

## MINIMUM REQUIREMENTS

- A list of approved Research Psychoanalytical Institutions (see page 7).
- A research psychoanalyst may engage in psychoanalysis as an adjunct to teaching, training, or research. "Adjunct" means that the research psychoanalyst may not render psychoanalyst services on a fee-for-service basis for more than an average of one-third of his or her total professional time including time spent in practice, teaching, training, or research. Such teaching, training, or research shall be the primary activity of the research psychoanalyst. The primary activity may be demonstrated by:
  - A full-time faculty appointment at the University of California, a state university or college, or an accredited or approved educational institution as defined in Section 94310 (a) and (b), of the Education Code.
  - Significant ongoing responsibility for teaching or training as demonstrated by the amount of time devoted to such teaching or training or the number of students trained; or
  - A significant research effort demonstrated by publications in professional journals or publications of books.
- A *registered* research psychoanalyst may engage in psychoanalysis as an adjunct to teaching, training, or research. Students who are currently enrolled in an approved psychoanalytic institution and are registered with the Board as a student research psychoanalyst, may engage in psychoanalysis under supervision by a research psychoanalyst registered with the Board.
- **Students and graduates are not entitled to state or imply that they are licensed to practice psychology, nor may they hold themselves out by any title or description of services incorporating the words: psychological, psychologist, psychology, psychometrists, psychometrics, or psychometry.**
- Disclosure of a United States Social Security Number (SSN) or an Individual Taxpayer Identification Number (ITIN) is mandatory prior to registration. Section 30 of the Business and Professions Code authorizes collection of the SSN or ITIN. Section 31(e) of the Business and Professions Code allows the State Board of Equalization and the Franchise Tax Board to share taxpayer information with the Board.

## GENERAL INFORMATION

- Applicants are personally responsible for all information disclosed on the application, including any responses that may have been completed on their behalf by others. An application may be denied based upon omission, falsification or misrepresentation of any item or response on the application or any attachment. The Board considers violations of an ethical nature to be a serious breach of professional conduct.
- **Fingerprints:** Applicants who reside in California must complete the electronic Live Scan fingerprint process. The Request for Live Scan Service form may be obtained from the Board's website. Please refer to the California Department of Justice (DOJ) Applicant Live Scan [website \(https://oag.ca.gov/fingerprints/locations\)](https://oag.ca.gov/fingerprints/locations) for Live Scan facilities in California.

Applicants residing outside California must submit three completed fingerprint cards or if visiting California, you may have your fingerprints completed electronically at a California Live Scan facility. To request fingerprint cards, please contact the Board at [BOPLicensing@dca.ca.gov](mailto:BOPLicensing@dca.ca.gov).

*The Board must receive Criminal Records Check from both the California Department of Justice and the Federal Bureau of Investigation prior to the issuance of a registration.*

- **Grounds for Denial:** Each applicant's credentials for registration in California are reviewed on an individual basis. The Board has the authority to deny registration based upon an applicant's act of dishonesty, unprofessional conduct, conviction of a crime, discipline of another state license/registration.
- **Priority Review and Expedited Registration:**

### Honorably Discharged Veterans of the United States Armed Forces

The Board is required to expedite the registration process for applicants who have served as active-duty members of the Armed Forces and were honorably discharged. ([Business and Professions Code \(BPC\) section 115.4](#))

For an applicant's registration to be expedited, the applicant must:

- Submit their official orders issued by the Armed Forces indicating that they have been, or will be, honorably discharged.

### Spouse or Domestic Partner of an Active-Duty Member of the United States Armed Forces

The Board is required to expedite the registration process for spouses and domestic partners of those on active duty in the United States Armed Forces who is assigned to a duty station in California under official active-duty military orders. (BPC section 115.5)

For an applicant's registration to be expedited, the applicant must:

- Submit evidence that they are married to, or in a domestic partnership or other legal union with, an active-duty member of the Armed Forces who is assigned to a duty station in California under official orders;
- Submit evidence of their spouse's or domestic partner's official assignment to a duty station in California, and;
- Hold a current license/registration in another state, district or territory of the United States in the profession or vocation for which the applicant is seeking a license/registration.

## GENERAL INFORMATION (continued)

### Admitted to the United States as a Refugee, Granted Asylum, or Have a Special Immigrant Visa Status

BPC section 135.4 provides that the Board must expedite, and may assist, the initial registration process for certain applicants described below. To have the application expedited, one of the following statements must apply to you:

- The applicant was admitted to the United States as a refugee pursuant to section 1157 of title 8 of the United States Code; or
- The applicant was granted asylum by the Secretary of Homeland Security or the United States Attorney General pursuant to section 1158 of title 8 of the United States Code; or
- The applicant has a special immigrant visa and were granted a status pursuant to section 1244 of Public Law 110-181, Public Law 109-163, or section 602(b) of title VI of division F of Public Law 111-8, relating to Iraqi and Afghan translators/interpreters or those who worked for or on behalf of the United States government.

Failure to provide satisfactory evidence may result in application review delays. The following may be accepted as satisfactory evidence:

- Form I-94, Arrival/Departure Record, with an admission class code such as "RE" (Refugee) or "AY" (Asylee) or other information designating the person a refugee or asylee.
- Special immigrant visa that includes the "SI" or "SQ."
- Permanent Resident Card (Form I-551), commonly known as a "Green Card," with a category designation indicating that the person was admitted as a refugee or asylee.
- An order from a court of competent jurisdiction or other documentary evidence that provides reasonable assurance that the applicant qualifies for expedited registration.

### AB 82 and SB 497 Gender-affirming Mental Health Care

Effective January 1, 2026, Assembly Bill (AB) 82 and Senate Bill (SB) 497 expand California's protections for legally protected health care activity to include gender-affirming health care and gender-affirming mental health care. Under these laws, licensees and registrants of the Board of Psychology (Board) are prohibited from disclosing patient information, records, or communications related to gender-affirming care in response to subpoenas, investigations, or information requests from out-of-state entities seeking to penalize services that are lawful in California.

The Board has enforcement authority to take disciplinary action against licensees and registrants who improperly disclose protected information. To ensure compliance with these statutory requirements, all applicants for licensure or registration, and all renewing licensees and registrants, must attest to whether they provide gender-affirming care as part of their professional practice.

## APPLICATION CHECKLIST

### Application For Research Psychoanalyst Application.

You must complete all fields, answer all questions and submit all three pages of the application together.

### Application Fee—\$150.00

The application and fingerprint processing fee, if applicable, are non-refundable. Check and money order payable to the Board of Psychology are acceptable. Please do not send cash.

### Fingerprints: Live Scan Form (CA Only) - OR - Three (3) Fingerprint Cards

If you reside in California, you must complete the electronic Live Scan fingerprint process. You will need to download and use the [Request for Live Scan Service](#) form from the Board's website. You may mail a copy of the completed form with your Application. You are responsible to pay all necessary fees for Live Scan services directly to Live Scan Services facility of your choice.

If you reside outside of California, you must submit three completed fingerprint cards or have your electronic fingerprints completed at a California Live Scan facility. After getting printed, mail the hard cards as instructed along with the fingerprint hard card processing fees of \$233.00 to the Board. Contact the Board at [BOPLicensing@dca.ca.gov](mailto:BOPLicensing@dca.ca.gov) to request fingerprint cards to be mailed to you. **You must complete all personal data on the fingerprint cards or the Board will return the cards to you for completion.**

*The Board must receive the Criminal Records Check from both the California Department of Justice and the Federal Bureau of Investigation prior to the issuance of your registration.*

**Note:** A new Live Scan Services form, or new fingerprint hard cards with processing fees, must be submitted if applying for a different registration.

### Education

**Research Psychoanalyst**—Submit official certification from the dean verifying graduation.

**Student Research Psychoanalyst**—Submit official certification from the dean verifying the student's status.

**TYPE OF APPLICATION (Check One)**

- Research Psychoanalyst  Student Research Psychoanalyst

**PRIORITY REVIEW AND EXPEDITED LICENSURE**

Satisfactory evidence must be provided with your application. See General Information & Checklist for details.

- Honorably Discharged Veterans of the United States Armed Forces  
 Spouse, Domestic Partner, or Other Legal Union with an Active-Duty Member of the United States Armed Forces  
 Admitted to the United States as a Refugee, Granted Asylum, or Have a Special Immigrant Visa Status

**AB 82 AND SB 497 GENDER-AFFIRMING MENTAL HEALTH CARE**

See General Information for details.

Do you currently provide, or do you intend to provide, gender-affirming mental health care within your psychoanalytic practice/supervised psychoanalytic training or research setting/activities?  Yes  No

If you attest to "Yes," you are subject to the nondisclosure requirements established by AB 82 and SB 497, including prohibitions on sharing or releasing protected patient information. Failure to comply may result in enforcement action by the Board.

**PERSONAL INFORMATION**

**Legal Name**

Last Name	First Name	Middle Name	Suffix
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**Other Names/Alias**

**Date of Birth**

	(mm/dd/yyyy)
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Social Security Number or

Individual Taxpayer Identification Number

**Gender**  Male

Female

**Telephone Numbers**

(include area code)

Primary	Cell	Work
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**Email Address**

(Required)

**Address Of Record**

This address will be used for all current correspondence during the review process and will be posted on the Board's website upon issuance of a registration. If you are using a P.O. Box, you are also required to list a confidential street address.

Line 1 (40 characters per line, including spaces)		Line 2 (40 characters per line, including spaces)	
City	State/Province	Zip/Postal Code	Country

**Confidential Address**

If you are using a P.O. Box for your Address of Record, you are also required to list a confidential street address.

Line 1 (40 characters per line, including spaces)		Line 2 (40 characters per line, including spaces)	
City	State/Province	Zip/Postal Code	Country

1. Are you a registered sex offender?  Yes  No

2. Have you served or are you currently serving in the military?  Yes  No

**Applicant**

**Date of Birth**

**PREVIOUS REGISTRATION**

1. Are you registered, or have you ever registered, as a student research psychoanalyst in California?  Yes  No

If yes, please provide the registration number:  **Expired:**

2. Have you ever previously registered as a research psychoanalyst in California?  Yes  No

If yes, please provide the registration number:  **Expired:**

**EDUCATION FOR GRADUATE RESEARCH PSYCHOANALYST REGISTRATION (RP)**

List the names and locations of all schools where psychoanalytic training **was** received. Submit official certification from the dean verifying your graduation.

**School**

**Dates of Attendance**

Name	Start Date (mm/dd/yyyy)
Mailing Address	End Date (mm/dd/yyyy)
<b>Issue Date of Certificate:</b> (mm/dd/yyyy)	

**School**

**Dates of Attendance**

Name	Start Date (mm/dd/yyyy)
Mailing Address	End Date (mm/dd/yyyy)
<b>Issue Date of Certificate:</b> (mm/dd/yyyy)	

**EDUCATION FOR STUDENT RESEARCH PSYCHOANALYST REGISTRATION (SRP)**

List the name and location of the school where psychoanalytic training **will be** received. Please submit official certification from the dean verifying your current student status.

**School**

**Dates of Attendance**

Name	Start Date (mm/dd/yyyy)
Mailing Address	End Date (mm/dd/yyyy)

**FOR GRADUATE RESEARCH PSYCHOANALYST REGISTRATION ONLY**

Indicate which **one** of the following areas comprises your primary professional activity.

- Teaching**—A full-time faculty appointment at an approved educational institution.
- Training**—Significant ongoing responsibility for training.
- Research**—Significant research effort demonstrated by publication.



Applicant

Full Legal Name

Date of Birth

(mm/dd/yyyy)

DISCIPLINARY HISTORY

These questions refer to discipline in any U.S. state, U.S. territory, Canadian province, or foreign country. Complete the License Disciplinary Action form if a "yes" response is provided on the below questions.

- 4. Have you ever withdrawn an application for registration/license in lieu of denial, disciplinary action, or for any other similar reason?
5. Have you ever been denied a license/registration by any governmental agency of any state, territory or country, or the U.S. military to practice psychoanalysis or is any denial pending against you?
6. Have you ever had any registration/license to practice psychoanalysis subjected to any disciplinary action or is any disciplinary action pending against any of your registrations/licenses to practice psychoanalysis?
7. Have you ever surrendered a registration/license to practice psychoanalysis or have you ever had any registration/license to practice psychoanalysis revoked, suspended, or placed on probation in any jurisdiction, foreign or domestic?
8. Have you ever had any registration/license to practice psychoanalysis subjected to any action including, but not limited to, informal or confidential discipline, consent orders, letters of warning, letters of reprimand, or citation?
9. Have you ever had any healing arts registration/license or certificate disciplined by any state, federal or foreign jurisdiction?

NOTICE

All items in this application are mandatory. Failure to provide any of the requested information will delay the processing of your application. The information provided will be used to verify and identify the applicant and Section 2950 of the California Business and Professions Code, which authorizes the collection of this information. The information on your application may be transferred to other licensing authorities, or other governmental law enforcement agencies. The Licensing Program Chief is the custodian of records. Access to records by the individual to whom they pertain may be obtained under the Information Practices Act, Civil Code section 1798.17, by contacting the Board.

DECLARATION

The applicant,

Full Legal Name (First, Middle, Last)

Date of Birth (mm/dd/yyyy)

declares: that I am the person herein named subscribing to this application; that I have read the complete application, know the full content thereof, and declare under penalty of perjury, that all of the information contained herein and evidence or other credentials submitted herewith are true and correct; and that I am the lawful holder of a doctorate degree, that the same was procured in the regular course of instruction and examination, and that it, together with all the credentials submitted, were procured without fraud or misrepresentation or any mistake of which I am aware and that I am the lawful holder thereof. Further, I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past, present, and future), business and professional associates (past, present, and future), and all government agencies (local, state, federal or foreign) to release to the California Board of Psychology or its successors any information, files or records, including medical records, educational records, and records of psychiatric treatment and treatment for drug, alcohol and/or substance abuse or dependency, requested by the Board in connection with this application; or any further or future investigation by the Board necessary to determine any professional competence, professional conduct, or physical or mental ability to safely engage in the practice of research psychoanalysis. I further authorize the California Board of Psychology or its successors to release, in any investigation or proceeding, to the organizations, individuals, or groups listed above any information which is material to this application or any subsequent licensure/registration.

I UNDERSTAND THAT ANY OMISSION, FALSIFICATION, OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT HERETO IS SUFFICIENT BASIS FOR DENYING OR REVOKING A LICENSE/REGISTRATION.

SIGN LEGAL NAME: DATE:

If using an electronic signature, it must be accompanied with a certificate of completion, or the stamp of certification must include the date and time.



California's Department of Justice (DOJ) provides statewide Live Scan, which is an electronic fingerprinting system with a subsequent automated background check and response. This system significantly expedites the fingerprint clearance process. **APPLICANTS WHO RESIDE IN CALIFORNIA MUST COMPLETE THE ELECTRONIC LIVE SCAN FINGERPRINT PROCESS.** Applicants residing outside of California may choose this option if visiting the state.

• CALIFORNIA DOES NOT HAVE LIVE SCAN LINKS TO ANY OTHER STATES •

The "Request For Live Scan Service" form (below) is required to have your fingerprints processed by Live Scan. This form must be completed in triplicate; therefore, THREE copies will be printed automatically when printing the form. Please ensure that all personal data (name, AKA's, date of birth, sex, height, weight, eye color, hair color, place of birth, Social Security Number or Individual Taxpayer Identification Number, California driver's license number and home address) is provided on each of the three forms. The last section of the form requires information from the fingerprint agency; please ensure this information is completed or the forms will be void. It is the responsibility of the applicant to ensure that the person scanning the fingerprints submits TWO digital prints, one for the DOJ and one for the FBI.

Applicants can access the website, <https://oag.ca.gov/fingerprints/locations> to obtain the names and location of approved fingerprint sites. Information pertaining to the need for appointments, hours of availability, and rolling fees are also available through that website. After completing the Live Scan process, applicants must submit ONE of the THREE forms with the Application for a Research Psychoanalyst or Student Research Psychoanalyst Registration to document the scanning of their fingerprints. The results of Live Scan fingerprints are generally received within five (5) days.

Applicants residing outside of California must submit three completed fingerprint cards or have your fingerprints completed at a California Live Scan facility. The results of paper fingerprint cards are generally received within six (6) weeks.

Whether you use Live Scan or paper fingerprint cards, you will be charged an administrative fee by the local agency that scans the prints or provides the inked impressions. This is in addition to the fingerprint processing fee that must be paid to the California Board of Psychology with your application. For further information about the fingerprint clearance process and time frames, please visit the following website at: <https://oag.ca.gov/contact/faqs>.

When the impressions are of such poor quality that they cannot be searched in DOJ's fingerprint data base, the fingerprints (whether Live Scan or paper card) are rejected and reprints will be necessary. Therefore, please advise the person processing your fingerprints that extra care needs to be given to ensure that clear impressions have been made.

**Criminal Records Check from both the California Department of Justice and the Federal Bureau of Investigation must be received prior to the issuance of a Research Psychoanalyst or Student Research Psychoanalyst Registration.**

**NOTE: If you have ever been convicted of a misdemeanor or felony, the record of conviction will be reported to the Board as a result of your fingerprint inquiry.**

1. **British Psychoanalytic Institute**  
2 Square de Robiac  
75007 Paris  
France
2. **C. G. Jung Institute of Los Angeles**  
10349 West Pico Boulevard  
Los Angeles, CA 90064
3. **C. G. Jung Institute of New York**  
28 East 39th Street  
New York, NY 10016
4. **C.G. Jung Institute of San Francisco**  
2040 Gough Street  
San Francisco, CA 94118
5. **C.G. Jung Study Center of Southern California**  
9696 Culver Blvd.  
Culver City, CA 90232
6. **California Graduate Institute**  
1100 Glendon Avenue, Suite 1119  
Los Angeles, CA 90024
7. **Frankfurter Psychoanalytisches Institut e.V.**  
Wiesenu 27-29  
60323 Frankfurt
8. **Institute for Psychoanalysis and  
Psychotherapy Hamburg eV**  
Tesdorfstrasse 11  
20148 Hamburg  
Germany
9. **Institute of Contemporary Psychoanalysis**  
10780 Santa Monica Boulevard, Suite 350  
Los Angeles, CA 90025
10. **Lacanian School of Psychoanalysis**  
1563 Solano Avenue, Suite 237  
Berkeley, CA 94707
11. **Los Angeles Psychoanalytic Society and Institute**  
2014 Sawtelle Boulevard  
Los Angeles, CA 90025
12. **National Psychological Association  
for Psychoanalysis**  
150 West 13th Street  
New York, NY 10011
13. **New Center for Psychoanalysis**  
2014 Sawtelle Boulevard  
Los Angeles, CA 90025
14. **Newport Center for Psychoanalytic Studies DBA  
Newport Psychoanalytic Institute**  
250 W. Main Street, Suite 202  
Tustin, CA 92780
15. **Reiss-Davis Child Study Center**  
3200 Motor Avenue  
Los Angeles, CA 90064
16. **San Francisco Center for Psychoanalysis**  
2420 Sutter Street  
San Francisco, CA 94115
17. **Southern California Psychoanalytic Institute**  
9024 Olympic Boulevard  
Beverly Hills, CA 94118
18. **The Los Angeles Institute & Society  
for Psychoanalytic Studies**  
1100 Glendon Avenue, Suite 933  
West Los Angeles, CA 90024
19. **The Psychoanalytic Center of California**  
11500 W. Olympic Boulevard, Suite 445  
Los Angeles, CA 90064
20. **The Research and Training Centre for  
Depth Psychology According to C.G. Jung  
and Marie-Louise von Franz**  
Münsterhof 16  
CH-8001 Zurich  
Switzerland
21. **The San Diego Psychoanalytic Center**  
4455 Moreno Blvd., Suite 202  
San Diego, CA 92117