

**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 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, 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.
* If you answered yes to any of these questions, please provide information regarding that action. For your convenience, you can use the <b>Conviction/License Disciplinary Action Form</b> to provide this information ( <a href="http://www.psychology.ca.gov">www.psychology.ca.gov</a> ).		

**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

## 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 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](mailto: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](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 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 **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?
* If you answered yes to any of these questions, please provide information regarding that action. For your convenience, you can use the <b>Conviction/License Disciplinary Action Form</b> to provide this information ( <a href="http://www.psychology.ca.gov">www.psychology.ca.gov</a> ).		
<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> 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.

## 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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