

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 \$424 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) and an additional check for \$210 payable to the Board of Psychology 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 2024)
[Internal Control Number PDE_23-043 (Revised 12/23)]

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 Description of Degree: _____
(Registrar's letter required with the transcript.)
- 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, or any change or addition of the location where services are being rendered under the same primary supervisor, the psychological associate shall notify the Board using the required form. Failure to comply could result in an enforcement action. <i>16 CCR 1391.11.</i>
		I understand that board approval is required for any change or addition of a primary supervisor prior to rendering psychological services under the supervision of the new primary supervisor, the psychological associate shall notify the Board using the required form. 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 the 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>

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

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

For license denial: Date, underlying circumstances, letter of explanation, 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.