

## Quarterly Report of Compliance

\*\*\*\* READ CAREFULLY\*\*\*\* You are attesting to these facts to meet your probation terms. Failing to submit complete and timely reports is a violation of your probation terms. Reports dated and/or received prior to the end of the reporting quarter will NOT be accepted. PLEASE MAIL REPORTS TO THE ADDRESS ON THE LETTERHEAD, ATTENTION: PROBATION.

Scanned pdf reports may be submitted by email to [psychprobation@dca.ca.gov](mailto:psychprobation@dca.ca.gov) No photos, or photos saved as pdfs are accepted. Documents must be complete and legible. Incomplete and/or early reports will be returned.

	1 <sup>st</sup> quarter (January 1 <sup>st</sup> – March 31 <sup>st</sup> )	Report no earlier than April 1 <sup>st</sup> . Due April 7 <sup>th</sup> .		
	2 <sup>nd</sup> quarter (April 1 <sup>st</sup> – June 30 <sup>th</sup> )	Report no earlier than July 1 <sup>st</sup> . Due July 7 <sup>th</sup> .		
	3 <sup>rd</sup> quarter (July 1 <sup>st</sup> – September 30 <sup>th</sup> )	Report no earlier than October 1 <sup>st</sup> . Due October 7 <sup>th</sup> .		
	4 <sup>th</sup> quarter (October 1 <sup>st</sup> – December 31 <sup>st</sup> )	Report no earlier than January 1 <sup>st</sup> . Due January 7 <sup>th</sup> .		
<b>First Name</b>		<b>Middle I</b>		<b>Last Name</b>
<b>Residence Number &amp; Street</b>		<b>City</b>	<b>State</b>	<b>ZIP</b>
<b>Home Phone Number</b>			<b>Mobile Phone Number</b>	
<b>Principal Place of Practice (Agency Name)</b>			<b>Street Address</b>	
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Office Phone Number</b>	
<b>Other Practice (Agency Name)</b>			<b>Street Address</b>	
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Office Phone Number</b>	
<b>Primary Email Address</b>			<b>Secondary Email Address</b>	
<b>You must list all practice locations and changes in practice or employment. If you have additional employers or practice locations, you must list this information on an attached sheet of paper.</b>				
<b>Terms and Conditions of Probation</b> <i>Check the appropriate box if you are attaching compliance documentation for any of the following terms that apply to you</i>				
Coursework		Ongoing Therapy Reports		
Probation Monitoring Payments Amount Paid in Qtr: (if monthly or quarterly payments arranged)		Cost Recovery Payments Amount Paid in Qtr: (if monthly or quarterly payments arranged)		
Monitor/Supervisor Reports	Sub. Abuse/Drug Treatment Program Attendance Reports			
Other: (restitution, etc)				

The questions below refer to the time period since you last completed a Quarterly Report of Compliance.	YES	NO
<b>Since your last quarterly report have you been employed full time?</b> <i>If no, please provide the approximate hours worked each month. _____</i>		
<b>Have you practiced psychology in the State of California during the past quarter?</b> <i>If not, please provide the last date that you did practice within the state.</i>		
<b>Have you complied with every term and condition of your probation?</b> <i>If you answered no, please attach a detailed explanation.</i>		
<b>Since the last quarterly report have you been arrested, charged, or convicted of any violation of any federal, State or local laws? <i>If you answered yes, please attach a detailed explanation.</i></b>		
<b>Has any federal, state, country, or other governmental agency initiated a review of, or take action against, any professional or vocational license you now hold? <i>If you answered yes, please attach a detailed explanation.</i></b>		
<b>Have you resigned from any employment or has your employment been terminated?</b>		
<b>Have any of your employers taken any corrective action against you, including but not limited to, warnings?</b>		
<b>Are you in the process of applying for any other business or professional license or certificate?</b>		
<b>Is there any civil suit or claims in arbitration pending against you?</b>		
<b>Have you applied for, or are in the process of applying for, any health-related positions?</b>		
<b>Declaration and Signature</b>		
<p>I hereby submit this Quarterly Report as required by the California Department of Consumer Affairs, Board of Psychology and its Order of probation thereof, and declare <u>under penalty of perjury</u> under the laws of the State of California that I have read the foregoing report in its entirety and know its content and that all statements made are <u>true in every respect</u>, and understand that <u>misstatements or omissions of material fact may be cause for revocation of probation.</u></p>		
<p>I understand and agree that copies of this Quarterly Report, including copies of the signatures of the parties, may be used in lieu of original documents and signatures, and further, that such copies and signatures shall have the same force and effect as originals.</p>		
<p>_____</p>	<p>_____</p>	
<p>Signature</p>	<p>Date</p>	
<p><i>Note: should not be signed before the end of the quarter</i></p>		