

INFORMATION SHEET

PETITIONS UNDER BUSINESS AND PROFESSIONS CODE § 2962

General Information:

REINSTATEMENTS:

Business and Professions Code §2962 allows one to petition the California Board of Psychology (Board) for reinstatement of a revoked psychology license. A person whose license has been revoked or surrendered may petition the Board after a period of not less than three years has elapsed from the effective date of the revocation or surrender, unless otherwise stated in the Decision.

The Board may require an examination for that reinstatement.

PROBATION EARLY TERMINATION or MODIFICATION/ MODIFICATION OF PENALTY

Business and Professions Code §2962 allows one to petition the California Board of Psychology (Board) for modification or early termination of probation, modification of a penalty, or modification of a condition of probation after a period of not less than:

- * At least two years for modification of a condition of probation
- * At least two years for early termination of probation of three years or more
- * At least one year for early termination of probation of less than three years

Instructions for Completing the Application:

All areas of the application must be complete, unless not applicable, or the entire petition package will be returned to you.

Complete and assemble the original Petition application with the required attachments as described in Section VIII (located on Page 3 of the Petition form) and mail the complete application package to:

Board of Psychology
Attn: Enforcement Program
1625 N. Market Blvd., Suite N-215
Sacramento, CA 95834

Fingerprinting Requirement - REINSTATEMENTS ONLY

Department of Justice (DOJ) and Federal Bureau of Investigation (FBI) clearance must be obtained to document criminal history, if any. The clearance is obtained through a fingerprinting service called Live Scan. Live Scan sites are available throughout the State at various locations within each county. For a complete listing of Live Scan sites, visit the following DOJ website (<http://ag.ca.gov/fingerprints/publications/contact.php>). The fee for Live Scan is \$56.00 plus a "rolling fee" established by each individual location. This rolling fee typically ranges from \$5.00 to \$25.00, depending on location. Business hours are noted for each location. However, you are encouraged to contact the site first to determine if an appointment is necessary. Please visit the following website (http://www.psychology.ca.gov/forms_pubs/live_scan.pdf) for the required form, entitled "Request for Live Scan Service." You must complete the "Applicant Information" section, and take the completed form with you to the Live Scan site. Without the form, your fingerprint clearance information will not be submitted to the Board. After the scanning process is complete, the Live Scan operator will give you parts 2 and 3 of the form. It is your responsibility to include part 2 of the form with your petition application so that we know you have complied with this requirement. If we do not receive this part of the form, the entire petition package will be returned to you.

Hearing:

It is a minimum of 120 days from the filing of your Petition before a Petition hearing can be scheduled. You will be sent a written notice of the time, date and location of the hearing at least 30 days prior.

You should be present a half-hour before your appointed time. Each case is set for one hour and you may appear with or without an attorney. Emphasis should be placed on evidence of rehabilitation, remediation of any other issues, and demonstration to the Board why the actions that led to your license discipline will not be repeated. The purpose of the petition hearing is not to retry the original case.

Final Decision:

After the hearing, the Administrative Law Judge is permitted 30 days to write the Board's decision. The final decision in your case will be mailed to you shortly thereafter. It will not be announced orally at the hearing.

If a petitioner fails to appear for his/her scheduled hearing, such inaction shall result in a default decision to deny the petition for modification/termination of probation.

If you have any questions regarding your Petition, you may contact the Enforcement Unit at (866) 503-3221 or (916) 574-7720.

- PETITION FOR** **REINSTATEMENT OF REVOKED/SURRENDERED LICENSE**
 EARLY TERMINATION OF PROBATION
 MODIFICATION OF PROBATION

I. PERSONAL INFORMATION:

Name:

Last

First

Middle

Address:

Street

City

State

Zip

Phone:

Home/Cell

Office

email(s): _____

Driver's License #: _____

Birthdate: _____

* Social Security #: _____

*Disclosure of your Social Security Number (SSN) is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455(42 USCA 405(c)(2)(C) authorize collection of your SSN. Your SSN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 11350.6 of the Welfare and Institutions Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your SSN, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

II. ATTORNEY INFORMATION, IF APPLICABLE:

Name: _____

Address:

Street

City

State

Zip

Contact:

Phone

Email

III. HEARING LOCATION PREFERENCE (Please check one):

- Northern California
 Southern California
 First Available Location

IV. LICENSE INFORMATION:

License Number: _____ Date licensed: _____

Date said license/registration was revoked/surrendered: _____

Specialties / population focus:

Current or prior licenses in other states or countries:

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V. EMPLOYMENT HISTORY (list for the past 5 years only):

Date(s) Name, address, phone number, contact person, duties additional sheets attached

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VI. RECENT BACKGROUND:

Since the effective date of the action affecting your license, have you: Y N

| | | |
|--|--------------------------|--------------------------|
| A. Been placed on criminal probation or parole? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Had any criminal charges pending against you? | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Been convicted of any criminal offense? | <input type="checkbox"/> | <input type="checkbox"/> |
| <ul style="list-style-type: none"> ▪ (Must include no contest plea and any conviction that was subsequently dismissed) ▪ (Disregard traffic offenses resulting in a \$300 fine or less). | | |
| D. Been required to register as a sex offender? | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Been investigated or disciplined by any licensing agency? | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Been disciplined by any hospital as to staff privileges? | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Worked as a school or alcohol/drug counselor? | <input type="checkbox"/> | <input type="checkbox"/> |
| H. Received any subpoenas, had civil malpractice claims or any civil judgments filed against you? | <input type="checkbox"/> | <input type="checkbox"/> |
| I. Had any entity in which you had ownership, title, held office or exercised control over been a defendant in any court litigation, or mediated dispute process (including small claims court?) | <input type="checkbox"/> | <input type="checkbox"/> |

RECENT BACKGROUND, Continued

Y N

- J. Been affected, or are you currently affected, by any condition (physical or mental) that in any way impairs or limits your ability to practice psychology with safety to the public?
- K. Used, or are you currently using, any substance(s) or mood altering chemicals, natural or manufactured, which could in any way impair your ability to practice psychology with safety to the public?
- L. Been engaged or are you engaged in the illegal use of controlled substances, or were you so engaged recently enough that their use could have an ongoing impact on your ability to function as a psychologist?

If your answer is yes to any of the above, please put forth explanatory details in the attached narrative statement.

VII. DECLARATION:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct and that all statements within, and documents attached in support of this Petition contain true, correct and complete information.

Petitioner Signature

Date

VIII. PETITION FORMS/ATTACHMENTS:

- A. Narrative statement (*Individual choice.*) Address this question: Why do you feel your license should be reinstated?
- B. Disciplinary Action Information Sheet.
- C. Evidence of Rehabilitation Sheet.
- D. Therapy Information Sheet (if applicable).
- E. Monitor Information Sheet- (probationers only)-
- F. Authorization for release of medical, psychological, alcohol and/or drug abuse treatment records.
- G. Proof of completion of 36 hours of continuing education completed within the last 24 months.
- H. Copy of the Board of Psychology disciplinary Decision that resulted in the loss of your license or registration and any other disciplinary Decisions by the Board.
- I. Copies of prior Petition Decisions, if any.
- J. Requesting agency copy of the Live Scan form. (reinstatements only)

Additional: For the Board’s consideration, you may include peer statements about your suitability for reinstatement/modification/early termination of probation.

Submit the **Original** Petition package, with all required attachments/forms, to the Board of Psychology as outlined in the Petitions Information Sheet.

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Disciplinary Action Information Sheet

(Use additional paper for answers, if necessary)

1. Describe the events that led to the discipline. FOR REINSTATEMENT OF LICENSE: Does your decision require you to admit to all or some of the charges in the Accusation filed against you upon petitioning for reinstatement? Yes No

2. If life stresses led to your action(s)/inaction(s), what support system(s) do you now have in place to assist you in similar stressful situations?

3. Was it your behavior(s) which lead to your license being disciplined? Yes No (*explain below*)

4. Did you provide restitution of any kind in this case? Yes No
(*If yes, please describe what restitution was made.*)

5. How do you think your action(s), inaction(s) or issues that led to discipline may have affected patient(s) and/or their family members?

6. How would you handle the situation which led to your discipline, were it to happen today?

7. What assurances can you provide to the Board of Psychology that you will not re-offend?

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Evidence of Rehabilitation Information Sheet
 (Use additional paper for answers, if necessary)

1. Have you taken any coursework in the area(s) pertaining to your offense? Yes No

If yes, list below

| Dates | Course Name and Location |
|-------|--------------------------|
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| | |
| | |
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| | |

2. Have you sought therapy regarding your offense? Yes No

If yes, what insight have you gained from this experience?

If yes, your therapist must complete the form entitled, "Therapy Information Sheet." The therapist must then send the sheet directly to the Board of Psychology, Attention: Enforcement Program. Be sure to sign the appropriate release for this document.

3. Have you recently (within 6 months) undergone a psychological evaluation? Yes No

If yes, please attach a copy of the evaluation.

4. Have you undergone medical treatment or attended programs related to your offense? Yes No

If yes, please describe the treatment or programs and their impact on you.

5. What have you done, if anything, to stay current in the field of Psychology?

6. Please list any additional information you feel is relevant to your rehabilitation.

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Therapy Information Sheet

Dr. _____ is petitioning the Board of Psychology for early termination of probation, or reinstatement of his/her license to practice psychology in the State of California. This questionnaire is designed to provide information to the Board of Psychology regarding the therapy you provided to the above named individual. The Board appreciates any and all information that you can provide that may assist them in determining if his/her license should be reinstated. A signed authorization for release is attached. Please complete the questionnaire as thoroughly as possible and add any additional information you feel is relevant. If you have any questions regarding this form, please contact the Board of Psychology's Enforcement Program at (916) 574-7720.

1. When did therapy begin? _____ End? _____

2. How often did you meet and how long was each session?

Empty text box for answer to question 2.

3. What problems were presented?

Empty text box for answer to question 3.

4. What were the goals of therapy?

Empty text box for answer to question 4.

5. Were the goals achieved?

Empty text box for answer to question 5.

6. Do you have an opinion about the reinstatement of this psychologist's license? What restrictions, if any, would you recommend be put in place if the reinstatement is granted?

Empty text box for answer to question 6.

7. Did you know about the discipline? _____ When were notified? _____

8. Have you read a copy of the decision? _____

9. Do you have any additional information to add?

Large empty text box for answer to question 9.

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

Signature

Date

Print Name

PETITION UNDER BUSINESS AND PROFESSIONS CODE § 2962
Probation - Practice or Billing Monitor Information Sheet

Dr. _____ is petitioning the Board of Psychology for modification or early termination of his or her probation under a disciplinary order. This questionnaire is designed to provide information to the Board of Psychology regarding the practice or billing monitoring you provided to the above named individual. The Board appreciates any and all information that you can provide that may assist them in determining if his or her license should be reinstated. Please complete the questionnaire as thoroughly as possible and add any additional information you feel is relevant. If you have any questions regarding this form, please contact the Board of Psychology's Enforcement Program at (916) 574-7720.

1. When did you begin monitoring? _____ End? _____

2. How often did you meet and long was each session?

3. What problems were presented?

4. What were the goals of monitoring?

5. Were the goals achieved?

6. Do you have an opinion about the reinstatement of this psychologist's license? What restrictions, if any, would you recommend be put in place if the reinstatement is granted?

7. Do you have any additional information to add?

I declare under penalty of perjury under the laws of the State of California that I have read a copy of the Accusation and Decision in this case, and my answers to the foregoing questions are true and correct.

Signature

Date

Print Name

**AUTHORIZATION FOR RELEASE
OF MEDICAL, PSYCHOLOGICAL,
ALCOHOL OR DRUG ABUSE PATIENT**

I, the undersigned, hereby authorize:

to disclose records (for the purpose of petitioning for reinstatement of my psychology license or registration) in the course of my diagnosis and treatment to:

**CALIFORNIA BOARD OF PSYCHOLOGY
1625 North Market Blvd Suite N-215
Sacramento, CA 95834**

This authorization shall remain valid until the Board of Psychology of the State of California completes its petition investigation or one year from the date signed.

I understand that I have a right to receive a copy of this authorization if requested by me.

A copy of this authorization shall be as valid as the original

Print Name

Signature

Date