

NOTIFICATION TO ADD OR CHANGE SUPERVISOR OR SERVICE LOCATION FOR A PSYCHOLOGICAL ASSISTANT

INSTRUCTIONS FOR COMPLETING THE APPLICATION:

- Complete this form with your primary supervisor.
- Submit separate notification to add or change for EACH supervisor and location where psychological services are being provided.
 - To add a supervisor, complete Sections I, III, IV, V, and VI.
 - To change a supervisor, complete all Sections.
 - To remove a supervisor, complete Sections I, II, and VI.
 - To add a service location with the same primary supervisor, complete Sections I, III, and VI.
 - To change a service location with the same primary supervisor, complete Sections I, II, III, and VI.
 - To remove a service location with the same primary supervisor, complete Sections I, II, and VI.
- Sign the notification in BLUE ink.
- Mail the ORIGINAL with signatures to: California Board of Psychology, 1625 N. Market Blvd., Suite N-215, Sacramento, CA 95834.
- Note: If you intend to accrue hours for supervised professional experience toward licensure, the Supervision Agreement for Supervised Professional Experience form from the Board of Psychology (Board) website (www.psychology.ca.gov/forms_pubs/sup_agreement.pdf) must be completed prior to the start of the experience.

SECTION I: PERSONAL INFORMATION

Name of Psychological Assistant

Registration Number

SECTION II: FORMER PRIMARY SUPERVISOR OR SERVICE LOCATION INFORMATION

Check one, if applicable: Remove Supervisor Remove Service Location

Name of Primary Supervisor

License Number

Primary Supervisor's Phone Number

Primary Supervisor's E-mail Address

Name of Service Location

Street Address

City

State

Zip Code

Supervision Period: From _____ To _____

(Revised 11/16)

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SECTION III: NEW PRIMARY SUPERVISOR OR SERVICE LOCATION INFORMATION

Name of Primary Supervisor

License Number

Primary Supervisor's Phone Number

Primary Supervisor's E-mail Address

Name of Service Location

Street Address

City

State

Zip Code

Supervision Period: From _____ To _____

SECTION IV: SUPERVISOR QUESTIONNAIRE

Section IV to be completed by the prospective supervisor.

Clearly mark the appropriate column ("yes" or "no") for each item below.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been convicted of, or plead guilty or nolo contendere to ANY criminal or civil offense in the United States, its territories, or a foreign country? This includes every citation or infraction (including traffic violations resulting in fines more than \$500), misdemeanor, and/or felony. 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) that 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. <i>If "yes", complete the Conviction/License Disciplinary Action Form (www.psychology.ca.gov/forms_pubs/conviction.pdf).</i> Proof of Dismissal: 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.
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been denied a license, registration, certificate, or credential to practice psychology or any other profession in any state or country? <i>If yes, complete the Conviction/License Disciplinary Action Form (www.psychology.ca.gov/forms_pubs/conviction.pdf).</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 (www.psychology.ca.gov/forms_pubs/conviction.pdf).</i>
<input type="checkbox"/>	<input type="checkbox"/>	Have you voluntarily surrendered 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 (www.psychology.ca.gov/forms_pubs/conviction.pdf).</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 (www.psychology.ca.gov/forms_pubs/conviction.pdf).</i>
<input type="checkbox"/>	<input type="checkbox"/>	Have you completed the required six-hour course in supervision within the last two years as required by California Code of Regulations (CCR) section 1387.1(b)?
<input type="checkbox"/>	<input type="checkbox"/>	Do you rent, lease, sublease, or lease-purchase office space to the psychological assistant?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a familial and/or interpersonal relationship with the psychological assistant?
<input type="checkbox"/>	<input type="checkbox"/>	Will you provide a minimum of one hour per week of individual face-to-face supervision to the psychological assistant?
<input type="checkbox"/>	<input type="checkbox"/>	Will you inform clients that the psychological assistant is unlicensed, and is under the direction and supervision of the supervisor as an employee, in person or in writing, prior to the rendering of services pursuant to sections 1387.1(g) and 1391.6 CCR?
<input type="checkbox"/>	<input type="checkbox"/>	Will you be employed by the same work setting as the psychological assistant and be available to the psychological assistant 100 percent of the time the psychological assistant is providing psychological services?

SECTION V: ACKNOWLEDGEMENTS

Section V to be completed by both the prospective psychological assistant and supervisor.

Supervisor's Initials	Psychological Assistant's Initials	Please read each statement below and indicate that you understand by placing your initials in the corresponding box in BLUE ink. Both supervisor and psychological assistant must initial each statement.
		I understand that supervisors of psychological assistants may not delegate any portion of individual supervision to anyone else. <i>Section 1387(c)(1) Title 16, California Code of Regulations (16 CCR).</i>
		I understand that no psychological assistant may bill clients directly for any services rendered. <i>Section 1387.1(g) 16 CCR.</i>
		I understand that the psychological assistant shall at all times and under all circumstances identify himself or herself to clients as a psychological assistant of his or her employer or responsible supervisor when engaged in any psychological activity in connection with that employment. <i>Section 1396.4(b) 16 CCR.</i>
		I understand that every supervisor of a psychological assistant shall have the education training and experience in the areas of psychological practice for which they will supervise, and shall be responsible for supervising the psychological functions performed by the psychological assistant and ensuring the psychological assistant complies with the provisions of the Business and Professions Code, the Board's regulations, and the ethical standards established by the American Psychological Association. <i>Section 1391.6(a) 16 CCR.</i>
		I understand that a psychological assistant shall be under the direction and supervision of a licensed psychologist or Board-certified psychiatrist who is employed in the same setting in which the psychological assistant is employed. <i>Section 1391.5(a) 16 CCR.</i>
		I understand that no psychological assistant may pay a fee, monetary or otherwise, in consideration for supervision provided. <i>Section 1391.8(a) 16 CCR.</i>
		I understand that within 30 days after the termination of the employment of a psychological assistant, the psychological assistant shall notify the Board in writing of such termination. <i>Section 1391.11 16 CCR.</i>
		I understand that within 30 days after any change or addition of a primary supervisor or in the location where services are being rendered by a psychological assistant, the psychological assistant shall notify the Board in writing, indicating the effective date of the change or addition. Failure to comply could result in an enforcement action. <i>Section 1391.11 16 CCR.</i>
		I understand that upon a change or addition of primary supervisor, a new supervision agreement is required to be completed with the primary supervisor if I intend to accrue the hours for supervised professional experience toward licensure. <i>Section 1391.11 16 CCR.</i>
		I understand that a psychological assistant shall not advertise for his or her services, including on any websites. Any business card of a psychological assistant must include his or her name, the fact that he or she is a psychological assistant, and include the name and license number of the supervisor and the location where services are provided. <i>Sections 1396.4(b) and 1397 16 CCR.</i>
		I understand that no psychological services may be provided by the psychological assistant prior to the approval of this application by the Board. <i>Business and Professions Code section 2913.</i>
		I understand that registration as a psychological assistant shall be limited to a cumulative total of six years. <i>Section 1391.1(b) 16 CCR.</i>
		I understand that the registration of a psychological assistant expires one year after date of issuance and that the registration shall be renewed by that date. A psychological assistant whose registration has not been renewed shall not function as a psychological assistant. Registrations not renewed within 60 days of the expiration date become canceled and a new application must be submitted. I also understand that psychological assistants may not practice or accrue hours of supervised professional experience during any period of registration delinquency or supervisor's license delinquency. <i>Section 1391.12 16 CCR.</i>
		I understand that annual reporting is required for purposes of renewal for this registration. <i>Section 1391.10 16 CCR.</i>

SECTION VI: SIGNATURES

Please sign in BLUE ink.

We hereby certify that this relationship is that of supervisor/psychological assistant as required by the Laws and Regulations Relating to the Practice of Psychology. We declare under penalty of perjury under the laws of the state of California that the information provided on this form is true and correct. We further declare that the supervisor of the psychological assistant whose signature appears below is employed by the same work setting as the psychological assistant and available to the psychological assistant 100 percent of the time the psychological assistant is providing psychological services. We further declare that the limited psychological functions performed by the psychological assistant were performed at a level satisfactory to ensure safety to the public.

Signature of Primary Supervisor

Date

Signature of Psychological Assistant

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 at 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 of Consumer Affairs' (Department's) Privacy Policy, you may contact the Department at 1625 North Market Boulevard, Sacramento, CA 95834; by phone at (800) 952-5210; or by e-mail at dca@dca.ca.gov.