



## SECTION II: PROFESSIONAL DATA

### YES NO

Are you now registered, or have you ever applied to become registered as a psychological assistant in California?  
*If yes, when?*

Are you now registered, or have you ever applied to become a registered psychologist in California?  
*If yes, when?*

Prior to this application, have you ever submitted an application for licensure as a psychologist in California?  
*If yes, when?*

## SECTION III: EDUCATIONAL DATA

### DOCTORAL DEGREE

Granting Institution

Dates Attended

Major Field of Degree

Degree Awarded

Date Awarded/Met Requirements

## SECTION IV: MILITARY AND MILITARY SPOUSES

### YES NO

Are you currently serving in or have you previously served in the military?

*You will be eligible for the expedited review of your application pursuant to Business and Professions Code section 115.5 if you answer "yes" to the following questions:*

Are you married to or in a domestic partnership or other legal union with an active duty member of the armed forces of the United States who is assigned to a duty station in California under active duty military orders? If yes, please attach a copy of the marriage certificate or certified declaration/registration of domestic partnership AND copies of current leave and earnings statements or military order establishing duty station in California.

Do you hold a current license in another state, district, or territory of the United States in the profession or vocation for which you seek licensure from the Board? If yes, please attach a copy of the current license from the other state, district, or territory of the United States.

*You will be eligible for the expedited review of your application pursuant to Business and Professions Code section 115.4 if you answer "yes" to the following question:*

Have you served as an active duty member of the United States armed forces and were honorably discharged? If yes, please provide satisfactory evidence (e.g., DD 214 "Certificate of Release of Discharge from Active Duty") along with your application.

## SECTION V: EXAMINATION DATA

### YES NO

<input type="checkbox"/>	<input type="checkbox"/>	Have you taken and passed the Association of State and Provincial Psychology Boards (ASPPB) Examination for Professional Practice in Psychology (EPPP)?
<input type="checkbox"/>	<input type="checkbox"/>	If yes, did you take the EPPP outside of California? <b>PLEASE NOTE: If you have taken and passed the EPPP outside of California, you must arrange to have your score reported to the Board by ASPPB at <a href="http://www.asppb.net/page/ScoreTransfer">www.asppb.net/page/ScoreTransfer</a>. If your score is documented and the score you received meets or exceeds the California pass point for that particular administration of the EPPP, you will not be required to retake the EPPP.</b> <b>You can apply to take the California Psychology Law and Ethics Examination (CPLÉE) by submitting the CPLÉE Request form (<a href="http://www.psychology.ca.gov/forms_pubs/exam_request.pdf">www.psychology.ca.gov/forms_pubs/exam_request.pdf</a>) and a check for \$129 to the Board by mail.</b>
<input type="checkbox"/>	<input type="checkbox"/>	Are you requesting a waiver of the EPPP? <i>If yes, indicate below the basis for the waiver.</i>
<input type="checkbox"/>	<input type="checkbox"/>	Previously licensed in California.
<input type="checkbox"/>	<input type="checkbox"/>	Licensure in another state, Canadian province, or U.S. territory for at least five years.
<input type="checkbox"/>	<input type="checkbox"/>	Certificate of Professional Qualification (CPQ).
<input type="checkbox"/>	<input type="checkbox"/>	Credentialed as a Health Service Provider in Psychology by the National Register of Health Service Providers in Psychology (NRHSPP) and licensed in another state, Canadian province, or U.S. territory for a minimum of five years.
<input type="checkbox"/>	<input type="checkbox"/>	Certified by the American Board of Professional Psychology (ABPP) and licensed in another state, Canadian province, or U.S. territory for a minimum of five years.
<input type="checkbox"/>	<input type="checkbox"/>	Abandoned a previous application for licensure as a psychologist pursuant to section 1381.5 of the California Code of Regulations.
<input type="checkbox"/>	<input type="checkbox"/>	Pursuant to section 1798.61 of the Civil Code, an applicant's name and address are available to anyone for the purpose of providing those persons with informational materials relating to available professional educational materials and courses. Pursuant to the Information Practices Act of 1977, you can choose to have your name and address withheld from the list. <i>Do you wish to have your name and address withheld?</i>

## SECTION VI: SUPERVISED PROFESSIONAL EXPERIENCE

List below the names of every **primary** supervisor who you are asking to verify a portion of the required 3,000 hours of supervised professional experience:

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If the date you started your post-doctoral supervised professional experience is prior to the ceremonial awarding of your doctoral degree, indicate below how you will document that you met all requirements prior to the date the doctoral degree was actually awarded.

- The date is posted on my doctoral transcript.
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- A separate document confirming the date will be sent by the registrar, director of training, or dean of the academic institution.

## SECTION VII: FITNESS FOR PRACTICE

YES NO

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 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>   |
| <input type="checkbox"/> | <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> |

## SECTION VIII: LICENSE DISCIPLINARY ACTION

YES NO

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|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 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 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 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 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 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 License Disciplinary Action form.</i>  |

## SECTION IX: REQUIRED COURSEWORK AND TRAINING

### Part A. SUICIDE RISK ASSESSMENT AND INTERVENTION REQUIREMENT

YES NO

Have you satisfied the requirement for coursework or applied experience under supervision in suicide risk assessment and intervention as described in section 2915.4 of the Business and Professions Code? (Effective January 1, 2020, applicants are required to complete and provide proof of compliance for a minimum of six hours of coursework or applied experience under supervision in suicide risk assessment and intervention as a one-time requirement.) *If yes, complete the information below. If no, this requirement must be satisfied and documented prior to licensure.*

How did you satisfy this requirement? (Check one)  Coursework  Applied Experience  Continuing Education

Name of Institution/ Applied Experience Settings / Provider

Date(s) of Coursework / Applied Experience / Continuing Education

Name of Course (put N/A if not applicable)

Number of Coursework / Applied Experience / Continuing Education Hours

**Note: The supplemental documents must clearly indicate that training meets Board's requirements pursuant to section 2915.4 of the Business and Professions Code.**

### Part B. HUMAN SEXUALITY REQUIREMENT

YES NO

Have you satisfied the requirement for training in human sexuality as described in section 25 of the Business and Professions Code and section 1382 of title 16 of the California Code of Regulations? *If yes, complete the information below. If no, this requirement must be satisfied and documented prior to licensure.*

Name of Institution/Provider

Date(s) of Coursework

Name of Course

Number of Course Hours

**Note: The above must be documented by a transcript or certificate that clearly indicates training met Board requirements.**

### Part C. CHILD ABUSE ASSESSMENT AND REPORTING

YES NO

Have you satisfied the requirement for training in child abuse assessment and reporting as described in section 28 of the Business and Professions Code and section 1382.4 of title 16 of the California Code of Regulations? *If yes, complete the information below. If no, this requirement must be satisfied and documented prior to licensure.*

Name of Institution/Provider

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Date(s) of Coursework

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Name of Course

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Number of Course Hours

**Note: The above must be documented by a transcript or certificate that clearly indicates training met Board requirements.**

**Part D. DETECTION AND TREATMENT OF ALCOHOL AND OTHER CHEMICAL SUBSTANCE DEPENDENCY REQUIREMENT**

**YES NO N/A**

Have you satisfied the requirement for coursework in the detection and treatment of alcohol and other chemical substance dependency as described in section 2914(e) of the Business and Professions Code and section 1382.3 of title 16 of the California Code of Regulations? (This requirement applies to applicants who began graduate training on or after September 1, 1985.) *If yes, complete the information below. If no, this requirement must be satisfied and documented prior to licensure.*

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Name of Institution/Provider

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Date(s) of Coursework

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Name of Course

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Number of Course Hours

**Note: The above must be documented by a transcript or certificate that clearly indicates training met Board requirements.**

**Part E. SPOUSAL OR PARTNER ABUSE ASSESSMENT, DETECTION, AND INTERVENTION TRAINING REQUIREMENTS**

**YES NO N/A**

Have you satisfied the requirement for the spousal or partner abuse assessment, detection, and intervention training required by section 2914(f) of the Business and Professions Code and section 1382.5 of title 16 of the California Code of Regulations? *If yes, complete the information below. If no, this requirement must be satisfied and documented prior to licensure. (For applicants who began graduate training between January 1, 1995, and December 31, 2003, a minimum of two hours of coursework is required. For applicants who began graduate training on or after January 1, 2004, a minimum of 15 hours of coursework is required. For applicants who began graduate training prior to January 1, 1995, this coursework is not required.)*

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Name of Institution/Provider

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Date(s) of Coursework

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Name of Course

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Number of Course Hours

**Note: The above must be documented by a transcript or certificate that clearly indicates training met Board requirements.**

**Part F. AGING AND LONG-TERM CARE TRAINING REQUIREMENTS**

YES NO N/A

Have you satisfied the requirement for the aging and long-term care training required by section 2915.5 of the Business and Professions Code? (This requirement applies to applicants who began graduate training on or after January 1, 2004.) *If yes, complete the information below. If no, this requirement must be satisfied and documented prior to licensure.*

Name of Institution/Provider

Date(s) of Coursework

Name of Course

Number of Course Hours

**Note: The above must be documented by a transcript or certificate that clearly indicates training met Board requirements.**

**SECTION X: 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 license.*

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 pertaining to you 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.
- 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 at 1625 North Market Blvd., Suite N-215, Sacramento, CA 95834; by phone at (866) 503-3221; or by email at [boplicensing@dca.ca.gov](mailto:boplicensing@dca.ca.gov). For questions about the Department's Privacy Policy, you may contact the Department of Consumer Affairs at 1625 North Market Blvd., Sacramento, CA 95834; by phone at (800) 952-5210; or by email at [dca@dca.ca.gov](mailto:dca@dca.ca.gov).