

**Title 16. California Board of Psychology
Department of Consumer Affairs**

Modified Text

Original proposed language is shown as underlined.

Modified proposed additions are shown as **double underlined**.

Original proposed deletions are shown as ~~stricken~~.

Modified proposed deletions are shown as ~~**double-stricken**~~.

Changes from the originally proposed language due to other regulatory changes are **highlighted** and changes noted by footnote.

1. Amend Section 1391.1, Article 5.1, Division 13.1, Title 16, of the California Code of Regulations to read:

§1391.1. Registration; Limitation of Registration Period.

- (a) Any person who meets the requirements of section 2913 of the Code ~~desiring to supervise~~ may apply for registration as a registered psychological associate by submitting to the Board ~~shall submit an application, on a form PSB 100, entitled "Application For Registration As A Psychological Associate" (New 2021), which is hereby incorporated by reference provided by the Board. If applying for a registration with more than one supervisor, the applicant shall also submit form PSB 101, entitled "Notification To Add Or Change Supervisor Or Service Location For A Psychological Associate" (New 2021), which is hereby incorporated by reference, for each additional supervisor.~~
- (b) Registration as a registered psychological associate shall be limited to a cumulative total of six years (72 months). ~~Each~~ A registration shall be subject to annual renewal pursuant to section 1391.12.
- (c) For any registered psychological associate registered prior to ~~the effective date of this subdivision~~ October 23, 2011, subsequent renewals or registrations shall be limited to a cumulative total of six years (72 months) from the date of the registered psychological associate's next registration or renewal, whichever occurs first.
- (d) Upon showing of good cause as determined by the Board, these specified time limitations may be reasonably ~~modified~~ extended.

NOTE: Authority cited: Sections 2913 and 2930, Business and Professions Code.

Reference: Sections 27, 30, 114.5, 115.4, 144, 651, 2913, and 17500, Business and Professions Code.

2. Amend Section 1391.2, of Article 5.1, Division 13.1, Title 16 of the California Code of Regulations to read:

§ 1391.2. Withdrawal of Applications.

An aApplications for registration ~~which that~~ has~~ve~~ not been completed within ninety (90) days after additional information has been requested by the Board shall be deemed ~~to~~ be withdrawn.

NOTE: Authority cited: Sections 2913 and 2930, Business and Professions Code.

Reference: Section 2913, Business and Professions Code.

3. Amend Section 1391.5, Article 5.1, Division 13.1, of Title 16 of the California Code of Regulations to read:

§ 1391.5. ~~Statement of Purpose;~~ Supervision Required.

- (a) A registered psychological associate shall be under the direction and supervision of a licensed psychologist pursuant to section 1387.1, who is ~~employed~~ licensed to practice pursuant to Division 2 of the Code, and who works in the same setting in which the registered psychological associate ~~is employed~~ performs psychological functions. A licensed psychologist who is supervising registered psychological associates must comply with the supervision course requirements set forth in section 1387.1.
- (b) The supervisor shall provide a minimum of one (1) hour per week of individual face-to-face supervision to the registered psychological associate, unless more such supervision is required under Section 1387 or by the nature of the psychological functions performed by the registered psychological associate.
- (c) ¹A registered psychological associate may receive delegated supervision pursuant to section 1387(c) from a qualified psychologist other than ~~a the~~ the primary supervisor ~~to whom they are registered only~~ if the delegated supervisor is also employed works within the same organization setting as the primary supervisor and registered psychological associate. ~~Otherwise, supervision may not be delegated under a registered psychological associate registration.~~

Note: Authority cited: Sections 2913 and 2930, Business and Professions Code.

Reference: Section 2913, Business and Professions Code.

¹ Deletion of prior language which included "employed by one of the organizations specified in section 2913 of the Code" to match current law, effective August 30, 2022.

4. Amend Section 1391.6, Article 5.1, Division 13.1, of Title 16 of the California Code of Regulations to read:

§1391.6. Supervisor's Responsibility.

- (a) Every supervisor of a registered psychological associate shall have ~~be~~ responsible for supervising the psychological functions performed by the registered psychological associate and ensuring that 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 associate ~~extent, kind and quality of the psychological functions performed by the associate are consistent with the supervisor's training and experience,~~ and ensure that the associate complies with the provisions of the Code, the Board's regulations, and the ethical standards established by the American Psychological Association.
- (b) The supervisor shall ~~inform~~ ensure that each client or patient is informed, prior to the rendering of services ~~by the registered psychological associate,~~ that the associate is unlicensed and is under the direction and supervision of the supervisor, ~~as an employee~~ Each client or patient shall also be informed and that the supervisor shall have access to the client's or patient's chart in fulfilling their ~~supervisory~~ supervisor's duties.
- (c) The supervisor shall be available to the registered psychological associate 100% of the time the associate is performing psychological functions. The availability can be in-person, by telephone, by pager or by other appropriate technology.
- (d) The supervisor shall ensure that a plan is in place to protect the client or patient ~~or client~~ in the event a client or patient ~~client~~ crisis or emergency occurs during any time the supervisor is not physically present at the established site at which the supervisee is working. The supervisor shall ensure that the supervisee thoroughly understands the plan in the event a client or patient crisis or emergency occurs.

Note: Authority cited: Sections 2913 and 2930, Business and Professions Code.

Reference: Section 2913, Business and Professions Code.

5. Amend Section 1391.8, Article 5.1, Division 13.1, Title 16 of the California Code of Regulations to read:

§ 1391.8. Employer Supervisor-Employee Registered Psychological Associate Business Relationship.

- (a) No supervisor or employer of a registered psychological associate may charge pay a fee, monetary or otherwise, require monetary payment in consideration for the employment or supervision provided of a registered psychological associate. The supervisor or employer shall supply all provisions necessary to function as a registered psychological associate.
- (b) The registered psychological associate shall have no proprietary interest in the business of the supervisor or the employer.
- (c) The registered psychological associate shall not rent, lease, sublease, or lease-purchase office space from any entity for purposes of functioning as a registered psychological associate.

Note: Authority cited: Sections 2913 and 2930, Business and Professions Code.
Reference: Section 2913, Business and Professions Code.

6. Repeal Section 1391.10, Article 5.1, Division 13.1, Title 16 of the California Code of Regulations to read:

§ 1391.10. Annual Reports.

~~On or before the expiration of a registration, every supervisor of a registered psychological associate shall submit to the Board on a form provided by the Board a report for the registration period showing:~~

- ~~(a) The nature of the psychological functions performed by the registered psychological associate being supervised.~~
- ~~(b) Certification of employment.~~
- ~~(c) The locations at which the registered psychological associate provided the psychological functions and the type, extent and amount of supervision.~~
- ~~(d) A certification that the psychological functions performed by the registered psychological associate were performed at a level satisfactory to ensure safety to the public.~~

~~***Note: Authority cited:*** Section 2930, Business and Professions Code. ***Reference:*** Section 2913, Business and Professions Code.~~

7. Amend Section 1391.11, Article 5.1, Division 13.1, Title 16 of the California Code of Regulations to read:

§ 1391.11. Notification of ~~Termination~~, Change of Primary Supervisor or Location

- (a) A registered psychological associate shall submit to the Board, in writing, a request for any change of or addition of a primary supervisor, on form PSB 101 (New 2021), entitled "Notification To Add Or Change Supervisor Or Service Location For A Psychological Associate", incorporated by reference in section 1391.1. Board approval of the request is required prior to rendering psychological services under the supervision of the new primary supervisor. A new supervision agreement is required, pursuant to section 1387, if there has been a change of supervisor and the registered psychological associate is accruing supervised professional experience.
- (b) Within thirty (30) days after the termination of the supervision between a primary supervisor and the employment of a registered psychological associate, or any change or addition of the location where services are being rendered by a registered psychological associate with the same primary supervisor, the employer-registered psychological associate shall notify the Board in writing of such termination or change, on form PSB 101, as described in subsection (a) and incorporated by reference in section 1391.1 setting forth the date thereof.

NOTE: Authority cited: Sections 2913 and 2930, Business and Professions Code.

Reference: Sections 27, 30, 144, 651, 2913, and 17500, Business and Professions Code.

8. Amend Section 1391.12, Article 5.1, Division 13.1, Title 16 of the California Code of Regulations to read:

§ 1391.12. Registered Psychological Associate Renewals.

- (a) A new registration shall expire annually, beginning one year after issuance. The registration of a registered psychological associate shall be renewed by the employer annually, on or before its expiration, and the following information shall be provided:
- (1) Name and registration number of the registered psychological associate, registration expiration date;
 - (2) Disclosure of whether the registered psychological associate has been convicted or has had a license or registration disciplined since the last renewal;
 - (3) Telephone number and email (if any) of the registered psychological associate; and

- (4) A signed declaration under penalty of perjury that the information provided is true and correct;
- (b) The annual renewal fee required in section 1392.1 must be submitted to renew the registration. A registration renewed 30 days after its expiration must be accompanied by the delinquency fee required in section 1392.1 in order to be renewed;
- (c) A registered psychological associate who has been registered with the Board but whose registration has expired and has not been renewed ~~by the employer~~ shall not function as a registered psychological associate;
- ~~(d) A registered psychological associate employed and registered by more than one employer shall have their registration renewed by each employer.~~
- ~~(de) A registration not renewed by the registered psychological associate within 60 days after its expiration shall become void be cancelled and shall not be reinstated and a new application for registration shall be submitted by the employer. A new registration must be obtained to perform psychological functions as a registered psychological associate.~~

NOTE: Authority cited: Sections 2913 and 2930, Business and Professions Code.
Reference: Section 2913, Business and Professions Code.

9. Amend Section 1392.1, Article 6, Division 13.1, Title 16 of the California Code of Regulations to read:

§ 1392.1. Registered Psychological Associate Fees.²

- (a) The application fee for registration ~~as of a registered psychological associate which is payable by the supervisor is~~ **\$75.00.**
- (b) The annual renewal fee for registration of a registered psychological associate is **\$75.00.**
- (c) The delinquency fee for a registered psychological associate is **\$37.50.**

Note: Authority cited: Sections **s 2913, 2930, 2940, 2987, and 2989**, Business and Professions Code.
Reference: **Sections 2948 and 2987**, Business and Professions Code.

² Fee amounts and authority and reference citations updated to match current law, effective July 1, 2022.

TITLE 16. BOARD OF PSYCHOLOGY

EXPLANATION OF CHANGES

The Board provides this explanation for the modified text.

Changes to the regulatory text

- A change without regulatory effect to subdivision (c) of section 1391.5 (deleting a reference to organizations specified in section 2913 of the Code) was submitted to the Office of Administrative Law (OAL) on July 20, 2022, and approved and effective August 30, 2022. This obviated the need to delete “employed by one of the organizations specified in section 2913 of the Code” in this rulemaking and that text has been deleted from the modified text as a technical update.
- A minor technical edit was made to section 1391.11(a) and (b), to correct a comma placement after the quoted incorporated form name and to add the word “section” before referenced 1391.1, to conform with the otherwise referenced regulatory sections.
- A separate regulatory package which updated the fee amounts and the authority and reference citations in 1392.1. was noticed to the public for comment on December 7, 2021, submitted to OAL March 28, 2022, approved May 5, 2022, and effective July 1, 2022. The current regulatory text has been updated to the current law.

As part of the modified text, the Board is proposing to change Forms PSB 100 (New 2021) and PSB 101 (New 2021). Because of formatting issues, the two documents are being replaced and added, rather than amended, as described below.

Changes to Form PSB 100, *Application for Registration as a Psychological Associate*

- Instructions: The fee has been updated to \$75 in conformity with revised regulation 1392.1. As noted above, this change went into effect July 1, 2022, after this package was prepared for Notice.
- Section 1, Personal Information: The email address, phone number, date of birth, and social security number requirements have been moved up before “Aliases” instead of after “Address of Record” to visually ensure that there is no confusion that those items are not public. This is a non-substantive change in formatting only.
- Section V, Psychological Associate Questionnaire: For those questions on the bottom of page three that inquire into mental condition, chemical dependency, or use of illegal or controlled substances, the prior “If yes, please explain on a separate sheet of paper” has been replaced with “If yes, please describe the situation and the impact on your abilities to function.” This change is made for clarity and to assist the applicant understand what information the Board needs

to review the application appropriately. The Board requires such information because the Board needs to ensure that the public is adequately protected and patient harm is avoided.

- Section V and VI, Psychological Associate Questionnaire: For those questions where it said “If yes, please explain” it will be changed to say “If yes, see page 6” and the web link for the courtesy License Disciplinary Action Form will be moved to page 6. On page 6, a new section is added to clarify what information is requested:

Conviction and License Discipline Disclosure

If you answered “YES” to any of the Conviction and License Disclosure questions under Section V or VI, please provide the following information:

For Convictions or registration as a sex offender: Date, letter explaining underlying circumstances, outcome, jurisdiction, and court case number.

For License review, discipline, or surrender: Date, letter explaining underlying circumstances, disposition, and licensing agency.

For License denial: Date, letter explaining underlying circumstances, supporting documents, and licensing agency.

For your convenience, you may use the License Disciplinary Action Form (www.psychology.ca.gov/forms_pubs/disciplinary.pdf).

- Section VII, Acknowledgements: In the first acknowledgement, an incorrect reference to 1387(c)(1) was corrected to 1387(c)(2). The last acknowledgement, which was noticed as

“I understand that annual reporting is required for purposes of renewal for this registration.16 CCR 1391.10.”

is deleted to conform with the regulatory proposal to delete regulation 1391.10.

Changes to Form PSB 101, *Notification to Add or Change a Supervisor or Service Location for a Psychological Associate*

- Instructions: The qualifications of a primary supervisor are clarified by a reference to Business and Professions Code 2913 and regulation 1387.1.
- Section IV, Supervisor Questionnaire: For those questions where it said “If yes, please explain” it will be changed to say “If yes, see page 4” and the web link for the courtesy License Disciplinary Action Form will be moved to page 4. On page 4, a new section is added to clarify what information is requested:

Conviction and License Discipline Disclosure

If you answered “YES” to any of the Conviction and License Disclosure

questions under Section V or VI, please provide the following information:

For Convictions or registration as a sex offender: Date, letter explaining underlying circumstances, outcome, jurisdiction, and court case number.

For License review, discipline, or surrender: Date, letter explaining underlying circumstances, disposition, and licensing agency.

For License denial: Date, letter explaining underlying circumstances, supporting documents, and licensing agency.

For your convenience, you may use the License Disciplinary Action Form (www.psychology.ca.gov/forms_pubs/disciplinary.pdf).

- Section V, Acknowledgements: In the first acknowledgement, an incorrect reference to 1387(c)(1) was corrected to 1387(c)(2). The last acknowledgement, which was noticed as

“I understand that annual reporting is required for purposes of renewal for this registration.16 CCR 1391.10.”

is deleted to conform with the regulatory proposal to delete regulation 1391.10.

On both forms (100 and 101), the Acknowledgements regarding non-delegable supervision were non-substantively clarified to specify “face-to-face,” pursuant to 1387(c)(2). Incorrect references to 1387(c)(1) were corrected to 1387(c)(2).

APPLICATION FOR REGISTRATION AS A PSYCHOLOGICAL ASSOCIATE

References to psychological associate refers to registered psychological associates, formerly called psychological assistants

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 \$50 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.
- Visit www.psychology.ca.gov/applicants/fingerprint.shtml for detailed instructions.
- If you are currently serving or have previously served as a supervisor, you must submit Notification to Add or Change Supervisor or Service Location for a Psychological Associate to the Board of Psychology website (www.psychology.ca.gov) along with this application and with your primary supervisor.

SECTION I: PERSONAL INFORMATION

- Is it your intent to use this experience toward licensure? Yes ☐ No ☐
- If you answered "Yes" to the above question, please provide 16 California Code of Regulations (CCR) Title 17, Division 1, Subchapter 1, Article 1, Section 17000.0, You may download the Supervision Agreement for Supervised Professional Experience from the Board of Psychology website (www.psychology.ca.gov/forms_pubs/spe_agreement.pdf), and complete, sign, and attach it to the application.
- Are you currently serving in, or have you previously served in, a supervisory role? Yes ☐ No ☐

LEGAL NAME OF PSYCHOLOGICAL ASSOCIATE

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

ALIASES List all other names by which the psychological associate is known. (If more than two, use additional paper.):

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

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

ADDRESS OF RECORD (Address for correspondence information and will be used for correspondence.):

Number and Street _____

City _____ State _____

Email Address _____

Contact Number _____

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

PSB 100 (NEW 2021)

[Internal Control Number PDE_21-223 (Revised 10/21)]

www.psychology.ca.gov

P (916) 574-7720 / F (916) 574-8672

1625 North Market Blvd. N-215, Sacramento, CA 95834



GAVIN NEWSOM, GOVERNOR
BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY



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 SSN is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 [42 USCA 405(c)] require the disclosure of your SSN. Your SSN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or court order in accordance with Section 50.6 of the Welfare and Institutions Code, or for verification of licensure or examination status by the Commission. Support that utilizes the SSN and where licensure is reciprocal with the requesting state. If you fail to disclose your SSN, you may be subject to the Franchise Tax Board's penalty against you, and the registration will not be issued.

SECTION II: EDUCATION QUALIFICATION

This Psychological Associate Application is based upon (Check education qualification type of application.):

☐ Master's Degree

School: _____

☐ Admission to Candidacy for Doctoral Degree
(Registrar's letter required with this application)

Description of program: _____

☐ Doctoral Degree

Date of completion: _____

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

LEGAL NAME OF PRIMARY SUPERVISOR

Last

First

M.I.

Jr., Sr., I, II

License Number

Email

SECTION IV: LOCATION OF SERVICES

Location where psychological associate will be providing psychological services:

Name of location

Number and Street

City

State

Zip Code

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

Name of Primary Supervisor

License Number

Primary Supervisor's Phone Number

Primary Supervisor's Email Address

Name of Services Location

Number and Street

City

State

Zip Code

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

SECTION V: PSYCHOLOGICAL ASSOCIATE QUESTIONNAIRE

Section V to be completed by the prospective psychological associate.

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

YES	NO	
		Are you presently employed or have you ever been registered or filed an application with the Board, as a psychological assistant or psychological associate? If yes, list name(s) of supervisor(s):
		Are you currently registered, previously registered, or have you ever filed an application to register to engage in psychological services with the Board (d) of the Business and Professions Code (registered psychologist)? If yes, when?
		Have you ever filed an application with the Board to become a psychological associate? If yes, when?
		Do you have any proprietary interest in the business of your employer and/or supervisor?
		Do you rent, lease, sublease, or lease-purchase the premises of your employer, supervisor, or any entity for purposes of functioning as a psychological associate?
		Do you have a familial and/or interpersonal relationship with your employer and/or supervisor?
		Have you ever had any license disciplinary action taken against you by the Board of Psychology of the State of California, the United States or its territories, military court, a foreign government, or other disciplinary body? If yes, please explain on a separate sheet of paper. For your convenience, you may use the License Disciplinary Action Form (www.psychology.ca.gov/forms_pubs/disciplinary).
		Have you ever been denied a license, registration, or credential to practice psychology or any other profession in any state or country? If yes, please explain on a separate sheet of paper. For your convenience, you may use the License Disciplinary Action Form (www.psychology.ca.gov/forms_pubs/disciplinary).
		Have you ever voluntarily surrendered a license, registration, or credential to practice psychology or any other profession or occupation in any state or country? If yes, please explain. For your convenience, you may use the License Disciplinary Action Form (www.psychology.ca.gov/forms_pubs/disciplinary).
		Have you ever been subject to review and/or action by the ethics committee of any profession or organization in any state or country? If yes, please explain. For your convenience, you may use the License Disciplinary Action Form (www.psychology.ca.gov/forms_pubs/disciplinary).
		Have you ever been registered as a sex offender pursuant to Section 290 of the Penal Code? If yes, please explain on a separate sheet of paper. For your convenience, you may use the License Disciplinary Action Form (www.psychology.ca.gov/forms_pubs/disciplinary).
		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? If yes, please explain on a separate sheet of paper.

	<p>Are you currently engaged in the illegal use of controlled dangerous substances, or were you so engaged recently enough that the use of drugs may have an ongoing impact on your ability to function as a psychological associate? Use of controlled substance as defined in Division 10 (commencing with Section 11000) of the Health and Safety Code, or any alcoholic beverage to an extent or in a manner dangerous to yourself or the public? <i>If yes, please explain in on a separate sheet of paper.</i></p>
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SECTION VI: SUPERVISOR QUESTIONNAIRE

Section VI to be completed by prospective supervisor.

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

YES	NO	
		Have you ever been denied a license, registration, certification, or credential to practice psychology or any other profession in any state or country? <i>If yes, please explain on a separate sheet of paper. For your convenience, you may use the License Disciplinary Action Form (www.psychology.ca.gov/forms/disciplinary.pdf).</i>
		Have you had a license, registration, certification, or credential to practice psychology or any other profession or occupation subjected to discipline by any state or country? <i>If yes, please explain on a separate sheet of paper. For your convenience, you may use the License Disciplinary Action Form (www.psychology.ca.gov/forms/disciplinary.pdf).</i>
		Have you voluntarily surrendered a license, registration, certification, or credential to practice psychology or any other profession or occupation in any state or country? <i>If yes, please explain on a separate sheet of paper. For your convenience, you may use the License Disciplinary Action Form (www.psychology.ca.gov/forms/disciplinary.pdf).</i>
		Have you ever been subject to discipline by the board of any professional organization in any state or country? <i>If yes, please explain on a separate sheet of paper. For your convenience, you may use the License Disciplinary Action Form (www.psychology.ca.gov/forms/disciplinary.pdf).</i>
		Have you completed the required course in supervision within the past two years as required by 16 CCR 1387.1(b)?
		Do you rent, lease, or otherwise purchase office space to the psychological associate?
		Do you have a personal or interpersonal relationship with the psychological associate?
		Will you provide a minimum of one hour per week of individual face-to-face supervision to the psychological associate?
		Will you ensure that the psychological associate is unlicensed, and is under the direct supervision of the supervisor, as an employee, in person or in writing, prior to the rendering of services, as required by 16 CCR 1387.1(g)?
		Will you ensure that the psychological associate is employed by the same work setting as the psychological associate and be available to the psychological associate 100 percent of the time the psychological associate is providing psychological services?

SECTION VII: ACKNOWLEDGEMENT

Section VII to be completed by both prospective psychological associate and supervisor.

Supervisor's Initials	Psychological Associate's Initials	PLEASE READ THE STATEMENT BELOW AND INDICATE THAT YOU UNDERSTAND BY PLACING YOUR INITIALS IN THE CORRESPONDING BOX. Both supervisor and psychological associate must initial each statement.
		I understand that supervisor and psychological associates may not delegate any portion of individual supervision to anyone else as required by 16 CCR 1387(c)(1).
		I understand that no psychological associate may bill clients directly for any services rendered, or receive payments, nor may supervisor or associate receive payments directly from clients. <i>Business and Professions Code section 2913 and 16 CCR 1387.1(h).</i>
		I understand that all psychological associates shall at all times and under all circumstances identify themselves to clients as a psychological associate of his or her employer or responsible supervisor when engaged in any psychological activity in connection with that employment. <i>16 CCR 1396.4(b).</i>

		I understand that every supervisor of a psychological associate 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 associate and ensuring the psychological associate complies with the provisions of the California Psychological Professions Code, the Board's regulations, and the ethical standards of the American Psychological Association. 16 CCR 1391.6(a).
		I understand that a psychological associate shall be under the direct supervision of a licensed psychologist who is employed in the same setting in which the psychological associate is employed. 16 CCR 1391.5(a).
		I understand that no psychological associate may pay a supervisor or otherwise, in consideration for supervision provided. 16 CCR 1391.8(a).
		I understand that within 30 days after the termination of employment of a psychological associate, the psychological associate shall notify the Board in writing of such termination. 16 CCR 1391.9(a).
		I understand that 30 days after the termination of a primary supervisor or in the location where the psychological associate is being supervised, the psychological associate shall notify the Board of the change or addition of the supervisor. Failure to comply may constitute a disciplinary action. 16 CCR 1391.11.
		I understand that upon termination of primary supervisor, a new supervision agreement is required to be completed by the primary supervisor if I intend to accrue the hours for supervised professional experience. 16 CCR 1391.11.
		I understand that a psychological associate shall not advertise for their services, including on any websites. Any advertisement for a psychological associate must include their name, the fact that they are a psychological associate, and include the name and license number of the supervisor and the location where services are provided. 16 CCR 1391.12 and 1397.
		I understand that psychological services provided by the psychological associate prior to the date of application by the Board are not subject to the provisions of the California Psychological Professions Code section 2913.
		I understand that registration as a psychological associate is limited to a cumulative total of six years for a psychological assistant or associate. 16 CCR 1391.12.
		I understand that the registration of a psychological associate expires one year after date of issuance and that the registration shall be renewed by that psychological associate whose registration has not been renewed shall not function as a psychological associate. Registrations not renewed within 60 days of the expiration date become canceled. An application must be submitted. I also understand that psychological associates may not accrue hours of supervised professional experience during any period of registration or supervisor's license delinquency. 16 CCR 1391.12.
		I understand that annual reporting is required for purposes of renewal for a psychological associate. 16 CCR 1391.10.

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 obligations. Your license may be suspended if the state tax obligation is not paid.

SECTION VIII: SIGNATURES

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 Associate

Date

Signature of Primary Supervisor

Date

Collection and Use of Personal Information

The Department of Public Safety and the California Board of Psychology collect the information requested on this form as authorized by the Government Information Practices and Professions Code Sections 325 and 326 and the Information Practices Act.

Mandatory Submission

Submission of the requested information is mandatory. The Board cannot consider an application for licensure or renewal unless you provide all requested information.

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. To contact information, please contact the Board at (866) 503-3221.

Possible Disclosure of Personal Information

We make every effort to protect the personal information we collect from 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 instances:

- In response to a Public Records Act request as allowed by the Government Information Practices Act;
- To another government agency, including any state or federal law enforcement agency;
- In response to a court or administrative order, a subpoena, or a search warrant.

Contact Information

For questions about this form or access to your records, you may contact the Executive Director of the California Board of Psychology at 1625 North Market Boulevard, Suite N-215, Sacramento, CA 95834, phone at (866) 503-3221; or by email at licensing@dca.ca.gov. For questions about the Department of Public Safety or the Department of Justice Policy, you may contact the Department at 1625 North Market Boulevard, Sacramento, CA 95834, phone at (800) 952-5210; or by email at dca@dca.ca.gov.

NOTIFICATION TO ADD OR CHANGE SUPERVISOR OR SERVICE LOCATION FOR A PSYCHOLOGICAL ASSOCIATE

References to psychological associate refers to registered psychological associates, formerly called psychological assistants

INSTRUCTIONS FOR COMPLETING THE APPLICATION:

- Complete this form with your primary supervisor. The primary supervisor must be qualified and the application must be fully complete before the Board can review and approve this application.
- Submit separate notification to add or change for EACH supervisor and location where psychological services are being provided.
 - To add a supervisor, complete Sections I, III, IV, V, and VI.
 - To change a supervisor, complete all Sections.
 - To remove a supervisor, complete Sections I, II, and VI.
 - To add a service location with the same primary supervisor, complete Sections I, III, and VI.
 - To change a service location with the same primary supervisor, complete Sections I, II, and VI.
 - To remove a service location with the same primary supervisor, complete Sections I, II, and VI.
- Mail the completed form with signatures to: California Board of Psychology, 1625 N. Market Blvd., Suite N-215, Sacramento, CA 95834.
- Note: If you intend to use your supervised professional experience for licensure, you must comply with Title 16 California Code of Regulations (CCR) Section 1387 prior to using the supervised experience. You may use the Supervision Agreement for Supervised Professional Experience Form on the California Board of Psychology (Board) website (www.psychology.ca.gov/forms_pubs/sup_agreement).

SECTION I: ASSOCIATE INFORMATION

Name of Psychological Associate _____ Supervisor _____ Phone Number _____

SECTION II: FORMER PRIMARY SUPERVISOR AND SERVICE LOCATION INFORMATION

Check one, if applicable: ☐ Change Supervisor ☐ Remove Service Location

Name of Primary Supervisor _____ License Number _____

Primary Supervisor's Email _____ Email _____

Name of Service Location _____

Street Address _____ City _____ State _____ Zip Code _____

Supervision Period: From _____ To _____

SECTION III: NEW PRIMARY SUPERVISOR OR SERVICE LOCATION INFORMATION

Name of Supervisor _____ License Number _____

Primary Supervisor Email Address _____ Email _____

Name of Service Location _____

Street Address _____ City _____ Zip Code _____

SECTION IV: SUPERVISOR OR SERVICE LOCATION INFORMATION

Section IV to be completed by the provider or supervisor

Clearly mark the appropriate column ("yes" or "no")

YES	NO	
		Have you ever been denied a license, registration, or certification to practice psychology or any other profession in any state or country? <i>If yes, please explain.</i> www.psychology.ca.gov/forms_pubs/disciplinary <i>Use the License Disciplinary Action Form</i>
		Have you had a license, registration, or certification to practice psychology or any other profession or occupation subjected to discipline by any state or country? <i>If yes, please explain.</i> www.psychology.ca.gov/forms_pubs/disciplinary <i>Use the License Disciplinary Action Form</i>
		Have you voluntarily surrendered your license, registration, certificate, or certification to practice psychology or any other profession or occupation in any state or country? <i>If yes, please explain.</i> www.psychology.ca.gov/forms_pubs/disciplinary <i>Use the License Disciplinary Action Form</i>
		Have you ever been disciplined and/or action by the ethics committee of any organization in any state or country? <i>If yes, please explain.</i> www.psychology.ca.gov/forms_pubs/disciplinary <i>Use the License Disciplinary Action Form</i>
		Have you completed the required six-hour course in supervision within the last two years? www.psychology.ca.gov/forms_pubs/disciplinary <i>Use the License Disciplinary Action Form</i>
		Do you own, lease, or lease-purchase office space to the psychological associate?
		Do you have a personal and/or interpersonal relationship with the psychological associate?
		Do you provide a minimum of one hour per week of individual face-to-face supervision to the psychological associate?
		Do you inform clients that the psychological associate 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 16 CCR 1387.1(b)?
		Will you be employed by the same work setting as the psychological associate and be available to the psychological associate 100 percent of the time the psychological associate is providing psychological services?

SECTION V: ACKNOWLEDGEMENTS

Section V to be completed by both the prospective psychological associate and supervisor.

Supervisor's Initials	Psychological Associate's Initials	Please read each statement below and indicate that you understand by placing your initials in the corresponding box. Both supervisor and psychological associate must initial each statement.
		I understand that supervisors of psychological associates may not delegate any portion of individual supervision to anyone else. <i>16 CCR 1387(c)(1).</i>
		I understand that no psychological associate may bill clients directly for any services and shall not receive payments, monetary or otherwise, directly from clients. <i>Business and Professions Code 2913 and 16 CCR 1387.1(g).</i>
		I understand that the psychological associate shall at all times and under all circumstances identify themselves to clients as a psychological associate of his or her employer and shall not represent himself or herself as a supervisor when engaged in any psychological activity in connection with the employment. <i>16 CCR 1396.4(b).</i>
		I understand that every supervisor of a psychological associate shall have completed education training and shall have sufficient experience in the areas of psychological practice for which he or she will supervise, and shall be qualified to supervise the psychological functions of the psychological associate. The supervisor shall ensure that the psychological associate complies with the regulations of the Board's regulations, and the rules established by the American Psychological Association. <i>16 CCR 1391.6(a).</i>
		I understand that the psychological associate shall be under the direction and supervision of a licensed psychologist or licensed psychologist employed in the same setting in which the psychological associate is employed.
		I understand that the supervisor shall not receive any fee, monetary or otherwise, in consideration for supervision provided.
		I understand that when the supervisor terminates the employment of a psychological associate, the psychological associate shall notify the Board in writing of such termination. <i>16 CCR 1391.11.</i>
		I understand that when there is a change or addition of a primary supervisor or in the location where the psychological associate is supervised, the psychological associate shall notify the Board in writing of the change or addition. Failure to do so shall constitute an ethical violation. <i>16 CCR 1391.11.</i>
		I understand that when there is a change or addition of a supervisor, a new supervision agreement is required. The supervisor shall be required to accrete the hours for supervised experience toward licensure. <i>16 CCR 1391.11.</i>
		I understand that a psychological associate shall not provide services, including on any business card of a psychological associate, the fact that they are a psychological associate, and include the name and address of the supervisor and the location where services are provided. <i>16 CCR 1396.4(b) and 16 CCR 1391.11.</i>
		I understand that no psychological services may be provided by a psychological associate prior to the approval of this application by the Board. <i>Business and Professions Code 2913.</i>
		I understand that registration as a psychological associate shall be limited to a total of six years. <i>16 CCR 1391.1(b).</i>
		I understand that the registration of a psychological associate expires one year after issuance and that the registration shall be renewed by that date. A psychological associate whose registration has not been renewed shall not function as a psychological associate. If the registration is not renewed within 60 days of the expiration date become canceled and a new application shall be submitted. I also understand that psychological associates may not practice or accrue hours of supervised professional experience during any period of registration delinquency or supervisor's license delinquency. <i>16 CCR 1391.12.</i>
		I understand that annual reporting is required for purposes of renewal for this registration. <i>16 CCR 1391.10.</i>

SECTION VI: SIGNATURES

We hereby certify that this relationship is that of supervisor/psychological associate as required by the Laws and Regulations Relating to the Practice of Psychology. We declare under penalty of perjury under the laws of the state of California that the information provided on this form is true and correct. We further declare that the supervisor of the psychological associate whose signature appears below is employed by the same work setting as the psychological associate and available to the psychological associate 100 percent of the time the psychological associate is providing psychological services. We further declare that the limited psychological functions performed by the psychological associate were performed at a level satisfactory to ensure safety to the public.

Signature of Supervisor

Date

Signature of Psychological Associate

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 and the Information Practices Act.

Mandatory Submission

Submission of the requested information is mandatory. We cannot consider your application for licensure or renewal unless you provide all of the requested information.

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. To request access to your contact information, please contact the Board.

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 your personal information you gave us.

The information you provide may also be disclosed in the following circumstances:

- In response to a Records Act request, as allowed by the Information Practices Act;
- To a 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 Executive Officer of the California Board of Psychology at 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 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 email at dca@dca.ca.gov.

APPLICATION FOR REGISTRATION AS A PSYCHOLOGICAL ASSOCIATE

References to psychological associates refer to registered psychological associates, formerly called psychological assistants.

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 \$75 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 Associate 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," refer to Title 16 California Code of Regulations (CCR) section 1387. You may 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 AND INFORMATION OF PSYCHOLOGICAL ASSOCIATE:

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

Email Address

Contact Phone Number

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

ALIASES List all other names by which the psychological associate 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

PSB 100 (NEW 2023)
[Internal Control Number PDE_23-043 (Revised 02/23)]

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 Associate application is based upon (Check education qualification at time of application.):

☐ Master's Degree

School: _____

☐ Admission to Candidacy for Doctoral Degree
(Registrar's letter required with the transcript.)

Description of Degree: _____

☐ 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

Email

Phone Number

SECTION IV: LOCATION OF SERVICES

Location where the psychological associate 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 associate 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 Email 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 Associate*. Form can be found on Board's website at www.psychology.ca.gov.

SECTION V: PSYCHOLOGICAL ASSOCIATE QUESTIONNAIRE

Section V to be completed by the prospective psychological associate.

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 or psychological associate? <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 associate?
		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, see page 6.</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, see page 6.</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, see page 6.</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, see page 6.</i>
		Are you required to register as a sex offender pursuant to Section 290 of the Penal Code? <i>If yes, see page 6.</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 describe the situation and the impact on your abilities to function.</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 associate (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 yourself, any other person, or the public, or to an extent that this use impairs your ability to perform the work of a psychologist with safety to the public)? <i>If yes, please describe the situation and the impact on your abilities to function.</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, see page 6.</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, see page 6.</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, see page 6.</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, see page 6.</i>
		Have you completed the required six-hour course in supervision within the last two years as required by 16 CCR 1387.1(b)?
		Do you rent, lease, sublease, or lease-purchase office space to the psychological associate?
		Do you have a familial and/or interpersonal relationship with the psychological associate?
		Will you provide a minimum of one hour per week of individual face-to-face supervision to the psychological associate?
		Will you inform clients that the psychological associate 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 16 CCR 1387.1(g) and 1391.6?
		Will you be employed by the same work setting as the psychological associate and be available to the psychological associate 100 percent of the time the psychological associate is providing psychological services?

SECTION VII: ACKNOWLEDGEMENTS

Section VII to be completed by both the prospective psychological associate and supervisor.

Supervisor's Initials	Psychological Associate's Initials	PLEASE READ EACH STATEMENT BELOW AND INDICATE THAT YOU UNDERSTAND BY PLACING YOUR INITIALS IN THE CORRESPONDING BOX. Both supervisor and psychological associate must initial each statement.
		I understand that supervisors of psychological associates may not delegate any portion of individual face-to-face supervision to anyone else. <i>16 CCR 1387(c)(2).</i>
		I understand that no psychological associate may bill clients directly for any services rendered, or receive payments, monetary or otherwise, directly from clients. <i>Business and Professions Code section 2913 and 16 CCR 1387.1(g).</i>
		I understand that the psychological associate shall at all times and under all circumstances identify themselves to clients as a psychological associate of his or her employer or responsible supervisor when engaged in any psychological activity in connection with that employment. <i>16 CCR 1396.4(b).</i>
		I understand that every supervisor of a psychological associate 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 associate and ensuring the psychological associate 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>16 CCR 1391.6(a).</i>
		I understand that a psychological associate shall be under the direction and supervision of a licensed psychologist who is employed in the same setting in which the psychological associate is employed. <i>16 CCR 1391.5(a).</i>
		I understand that no psychological associate may pay a fee, monetary or otherwise, in consideration for supervision provided. <i>16 CCR 1391.8(a).</i>

		I understand that within 30 days after the termination of the employment of a psychological associate, the psychological associate shall notify the Board in writing of such termination. <i>16 CCR 1391.11.</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 associate, the psychological associate 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>16 CCR 1391.11.</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>16 CCR 1391.11.</i>
		I understand that a psychological associate shall not advertise for their services, including on any websites. Any business card of a psychological associate must include their name, the fact that they are a psychological associate, and include the name and license number of the supervisor and the location where services are provided. <i>16 CCR 1396.4(b) and 1397.</i>
		I understand that no psychological services may be provided by the psychological associate 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 associate shall be limited to a cumulative total of six years as either a psychological assistant or associate. <i>16 CCR 1391.1(b).</i>
		I understand that the registration of a psychological associate expires one year after date of issuance and that the registration shall be renewed by that date. A psychological associate whose registration has not been renewed shall not function as a psychological associate. Registrations not renewed within 60 days of the expiration date become canceled and a new application must be submitted. I also understand that psychological associates may not practice or accrue hours of supervised professional experience during any period of registration delinquency or supervisor's license delinquency. <i>16 CCR 1391.12.</i>
		I understand that annual reporting is required for purposes of renewal for this registration. <i>16 CCR 1391.10.</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

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 Associate

Date

Signature of Primary Supervisor

Date

Conviction and License Discipline Disclosure

If you answered "YES" to any of the Conviction and License Disclosure questions under Section V or VI, please provide the following information:

For convictions or registration as a sex offender: Date, letter explaining underlying circumstances, outcome, jurisdiction, and court case number.

For license review, discipline, or surrender: Date, letter explaining underlying circumstances, disposition, and licensing agency.

For license denial: Date, letter explaining underlying circumstances, supporting documents, and licensing agency.

For your convenience, you may use the License Disciplinary Action form:

https://www.psychology.ca.gov/forms_pubs/disciplinary.pdf.

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.

Mandatory Submission

Submission of the requested information is mandatory. The Board cannot consider your application for licensure or renewal unless you provide all of the requested information.

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 Executive Officer of the Board of Psychology at 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 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 email at dca@dca.ca.gov.

NOTIFICATION TO ADD OR CHANGE SUPERVISOR OR SERVICE LOCATION FOR A PSYCHOLOGICAL ASSOCIATE

DRAFT

References to psychological associates refer to registered psychological associates, formerly called psychological assistants.

INSTRUCTIONS FOR COMPLETING THE APPLICATION:

- Complete this form with your primary supervisor. The primary supervisor must be qualified (pursuant to Business and Professions Code 2913 and Title 16 California Code of Regulations (16 CCR) section 1387.1) and the application must be fully complete before the Board can review and approve this application.
- Submit separate notification to add or change for EACH supervisor and location where psychological services are being provided.
 - To add a supervisor, complete Sections I, III, IV, V, and VI.
 - To change a supervisor, complete all Sections.
 - To remove a supervisor, complete Sections I, II, and VI.
 - To add a service location with the same primary supervisor, complete Sections I, III, and VI.
 - To change a service location with the same primary supervisor, complete Sections I, II, III, and VI.
 - To remove a service location with the same primary supervisor, complete Sections I, II, and VI.
- Mail the ORIGINAL with signatures to: California Board of Psychology, 1625 N. Market Blvd., Suite N-215, Sacramento, CA 95834.
- Note: If you intend to accrue hours for supervised professional experience toward licensure, you must comply with 16 CCR Section 1387 prior to the start of the experience. You may use the Supervision Agreement for Supervised Professional Experience form from the Board of Psychology (Board) website (www.psychology.ca.gov/forms_pubs/sup_agreement.pdf).

SECTION I: PERSONAL INFORMATION

Name of Psychological Associate

Registration Number

Phone Number

SECTION II: FORMER PRIMARY SUPERVISOR OR SERVICE LOCATION INFORMATION

Check one, if applicable:

☐

Remove Supervisor

☐

Remove Service Location

Name of Primary Supervisor

License Number

Primary Supervisor's Phone Number

Email

Name of Service Location

Street Address

City

State

Zip Code

Supervision Period: From _____ To _____

PSB 101 (NEW 2023)

[Internal Control Number PDE_23-043 (Revised 02/23)]

www.psychology.ca.gov

P (916) 574-7720 / F (916) 574-8672

1625 North Market Blvd. N-215, Sacramento, CA 95834



GAVIN NEWSOM, GOVERNOR
BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY



CALIFORNIA DEPARTMENT OF
**CONSUMER
AFFAIRS**

SECTION III: NEW PRIMARY SUPERVISOR OR SERVICE LOCATION INFORMATION

Name of Primary Supervisor

License Number

Primary Supervisor's Phone Number

Email

Name of Service Location

Street Address

City

State

Zip Code

SECTION IV: SUPERVISOR QUESTIONNAIRE

Section IV 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, see page 4.</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, see page 4.</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, see page 4.</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, see page 4.</i>
		Have you completed the required six-hour course in supervision within the last two years as required by 16 CCR 1387.1(b)?
		Do you rent, lease, sublease, or lease-purchase office space to the psychological associate?
		Do you have a familial and/or interpersonal relationship with the psychological associate?
		Will you provide a minimum of one hour per week of individual face-to-face supervision to the psychological associate?
		Will you inform clients that the psychological associate 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 16 CCR 1387.1(g) and 1391.6?
		Will you be employed by the same work setting as the psychological associate and be available to the psychological associate 100 percent of the time the psychological associate is providing psychological services?

SECTION V: ACKNOWLEDGEMENTS

Section V to be completed by both the prospective psychological associate and supervisor.

Supervisor's Initials	Psychological Associate's Initials	Please read each statement below and indicate that you understand by placing your initials in the corresponding box. Both supervisor and psychological associate must initial each statement.
		I understand that supervisors of psychological associates may not delegate any portion of individual face-to-face supervision to anyone else. <i>16 CCR 1387(c)(2).</i>
		I understand that no psychological associate may bill clients directly for any services rendered, or receive payments, monetary or otherwise, directly from clients. <i>Business and Professions Code section 2913 and 16 CCR 1387.1(g).</i>

		I understand that the psychological associate shall at all times and under all circumstances identify themselves to clients as a psychological associate of his or her employer or responsible supervisor when engaged in any psychological activity in connection with that employment. <i>16 CCR 1396.4(b).</i>
		I understand that every supervisor of a psychological associate 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 associate and ensuring the psychological associate 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>16 CCR 1391.6(a).</i>
		I understand that a psychological associate shall be under the direction and supervision of a licensed psychologist or licensed psychologist who is employed in the same setting in which the psychological associate is employed. <i>16 CCR 1391.5(a).</i>
		I understand that no psychological associate may pay a fee, monetary or otherwise, in consideration for supervision provided. <i>16 CCR 1391.8(a).</i>
		I understand that within 30 days after the termination of the employment of a psychological associate, the psychological associate shall notify the Board in writing of such termination. <i>16 CCR 1391.11.</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 associate, the psychological associate 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>16 CCR 1391.11.</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>16 CCR 1391.11.</i>
		I understand that a psychological associate shall not advertise for their services, including on any websites. Any business card of a psychological associate must include their name, the fact that they are a psychological associate, and include the name and license number of the supervisor and the location where services are provided. <i>16 CCR 1396.4(b) and 1397.</i>
		I understand that no psychological services may be provided by the psychological associate 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 associate shall be limited to a cumulative total of six years. <i>16 CCR 1391.1(b).</i>
		I understand that the registration of a psychological associate expires one year after date of issuance and that the registration shall be renewed by that date. A psychological associate whose registration has not been renewed shall not function as a psychological associate. Registrations not renewed within 60 days of the expiration date become canceled and a new application must be submitted. I also understand that psychological associates may not practice or accrue hours of supervised professional experience during any period of registration delinquency or supervisor's license delinquency. <i>16 CCR 1391.12.</i>

SECTION VI: SIGNATURES

We hereby certify that this relationship is that of supervisor/psychological associate as required by the Laws and Regulations Relating to the Practice of Psychology. We declare under penalty of perjury under the laws of the state of California that the information provided on this form is true and correct. We further declare that the supervisor of the psychological associate whose signature appears below is employed by the same work setting as the psychological associate and available to the psychological associate 100 percent of the time the psychological associate is providing psychological services. We further declare that the limited psychological functions performed by the psychological associate were performed at a level satisfactory to ensure safety to the public.

Signature of Primary Supervisor

Date

Signature of Psychological Associate

Date

Conviction and License Discipline Disclosure

If you answered "YES" to any of the Conviction and License Disclosure questions under Section IV, please provide the following information:

For convictions or registration as a sex offender: Date, letter explaining underlying circumstances, outcome, jurisdiction, and court case number.

For license review, discipline, or surrender: Date, letter explaining underlying circumstances, disposition, and licensing agency.

For license denial: Date, letter explaining underlying circumstances, supporting documents, and licensing agency.

For your convenience, you may use the License Disciplinary Action form:

https://www.psychology.ca.gov/forms_pubs/disciplinary.pdf.

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.

Mandatory Submission

Submission of the requested information is mandatory. The Board cannot consider your application for licensure or renewal unless you provide all of the requested information.

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 Executive Officer of the Board of Psychology at 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 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 email at dca@dca.ca.gov.