

## INSTRUCTIONS:

- Mail completed form and \$75 application fee to: Board of Psychology, 1625 North Market Blvd., Suite N-215, Sacramento, CA 95834.
- If your license has not been canceled, a payment of all accrued renewal and delinquency fees must be submitted with the \$75 application fee.
- Make checks or money orders payable to the Board of Psychology.
- A licensee in Retired Status is prohibited from engaging in the practice of psychology or the provision of psychological services. Retired Status is not subject to renewal.
- Please print or type. Illegible forms will be returned.

## SECTION I: APPLICANT INFORMATION

Last Name	First Name	Middle Initial	Date of Birth
Street Address		State	Zip Code
License Number	Social Security Number	Address	Telephone Number

## SECTION II: MANDATORY CONVICTION AND DISCIPLINE DISCLOSURE QUESTIONS

YES\* NO

<input type="checkbox"/>	<input type="checkbox"/>	Since you last renewed your license, have you ever been disciplined by a government agency or other disciplinary body?
<input type="checkbox"/>	<input type="checkbox"/>	Since you last renewed your license, have you ever been convicted of a felony or nolo contendere to any felony, misdemeanor, infraction or other offense under the laws of the United States, or a foreign country? If you are awaiting judgment following entry into the United States, you must still disclose the conviction.

\* If you answered yes to any of the above questions, please provide information regarding the conviction or discipline. For your convenience, you can use the **Conviction/License Discipline Disclosure Form** to provide this information. Visit [www.psychology.ca.gov](http://www.psychology.ca.gov).

## SECTION III: STATEMENT OF APPLICANT

I have read the foregoing application in its entirety and know the contents thereof. By signing this application, I am requesting my license be placed in Retired Status and that I am prohibited from engaging in the practice of psychology or the provision of, psychology. I hereby declare under penalty of perjury under the laws of the state of California, that the information made herein or attached hereto is true and correct in every respect. I understand that any misstatements or omissions of material fact may be cause for suspension or revocation of a license.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Collection and Use of Personal Information

The Department of Consumer Affairs and the California Board of Psychology collect the information requested on this form as authorized by Business and Professions Code sections 325 and 326 and the Information Practices Act.

## Mandatory Submission

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

## Access to Your Information

You may review the records maintained by the Board pertaining to you that contain your personal information, as permitted by the Information Practices Act. See the Information Practices Act below.

## Possible Disclosure of Personal Information

We make every effort to protect the privacy of the information you provide us. However, we may need to share the information you give us with other government agencies or with the public, including 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, or as required by the Information Practices Act.
- To another government agency as required by law.
- 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, contact the California Board of Psychology at 1625 North Market Blvd., Suite N-215, Sacramento, CA 95834; by phone at (866) 503-3221 or [cba.ca.gov](http://www.cba.ca.gov). For questions about the Department of Consumer Affairs' Privacy Policy, you may contact the Department of Consumer Affairs at 1625 North Market Blvd., Sacramento, CA 95834; by phone at (800) 952-5210; or by email at [dca@dca.ca.gov](mailto:dca@dca.ca.gov).

## INSTRUCTIONS:

- Mail completed form to: Board of Psychology, 1625 North Market Blvd., Suite N-215, Sacramento, CA 95834.
- If it has been less than 2 years since you were issued a retired license, complete this form and pay the biennial renewal fee.
- If it has been 2 or more years since you were issued a retired license, do not use this form. Complete the **Request form** and the **Application to Recreate as a Psychologist Form** and pay the appropriate fees.
- Please print or type. Applications will be returned.

## SECTION I: APPLICANT INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

License Number \_\_\_\_\_ Social Security Number \_\_\_\_\_ Telephone Number \_\_\_\_\_

## SECTION II: MANDATORY CONVICTION/LICENSE DISCIPLINE DISCLOSURE QUESTIONS

YES\* NO

- ☐ ☐ **CONVICTION/DISCIPLINE:** Since you last renewed your license, have you had any license disciplined by a government agency or other disciplinary body?
- ☐ ☐ Since you last renewed your license, omitting any conviction or license discipline under \$500 not involving alcohol, dangerous drugs, or a controlled substance, have you been convicted of a crime or violation of law in this or any other state, the United States or its territories, military court, or other court?

\* If you answered yes to any of these questions, you must include documentation of that action. For your convenience, you can use the **Conviction/License Discipline** form available on the Board of Psychology website ([www.psychology.ca.gov](http://www.psychology.ca.gov)).

- ☐ ☐ **CONTINUING PROFESSIONAL DEVELOPMENT:** Have you completed the required continuing professional development within the previous two years? *You must include proof pursuant to Section 7.61 of the California Professional Psychology Act of 36 hours of continuing professional development. Independent learning may not exceed no more than 75% (27 hours) of the required 36 hours.*

- ☐ ☐ **FINGERPRINT RECORD:** Have you submitted a full set of electronic fingerprints for purposes of conducting a criminal history check? *Criminal history information obtained from the Department of Justice and the Federal Bureau of Investigation.*

## SECTION III: STATEMENT OF APPLICANT

I have read the form in its entirety and know the contents thereof. By signing this form, I am certifying that my retired license is valid and I am eligible to restore to active status. I understand that I am prohibited from engaging in the practice of psychology until my license has been restored to active status. I hereby certify under penalty of perjury under the laws of the State of California, that any statements made herein or attached hereto are true and correct. I understand that any misstatements or omissions of material fact may be cause for denial, suspension, or revocation of a license.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Collection and Use of Personal Information**

The Department of Consumer Affairs and the California Board of Psychology collect the information requested on this form as authorized by Business and Professions Code sections 325 and 326 and the Information Practices Act.

**Mandatory Submission**

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

**Access to Your Information**

You may review the records maintained by the Board pertaining to you that contain your personal information, as permitted by the Information Practices Act. See the Information Practices Act below.

**Possible Disclosure of Personal Information**

We make every effort to protect the privacy of the information you provide us. However, we may need to share the information you give us with other government agencies or with the public, including 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, or as required by the Information Practices Act.
- To another government agency as required by law.
- 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, contact the Board at 1625 North Market Blvd., Suite N-215, Sacramento, CA 95834; by phone at (866) 503-3221 or [dca.ca.gov](http://www.dca.ca.gov). For questions about the Department of Consumer Affairs' Privacy Policy, you may contact the Department at 1625 North Market Blvd., Sacramento, CA 95834; by phone at (800) 952-5210; or by email at [dca@dca.ca.gov](mailto:dca@dca.ca.gov).

## TITLE 16. BOARD OF PSYCHOLOGY

### EXPLANATION OF FORM CHANGES

As part of the modified text, the Board is proposing to change Forms PSY 900 (New 2021) and PSY 905 (New 2021). Because of formatting issues, however, we are placing an explanation of changes to those forms in this document, rather than on the form itself. The forms included in the modified text reflect these changes.

#### **Identical changes to both Form PSY 900 and PSY 905**

The asterisks in section II are being deleted as they are unnecessary.

#### **Changes to Form PSY 905**

1. The **CPL**EE abbreviation under the **INSTRUCTIONS** was amended to spell out the abbreviated California Psychology Law and Ethics Examination (**CPL**EE) for clarity.
2. The **FINGERPRINT REQUIREMENT** under **SECTION II** was changed from:

<input type="checkbox"/>	<input type="checkbox"/>	<b>FINGERPRINT REQUIREMENT:</b> Submit a full set of electronic fingerprints to the Board for purposes of conducting a criminal history record check with criminal history information obtained and received from the Department of Justice and the Federal Bureau of Investigation.
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to:

<input type="checkbox"/>	<input type="checkbox"/>	<b>FINGERPRINT REQUIREMENT:</b> When necessary, pursuant to section 1381(c)(2) of the Board's regulations, I agree to submit a full set of electronic fingerprints for purposes of conducting a criminal history record check with criminal history information obtained and received from the Department of Justice and the Federal Bureau of Investigation.
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## **Changes to both forms PSY 900 and PSY 905 that are harmonized**

1. The second questions in Section II: Mandatory Conviction and License Discipline Disclosure Question was changed from:

### Form 900

<input type="checkbox"/>	<input type="checkbox"/>	Since you last renewed your license, have you been convicted of or pled guilty or nolo contendere to any felony, misdemeanor, infraction or other criminal offense under the laws of any state, the United States, or a foreign country? If you are awaiting judgment and sentencing following entry of a plea or jury verdict, you must still disclose the conviction.
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### Form 905

<input type="checkbox"/>	<input type="checkbox"/>	Since you last renewed your license, omitting traffic infractions under \$500 not involving alcohol, dangerous drugs, or a controlled substance, have you been convicted of any violations of law in this or any other state, the United States or its territories, military court, or other county?
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to:

### Forms 900 and 905

<input type="checkbox"/>	<input type="checkbox"/>	Since you last renewed your license, omitting traffic infractions under \$500 not involving alcohol, dangerous drugs, or a controlled substance, have you been convicted of or pled nolo contendere to any felony, misdemeanor, infraction or other criminal offense under the laws of any state, the United States, or a foreign country? If you are awaiting judgment and sentencing following entry of a plea or jury verdict, you must still disclose the conviction.
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2. The **Conviction/License Disciplinary Action Form** referenced in Section II was changed to the **License Disciplinary Action Form** as that is the current name of the courtesy form.
3. The italicized sentence in Section II underneath the second “yes or no” questions:  
*If you answered yes to any of these questions, please provide information regarding that action,*  
was changed to:  
*If you answered yes to any of these questions, see page 2.*  
for clarity.

On the top of page 2, the following information is added:

*If you answered Yes to the Conviction/Discipline Question on page 1*

*Please provide details of the conviction/discipline, such as:*

- *Date*
- *Jurisdiction*
- ....

4. The **Contact Information** at the end of each form was modified to list the Executive Officer as the contact pursuant to Civil Code Section 1798.17.

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- If your license has expired, but has not canceled, a payment of all accrued renewal and delinquency fees must be submitted with the \$75 application fee.
- Make checks or money orders payable to the Board of Psychology.
- A licensee in Retired Status is prohibited from engaging in the practice of psychology or assisting in the provision of psychological services. A license in Retired Status is not subject to renewal.
- Please print or type. Illegible applications will be returned.

**SECTION I: APPLICANT INFORMATION**

_____ Last Name	_____ First Name	_____ Middle Initial	_____ Date of Birth
_____ Street Address	_____ City	_____ State	_____ Zip Code
_____ License Number	_____ Social Security Number	_____ Email Address	_____ Telephone Number

**SECTION II: MANDATORY CONVICTION AND LICENSE DISCIPLINE DISCLOSURE QUESTIONS****YES NO**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Since you last renewed your license, have you had any license disciplined by a government agency or other disciplinary body?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Since you last renewed your license, omitting traffic infractions under \$500 not involving alcohol, dangerous drugs, or a controlled substance, have you been convicted of or pled nolo contendere to any felony, misdemeanor, infraction or other criminal offense under the laws of any state, the United States, or a foreign country? If you are awaiting judgment and sentencing following entry of a plea or jury verdict, you must still disclose the conviction. |

*If you answered yes to either of these questions, see page 2. For your convenience, you can use the **License Disciplinary Action Form** to provide this information ([www.psychology.ca.gov](http://www.psychology.ca.gov)).*

**SECTION III: STATEMENT OF APPLICANT**

I have read the foregoing application in its entirety and know the contents thereof. By signing below, I am requesting my license be placed in Retired Status. I understand that I am prohibited from engaging in the practice of, or assisting in the provision of, psychology. I hereby certify under penalty of perjury under the laws of the state of California, that any statements made herein or attached hereto are true and correct in every respect. I understand that any misstatements or omissions of material fact may be cause for denial, suspension, or revocation of a license.

_____ Signature	_____ Date
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**Conviction and License Discipline Disclosure**

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

**For Convictions:**

Date, underlying circumstances, outcome, jurisdiction, and court case number.

**For License discipline:**

Date, underlying circumstances, disposition, and licensing agency.

**INFORMATION PRACTICES ACT DISCLOSURES****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 Board pertaining to you 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.
- 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 at 1625 North Market Blvd., Suite N-215, Sacramento, CA 95834; by phone at (866) 503-3221; or by email at **bopmail@dca.ca.gov**. For questions about the Department of Consumer Affairs' Privacy Policy, you may contact the Department at 1625 North Market Blvd., Sacramento, CA 95834; by phone at (800) 952-5210; or by email at **dca@dca.ca.gov**.



## INSTRUCTIONS:

- Mail completed form to: Board of Psychology, 1625 North Market Blvd., Suite N-215, Sacramento, CA 95834.
- If it has been less than 3 years since you were issued a retired license, complete this form and pay the biennial renewal fee.
- If it has been 3 or more years since you were issued a retired license, do not use this form. Complete the **California Psychology Law and Ethics Examination (CPLEE) Request form** and the **Application for Licensure as a Psychologist Form** and pay the appropriate fees.
- Please print or type. Illegible applications will be returned.

## SECTION I: APPLICANT INFORMATION

_____ Last Name	_____ First Name	_____ Middle Initial	_____ Date of Birth
_____ Street Address	_____ City	_____ State	_____ Zip Code
_____ License Number	_____ Social Security Number	_____ Email Address	_____ Telephone Number

## SECTION II: MANDATORY CONVICTION AND LICENSE DISCIPLINE DISCLOSURE QUESTIONS

YES NO

<input type="checkbox"/>	<input type="checkbox"/>	<b>CONVICTION/DISCIPLINE:</b> Since you last renewed your license, have you had any license disciplined by a government agency or other disciplinary body?
<input type="checkbox"/>	<input type="checkbox"/>	Since you last renewed your license, omitting traffic infractions under \$500 not involving alcohol, dangerous drugs, or a controlled substance, have you been convicted of any violations of law in this or any other state, the United States or its territories, military court, or other county?
<p><i>If you answered yes to either of these questions, see page 2. For your convenience, you can use the <b>License Disciplinary Action Form</b> to provide this information (<a href="http://www.psychology.ca.gov">www.psychology.ca.gov</a>).</i></p>		
<input type="checkbox"/>	<input type="checkbox"/>	<b>CONTINUING PROFESSIONAL DEVELOPMENT:</b> I completed 36 hours of approved continuing professional development within the preceding 24 months.  <i>You must include proof pursuant to section 1397.61 of the California Code of Regulations of 36 hours of continuing professional development with this application. Independent learning can be used to meet no more than 75% (27 hours) of the required 36 hours.</i>
<input type="checkbox"/>	<input type="checkbox"/>	<b>FINGERPRINT REQUIREMENT:</b> When necessary, pursuant to section 1381(c)(2) of the Board's regulations, I agree to submit a full set of electronic fingerprints for purposes of conducting a criminal history record check with criminal history information obtained and received from the Department of Justice and the Federal Bureau of Investigation.

## SECTION III: STATEMENT OF APPLICANT

I have read the foregoing application in its entirety and know the contents thereof. By signing below, I am requesting that my retired license be returned to active status. I understand that I am prohibited from engaging in the practice of, or assisting in the provision of, psychology until my license has been restored to active status. I hereby certify under penalty of perjury under the laws of the state of California, that any statements made herein or attached hereto are true and correct in every respect. I understand that any misstatements or omissions of material fact may be cause for denial, suspension, or revocation of a license.

_____ Signature	_____ Date
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### Conviction and License Discipline Disclosure

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

#### For Convictions:

Date, underlying circumstances, outcome, jurisdiction, and court case number.

#### For License discipline:

Date, underlying circumstances, disposition, and licensing agency.

### INFORMATION PRACTICES ACT DISCLOSURES

#### 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 Board pertaining to you 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.
- In response to a court or administrative order, a subpoena, or a search warrant.

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