

PSYCHOLOGICAL TESTING TECHNICIAN RENEWAL FORM

INSTRUCTIONS ON HOW TO RENEW:

Do not mail a renewal application to the California Board of Psychology more than 75 days prior to the expiration date of your license or your application form and payment will be returned.

Renewal fee is \$75.

An additional \$37.50 delinquent fee will be required if the renewal payment is postmarked more than 30 days after the expiration date.

Mail completed form and fee(s) to:

Board of Psychology 1625 North Market Blvd., Suite N-215 Sacramento, CA 95834

Make certified checks, cashier's checks, money orders, or personal checks payable to the Board of Psychology.

Registrations not renewed within 60 days after expiration will be canceled, and the applicant must submit a new application for registration.

Please do not use this form to change supervisors. For the Change of Supervisor form, please visit www.psychology.ca.gov.

APPLICATION PROCESSING TIME

The processing time for renewals is expected to take approximately 4–6 weeks. Upon approval of your renewal, you may verify your status on BREEZE at https://search.dca.ca.gov.

RENEWAL POSTMARKED AFTER EXPIRATION DATE

If your renewal form/fee are postmarked less than 60 days after your license's expiration date, payment of a delinquency fee is required. There is no grace period.

REQUIREMENTS:

CONVICTIONS/DISCIPLINE

As a condition of renewal, as a psychological testing technician, you must disclose on the renewal application any convictions or discipline since you last renewed: (1) Have you 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, 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) which 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; or (2) Have you had any license or registration disciplined by a government agency or other disciplinary body? Discipline includes, but is not limited to, suspension, revocation, voluntary surrender, probation, reprimand, or any other restriction on a license or registration held.

If you answer "yes" to the conviction and/or discipline question, complete the Conviction/License Disciplinary Action Form. The form can be accessed from the Board's website at **www.psychology.ca.gov**.

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 a certified copy of the court order dismissing the conviction(s) with your application.



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FAMILY SUPPORT LEGISLATION

Assembly Bill 1394 (Speier) was signed into law by Governor Pete Wilson on May 8, 1992 to require the collection of Social Security numbers for purposes of compliance with any judgment or order for family support. The bill authorizes the issuance of a temporary license to applicants for initial or renewal license who are not in compliance with any judgment or order for family support. If compliance has not been established prior to the expiration of the temporary license, the license shall be denied pursuant to section 11350.6 of the Welfare and Institutions Code.

NOTICE OF STATE TAX OBLIGATION

Pursuant to Business and Professions Code section 494.5, the State Board of Equalization and the Franchise Tax Board may share taxpayer information with a board. California law requires you to pay your state tax obligation. If you fail to pay your state tax obligation, your license may be suspended.

SEXUAL MISCONDUCT WITH A PATIENT

Business and Professions Code section 2960.1 was enacted January 1, 1995 and mandates revocation of a license if an Administrative Law Judge determines that sexual contact occurred between a licensee/registrant and a patient.

INFORMATION COLLECTION AND ACCESS

The information requested on this application is mandatory and is maintained by the executive officer of the Board of Psychology, 1625 North Market Blvd., Suite N-215, Sacramento, CA 95834; (916) 574-7720. Information provided may be transferred to other governmental and enforcement agencies as may be necessary to permit the Board, or the transferee agency, to perform its statutory or constitutional duties, or otherwise transferred or disclosed as provided by the Information Practices Act. Certain information provided may be disclosed to a member of the public, upon request, under the California Public Records Act. Disclosure of your Social Security number is mandatory, and collection is authorized by BPC §30 and §31. Your Social Security number will be used exclusively for tax enforcement purposes and investigations of violations of cash-pay reporting laws as set forth in the Unemployment Insurance Code §329 or for verification of licensure or examination status by a licensing or examination board. If you fail to disclose your Social Security number, you may be reported to the Franchise Tax Board and be assessed a penalty of \$100 Pursuant to BPC §31(e), the State Board of Equalization and the Franchise Tax Board may share taxpayer information with the Board and if a registrant does not pay his or her state tax obligation, the registration may be suspended.

CONTACT INFORMATION

For questions about this notice or access to your records, contact the Board of Psychology, 1625 North Market Blvd., Suite N-215, Sacramento, CA 95834; by phone at (866) 503-3221; or by email at **bopmail@dca.ca.gov**. For questions about the privacy policy, contact the California 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**.



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Name of Registrant	Registration Number	Registration Expiration Date
Registrant's Phone Number	Registrant's Email	
SUPERVISOR'S INFORMATION: DO NOT use this form to add, change, or resupervisors. For the Change of Supervisor follows: Delease visit www.psychology.ca.gov .		
Name of Primary Supervisor	License Numb	er
Primary Supervisor's Phone Number	Primary Super	visor's Email
drug, or a controlled substance, have you I	ing traffic infractions under \$500 not involv been convicted of any violations of law in t t, or other country, or have you been discip R 1381.7(c), (d).)	his or any other state, the
I swear under penalty of perjury under representations on this form are true,	r the laws of the state of California that a complete and accurate.	all statements, answers, and

www.psychology.ca.gov

P (916) 574-7720 / **F** (916) 574-8671 1625 North Market Blvd. N-215, Sacramento, CA 95834



GAVIN NEWSOM, GOVERNOR