

### III. ANNUAL UPDATE

**Instruction:** Complete an annual update for each primary supervisor and location where psychological services are being provided since the effective date of the registration or the last update. Mail completed update with signatures to: Board of Psychology, 1625 North Market Blvd., Suite N-215, Sacramento, CA 95834, or attach it to the BreZE system if renewing online.

**Question 1: Primary Functions**

Name of Psychological Assistant: \_\_\_\_\_ Registration Number: \_\_\_\_\_

Check the functions which are primarily being performed by the psychological assistant:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Individual Therapy    | <input type="checkbox"/> Therapy with Children        | <input type="checkbox"/> Workers' Compensation Evaluations |
| <input type="checkbox"/> Group Therapy         | <input type="checkbox"/> Hypnosis                     | <input type="checkbox"/> Other: Explain _____              |
| <input type="checkbox"/> Psychological Testing | <input type="checkbox"/> Biofeedback                  | _____  |
| <input type="checkbox"/> Child Custody         | <input type="checkbox"/> Administrative Clerical Work | _____  |

**Question 2: Supervisor, Location of Services and Supervision Type**

List the location(s) at which the psychological assistant provided psychological services. Check the type of supervision being provided to the psychological assistant and fill out the amount of each type of supervision provided:

\_\_\_\_\_  
 Name of Primary Supervisor License Number

\_\_\_\_\_  
 Primary Supervisor's Phone Number Primary Supervisor's Email

\_\_\_\_\_  
 Name of Service Location

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

Supervision Period: From \_\_\_\_\_ To \_\_\_\_\_

Supervision Type

- Individual: \_\_\_\_\_ hrs/wk  Other: \_\_\_\_\_ hrs/wk: Explain \_\_\_\_\_
- Group: \_\_\_\_\_ hrs/wk \_\_\_\_\_

Has the primary supervisor completed the required six-hour course in supervision within the last two years (CCR section 1387.1(b))? Yes  No

*We hereby certify that this relationship is that of supervisor/psychological assistant 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 assistant whose signature appears below is employed by the same work setting as the psychological assistant and available to the psychological assistant 100% of the time the psychological assistant is providing psychological services. We further declare that the limited psychological functions performed by the psychological assistant were performed at a level satisfactory to ensure safety to the public.*

\_\_\_\_\_  
 Signature of Primary Supervisor Date

\_\_\_\_\_  
 Signature of Psychological Assistant Date