

APPLICATION FOR REGISTRATION AS A REGISTERED PSYCHOLOGIST

INSTRUCTIONS:

- Answer each question fully and truthfully.
- No fee is required with this application.
- Mail completed ORIGINAL application to: The Board of Psychology, 1625 N. Market Blvd., Suite N-215, Sacramento, CA 95834.
- Submit fingerprints via Live Scan at time of application. Please visit <http://www.psychology.ca.gov/applicants/fingerprint.shtml> for detailed instructions.

SECTION I: PERSONAL INFORMATION

Is it your intention to count this experience towards licensure? Yes No

If you answered "Yes", to assist you, download the Supervision Agreement form from our website (http://www.psychology.ca.gov/forms_pubs/sup_agreement.pdf), complete, sign, and date the form with your supervisor, and attach it to the application.

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

NAME OF REGISTERED PSYCHOLOGIST: *You must use your legal name.

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

Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN)¹ Date of Birth

ALIASES List all other names by which you have been known. (If more than two, use additional paper.):

Last First M.I. Jr., Sr., I, II

Last First M.I. Jr., Sr., I, II

¹ Disclosure of your SSN or ITIN is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405 (c) (2) (C)) authorizes collection of your SSN or ITIN. Your SSN or ITIN 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 that utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your SSN or ITIN, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

ADDRESS OF RECORD (AOR) (The address of record will be used as the mailing address for the registrant, and is disclosable to the public. If you provide a PO box or alternative address as your address of record, you must also provide a physical business or residential address, which will be used for the Board's internal administrative purpose, and will not be disclosed to the public. Your email address will be used for correspondence throughout the application process.):

Number and Street

City State Zip Code

Email Address, if any

Cell Phone Number Home Phone Number

PHYSICAL BUSINESS OR RESIDENTIAL ADDRESS (if you have provided a PO Box or alternative address above, this physical address will be used for the Board's internal administrative purpose, and will not be disclosed to the public.):

Number and Street

City State Zip Code

SECTION II: PROFESSIONAL DATA

YES	NO	Are you now registered, or have you ever applied to become registered as a psychological assistant in California? <i>If yes, when?</i>
		Are you now registered, or have you ever applied to become a registered psychologist in California? <i>If yes, when?</i>
		Prior to this application, have you ever submitted an application for licensure as a psychologist in California? <i>If yes, when?</i>

SECTION III: EMPLOYING AGENCY INFORMATION

ADDRESS (Provide the mailing address of the employing agency if different from the AOR in Section I):

Agency Name

Number and Street

City

State

Zip Code

Phone Number

Email Address

Tax ID Number

LICENSED NAME OF PRIMARY SUPERVISOR

Last

First

M.I.

Jr., Sr., I, II

License Number

Email Address

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 information provided in Section III is true and correct.

Signature of Agency Representative

Title

Date Signed

Printed Name

SECTION IV: APPLICATION BASIS

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.

An official qualifying transcript must be mailed from the graduate institution directly to the Board of Psychology (Board). If the degree is from outside the United States and Canada you must provide the Board with a comprehensive evaluation of the degree performed by a foreign credential evaluation service that is a member of the National Association of Credential Evaluation Services (NACES).

SECTION V: 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 VI: 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: *1,500 hours of supervised professional experience (SPE) is required in order to become a Registered Psychologist. You can submit your SPE documentation using the forms and instructions found here*

http://www.psychology.ca.gov/applicants/sup_agree.shtml.

SECTION VII: FITNESS FOR PRACTICE

YES	NO	
		Are you currently affected by any mental condition or chemical dependency 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>
		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 registered psychologist? <i>If yes, please explain on a separate sheet of paper.</i>

SECTION VIII: LICENSE DISCIPLINARY ACTION

YES	NO	
		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>
		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>
		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>
		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>
		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>

NOTICE TO APPLICANT

Effective July 1, 2012, the State Board of Equalization and the Franchise Tax Board may share your 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: SIGNATURE

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

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 email at boplicensing@dca.ca.gov. For questions about the Department's Privacy Policy, you may contact the Department of Consumer Affairs at 1625 N. Market Blvd., Sacramento, CA 95834; by phone at (800) 952-5210; or by email at dca@dca.ca.gov.