

**APPLICATION FOR REGISTRATION AS
A PSYCHOLOGICAL ASSISTANT**

INSTRUCTIONS FOR COMPLETING THE APPLICATION:

- Answer each question fully and truthfully.
- Attach sheets of paper to this application when instructed or when space provided is not sufficient.
- Submit a check with this application for \$40 payable to the Board of Psychology.
- Mail completed ORIGINAL application and payment to: 1625 N. Market Blvd., Suite N-215, Sacramento, CA 95834.
- Submit fingerprints via Live Scan at time of application.
Please visit www.psychology.ca.gov/applicants/fingerprint.shtml for detailed instructions.
- Complete and submit Notification to Add or Change Supervisor or Service Location for a Psychological Assistant form from Board of Psychology website (www.psychology.ca.gov) along with this application if registering with more than one primary supervisor.

SECTION I: PERSONAL INFORMATION

- Is it your intention to count this experience toward licensure? Yes No
- If you answered "yes," please download the Supervision Agreement for Supervised Professional Experience form from our website (www.psychology.ca.gov/forms_pubs/sup_agreement.pdf), and complete, sign, and date the form, and attach it to the application.
- Are you currently serving in, or have you previously served in, the military? Yes No

LEGAL NAME OF PSYCHOLOGICAL ASSISTANT:

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

ALIASES List all other names by which the psychological assistant has 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

ADDRESS OF RECORD (AOR) (This is public information and will be used for all correspondence.):

Number and Street

City State Zip Code

E-mail Address

Cell Phone Number Home Phone Number

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

(Revised 09/20)

16-280 / PSB 100

CONFIDENTIAL ADDRESS (If AOR is a post office box or mail drop location, you must also provide a confidential address. The confidential address can be your business or residential address.):

Number and Street

City

State

Zip Code

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)] authorize 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, and the registration will not be issued.

SECTION II: EDUCATION QUALIFICATION

This Psychological Assistant application is based upon (Check education qualification at time of application.):

- Master's Degree School: _____
- Admission to Candidacy for Doctoral Degree Description of Degree: _____
(Registrar's letter required with the transcript.)
- Doctoral Degree Date Awarded/Admitted: _____

An official qualifying transcript must be mailed from the graduate institution directly to the Board of Psychology (Board). If using your master's/doctoral degree to qualify for registration, the transcript must show the degree-awarded date.

SECTION III: SUPERVISOR

LEGAL NAME OF PRIMARY SUPERVISOR:

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

License Number E-mail Address

Supervisor is a (check one):

- Licensed Psychologist**
- Board-certified Psychiatrist (check one below):**
- Board-certified in psychiatry by the American Board of Psychiatry and Neurology
- Board-certified in psychiatry by the American College of Osteopathic Board of Neurology and Psychiatry

SECTION IV: LOCATION OF SERVICES

Location where the psychological assistant will be providing psychological services:

Name of Services Location

Number and Street

City

State

Zip Code

Additional location of services, if applicable, where the psychological assistant will be providing psychological services (If more than two locations, please use an additional sheet of paper.):

Name of Primary Supervisor License Number

Primary Supervisor's Phone Number Primary Supervisor's E-mail Address

Name of Services Location

Number and Street

City State Zip Code

Note: You must notify the Board of any change or addition of a primary supervisor or location where services are being rendered on form Notification to Add or Change Supervisor or Service Location for a Psychological Assistant. Form can be found on Board's website at www.psychology.ca.gov.

SECTION V: PSYCHOLOGICAL ASSISTANT QUESTIONNAIRE

Section V to be completed by the prospective psychological assistant.

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

YES	NO	
		Are you presently registered, or have you ever been registered or filed an application to be registered, as a psychological assistant? <i>If yes, list name(s) of supervisor(s):</i>
		Are you currently registered, were you previously registered, or have you ever filed an application to register to engage in psychological services under section 2909(d) of the Business and Professions Code (registered psychologist)? <i>If yes, when?</i>
		Have you ever filed an application for a license as a psychologist with the Board? <i>If yes, when?</i>
		Do you have any proprietary interest in the business of the employer and/or supervisor?
		Do you rent, lease, sublease, or lease-purchase office space from the employer, supervisor, or any entity for purposes of functioning as a psychological assistant?
		Do you have a familial and/or interpersonal relationship with the employer and/or supervisor?
		Have you ever had any license disciplined by a government agency, the United States or its territories, military court, a foreign government, or other disciplinary body? <i>If yes, complete the License Disciplinary Action Form (www.psychology.ca.gov/forms_pubs/disciplinary.pdf).</i>
		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 License Disciplinary Action Form (www.psychology.ca.gov/forms_pubs/disciplinary.pdf).</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, please complete the License Disciplinary Action Form (www.psychology.ca.gov/forms_pubs/disciplinary.pdf).</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 (www.psychology.ca.gov/forms_pubs/disciplinary.pdf).</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 (www.psychology.ca.gov/forms_pubs/disciplinary.pdf).</i>
	Do you currently have 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, please 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 psychological assistant (use of any controlled substance as defined in Division 10 (commencing with Section 11000) of the Health and Safety Code, or dangerous drug, or any alcoholic beverage to an extent or in a manner dangerous to himself or herself, any other person, or the public, or to an extent that this use impairs his or her ability to perform the work of a psychologist with safety to the public)? <i>If yes, please explain on a separate sheet of paper.</i>

SECTION VI: SUPERVISOR QUESTIONNAIRE

Section VI to be completed by the prospective supervisor.

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

YES	NO	
		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 License Disciplinary Action Form (www.psychology.ca.gov/forms_pubs/disciplinary.pdf).</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 (www.psychology.ca.gov/forms_pubs/disciplinary.pdf).</i>
		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 License Disciplinary Action Form (www.psychology.ca.gov/forms_pubs/disciplinary.pdf).</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 (www.psychology.ca.gov/forms_pubs/disciplinary.pdf).</i>
		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)?
		Do you rent, lease, sublease, or lease-purchase office space to the psychological assistant?
		Do you have a familial and/or interpersonal relationship with the psychological assistant?
		Will you provide a minimum of one hour per week of individual face-to-face supervision to the psychological assistant?
		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?
		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 VII: ACKNOWLEDGEMENTS

Section VII 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. 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>

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 VIII: SIGNATURES

Please sign in BLUE ink.

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

Signature of Psychological Assistant

Date

Signature of Primary Supervisor

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 bplicensing@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.