF OFFICER OF AGENCY

Last _____ First _____ Middle Initial _____ Jr., Sr., I, II _____

Title _____

FUNDING OF AGENCY

List all sources of financial support to the agency named above and percentage of total support. Business and Professions Code Section 2909.5 requires that a nonprofit community agency receive a minimum of 25 percent of its financial support from any federal, state, county, or municipal government organization for the purpose of training and providing services.

| Name of Source | Percentage |
|----------------|------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

DECLARATION – I, the undersigned, declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

| | | |
|------------------------------------|-------|-------------|
| Signature of Agency Representative | Title | Date Signed |
|------------------------------------|-------|-------------|

SECTION VII. FITNESS FOR PRACTICE

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|--|---------------------------------|--------------------------------|
| Are you currently affected by any physical or mental condition that in any way impairs or limits your ability to practice psychology with safety to the public? <i>If yes, explain on a separate sheet of paper.</i> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you use any chemical substance(s) that in any way impairs your ability to practice psychology with safety to the public? <i>If yes, please explain on a separate sheet of paper.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you currently engaged in the illegal use of controlled dangerous substances, or were you so engaged recently enough so that the use of drugs may have an ongoing impact on your ability to function as a psychologist? <i>If yes, please explain on a separate sheet of paper.</i> | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION VIII. CONVICTION/LICENSE DISCIPLINARY ACTION

| | | |
|---|---------------------------------|--------------------------------|
| Have you ever been convicted of, or plead guilty or nolo contendere to ANY criminal or civil offence in the United States, its territories, or a foreign country? This includes every citation or infraction (including traffic violations resulting in fines over \$500), misdemeanor and/or felony. <i>If "yes", complete the Conviction/License Disciplinary Action Form.</i> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| <p>Convictions that were adjudicated in the juvenile court or convictions under California Health and Safety Code Sections 11357 (b),(c),(d),(e), or section 11360 (b) which are two years or older should NOT be reported. Convictions that were later dismissed pursuant to Sections 1203.4, 1203.4a, 1203.41 of the California Penal Code or equivalent non-California law MUST be disclosed.</p> <p><u>Proof of Dismissal:</u> If you have obtained a dismissal of your convictions(s) pursuant to Penal Code sections 1203.4, 1203.4a, or 1203.41, please submit an original certified copy of the court order dismissing the conviction(s) with your application.</p> | | |
| Have you ever been denied a license, registration, certificate, or credential to practice psychology or any other profession or occupation in any state or country? <i>If yes, complete the Conviction/License Disciplinary Action Form.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you had a license, registration, certificate, or credential to practice psychology or any other profession or occupation subjected to discipline by any state or country? <i>If yes, complete the Conviction/License Disciplinary Action Form.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever voluntarily surrendered a license, registration, or credential to practice psychology or any other profession or occupation in any state or country? <i>If yes, complete the Conviction/License Disciplinary Action Form.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you ever been subject to review and/or action by the ethics committee of any professional organization in any state or country? <i>If yes, complete the Conviction/License Disciplinary Action Form.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you required to register as a sex offender pursuant to section 290 of the Penal Code? <i>If yes, complete the Conviction/License Disciplinary Action Form.</i> | <input type="checkbox"/> | <input type="checkbox"/> |

NOTICE TO APPLICANT

Effective July 1, 2012, the State Board of Equalization and the Franchise Tax Board may share taxpayer information with the Board. You are obligated to pay your State tax obligation and your license may be suspended if the State tax obligation is not paid.

SECTION IX. STATEMENT OF APPLICANT

I, the undersigned, am the person making the foregoing application. I have read the foregoing application in its entirety and know the contents thereof. I hereby certify under penalty of perjury under the laws of the State of California that any statements made herein or attached hereto are true in every respect. I understand that any misstatements or omissions of material fact may be cause for denial, suspension, or revocation of a registration.

Signature of Applicant

Date

Collection and Use of Personal Information

The Department of Consumer Affairs and the California Board of Psychology collect the information requested on this form as authorized by Business and Professions Code sections 325 and 326 and the Information Practices Act.

Access to Your Information

You may review the records maintained by the California Board of Psychology that contain your personal information, as permitted by the Information Practices Act. See contact information below.

Possible Disclosure of Personal Information

We make every effort to protect the personal information you provide us. However, we may need to share the information you give us with other government agencies. This may include sharing any personal information you gave us.

The information you provide may also be disclosed in the following circumstances:

- In response to a Public Records Act request, as allowed by the Information Practices Act;
- To another government agency as required by State or Federal law; or
- In response to a court or administrative order, a subpoena, or a search warrant.

Contact Information

For questions about this notice or access to your records, you may contact the California Board of Psychology, 1625 North Market Boulevard, Suite N-215, Sacramento, CA 95834; by phone at (866) 503-3221; or by e-mail at boplicensing@dca.ca.gov. For questions about the Department's Privacy Policy, you may contact the Department of Consumer Affairs at 1625 North Market Boulevard, Sacramento, CA 95834; by phone at (800) 952-5210; or by e-mail at dca@dca.ca.gov.