California Board of PSYCHOLOGY

APPLICATION FOR LICENSURE AS A PSYCHOLOGIST

Application Fee: $236 (Nonrefundable) **File #:** _____ (Board use only)

SECTION I: PERSONAL DATA

Last* | First* | Middle Initial | Jr., Sr., I, II

*You must use your legal name.

ALIASES List all other names by which you have been known. (If more than two, use additional paper.):

Last | First | Middle Initial | Jr., Sr., I, II

Last | First | Middle Initial | Jr., Sr., I, II

RESIDENCE ADDRESS

Number and Street

City | State | ZIP Code

Sex: Male ☐ Female ☐ Nonbinary ☐ Other ☐ Email Address, if any

Cellphone Number | Daytime Phone Number

Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN)[1] | Date of Birth

THIS APPLICATION IS BASED UPON (check one response only):

☐ A doctoral degree in 1) psychology, with the field of specialization in clinical, counseling, school, consulting, forensic, industrial, or organizational psychology; or 2) education, with the field of specialization in counseling psychology, educational psychology, or school psychology, obtained from an accredited educational institution pursuant to section 2914 of the Business and Professions Code.

☐ A doctoral degree that has been earned at an educational institution outside of the United States or Canada.
Note: An evaluation of the degree by National Register of Health Services Psychologists (NRHSP), or by a member of the National Association of Credential Evaluation Services (NACES), must be submitted directly to the Board. The evaluation must include all information as specified in section 2914(b)(5) of the Business and Professions Code.

☐ Possession of Certificate of Professional Qualification (CPQ).

☐ Possession of a credential as a Health Service Provider in Psychology by the National Register of Health Service Providers in Psychology (NRHSPP) and licensed in another state, Canadian province, or U.S. territory for a minimum of two years.

☐ Possession of a certificate by the American Board of Professional Psychology (ABPP).

[1] Disclosure of your SSN or ITIN is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 United States Code Annotated 405 (c)(2)(C)) authorizes 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.

www.psychology.ca.gov
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GAVIN NEWSOM, GOVERNOR
BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY

CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS

SECTION II: PROFESSIONAL DATA

YES	NO	
☐	☐	Are you now registered, or have you ever applied to become registered as a psychological assistant in California? *If yes, when?*
☐	☐	Are you now registered, or have you ever applied to become a registered psychologist in California? *If yes, when?*
☐	☐	Prior to this application, have you ever submitted an application for licensure as a psychologist in California? *If yes, when?*

SECTION III: EDUCATIONAL DATA

DOCTORAL DEGREE

Granting Institution

Dates Attended

Major Field of Degree

Degree Awarded

Date Awarded/Met Requirements

SECTION IV: MILITARY AND MILITARY SPOUSES

YES	NO	
☐	☐	Are you currently serving in or have you previously served in the military?
		You will be eligible for the expedited review of your application pursuant to Business and Professions Code section 115.5 if you answer "yes" to the following questions:
☐	☐	Are you married to or in a domestic partnership or other legal union with an active-duty member of the armed forces of the United States who is assigned to a duty station in California under active-duty military orders? If yes, please attach a copy of the marriage certificate or certified declaration/registration of domestic partnership AND copies of current leave and earnings statements or military order establishing duty station in California.
☐	☐	Do you hold a current license in another state, district, or territory of the United States in the profession or vocation for which you seek licensure from the Board? If yes, please attach a copy of the current license from the other state, district, or territory of the United States.
☐	☐	*You will be eligible for the expedited review of your application pursuant to Business and Professions Code section 115.4 if you answer "yes" to the following question:* Have you served as an active-duty member of the United States armed forces and were honorably discharged? If yes, please provide satisfactory evidence (e.g., DD 214 "Certificate of Release of Discharge from Active Duty") along with your application.

SECTION V: SKILLBRIDGE PROGRAM PARTICIPANT

Pursuant to Business and Professions Code Section 115.4, beginning July 1, 2024, the Board of Psychology shall expedite the initial licensure process for an applicant who is an active-duty member of the US Armed Forces and enrolled in the US Department of Defense SkillBridge program.

YES	NO	
☐	☐	Do you request expediting of your application under this authority? If you select "yes", you must attach documentation of enrollment to this application.

SECTION VI: REFUGEE, ASYLEE, OR SPECIAL IMMIGRANT VISA HOLDER

Business and Professions Code section 135.4 provides that the Board of Psychology must expedite, and may assist, the initial licensure process for certain applicants described below.

Do any of the following statements apply to you:

YES	NO	
☐	☐	You were admitted to the United States as a refugee pursuant to section 1157 of title 8 of the United States Code.
☐	☐	You were granted asylum by the Secretary of Homeland Security or the United States Attorney General pursuant to section 1158 of title 8 of the United States Code.
☐	☐	You have a special immigrant visa and were granted a status pursuant to section 1244 of Public Law 110-181, Public Law 109-163, or section 602(b) of title VI of division F of Public Law 111-8, relating to Iraqi and Afghan translators/ interpreters or those who worked for or on behalf of the United States government.

If you selected YES to any of the questions above, you must attach evidence of your status as a refugee, asylee, or special immigrant visa holder. Failure to do so may result in application review delays.

SECTION VII: EXAMINATION DATA

YES	NO	
☐	☐	Have you taken and passed the Association of State and Provincial Psychology Boards (ASPPB) Examination for Professional Practice in Psychology (EPPP)?
☐	☐	If yes, did you take the EPPP outside of California?

PLEASE NOTE: If you have taken and passed the EPPP outside of California, you must arrange to have your score reported to the Board by ASPPB at www.asppb.net/page/ScoreTransfer. If your score is documented and the score you received meets or exceeds the California pass point for that particular administration of the EPPP, you will not be required to retake the EPPP.

You can apply to take the California Psychology Law and Ethics Examination (CPLEE) by submitting this application with the required fee along with the CPLEE Request form (www.psychology.ca.gov/forms_pubs/exam_request.pdf) and a check for $127 to the Board by mail.

☐	☐	Are you requesting a waiver of the EPPP? *If yes, indicate below the basis for the waiver.*
☐	☐	Previously licensed in California.
☐	☐	Licensure in another state, Canadian province, or U.S. territory for at least two years.
☐	☐	Certificate of Professional Qualification (CPQ).
☐	☐	Credentialed as a Health Service Provider in Psychology by the National Register of Health Service Providers in Psychology (NRHSPP) and licensed in another state, Canadian province, or U.S. territory for a minimum of two years.
☐	☐	Certified by the American Board of Professional Psychology (ABPP) and licensed in another state, Canadian province, or U.S. territory for a minimum of two years.
☐	☐	Abandoned a previous application for licensure as a psychologist pursuant to section 1381.5 of the California Code of Regulations.
☐	☐	Pursuant to section 1798.61of the Civil Code, an applicant's name and address are available to anyone for the purpose of providing those persons with informational materials relating to available professional educational materials and courses. Pursuant to the Information Practices Act of 1977, you can choose to have your name and address withheld from the list. *Do you wish to have your name and address withheld?*

SECTION VIII: SUPERVISED PROFESSIONAL EXPERIENCE

List below the names of every **primary** supervisor who you are asking to verify a portion of the required 3,000 hours of supervised professional experience:

_____

_____

_____

If the date you started your post-doctoral supervised professional experience is prior to the ceremonial awarding of your doctoral degree, indicate below how you will document that you met all requirements prior to the date the doctoral degree was actually awarded.

☐ The date is posted on my doctoral transcript.

☐ A separate document confirming the date will be sent by the registrar, director of training, or dean of the academic institution.

SECTION IX: FITNESS FOR PRACTICE

YES	NO	
☐	☐	Are you currently affected by any physical or mental condition that in any way impairs or limits your ability to practice psychology with safety to the public? *If yes, explain on a separate sheet of paper.*
☐	☐	Do you use any chemical substance(s) that in any way impairs your ability to practice psychology with safety to the public? *If yes, please explain on a separate sheet of paper.*
☐	☐	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 psychologist? *If yes, please explain on a separate sheet of paper.*

SECTION X: LICENSE DISCIPLINARY ACTION

YES	NO	
☐	☐	Have you ever been denied a license, registration, certificate, or credential to practice psychology or any other profession or occupation in any state or country? *If yes, complete the License Disciplinary Action form.*
☐	☐	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? *If yes, complete the License Disciplinary Action form.*
☐	☐	Have you ever voluntarily surrendered a license, registration, or credential to practice psychology or any other profession or occupation in any state or country? *If yes, complete the License Disciplinary Action form.*
☐	☐	Have you ever been subject to review and/or action by the ethics committee of any professional organization in any state or country? *If yes, complete the License Disciplinary Action form.*
☐	☐	Are you required to register as a sex offender pursuant to section 290 of the Penal Code? *If yes, complete the License Disciplinary Action form.*

SECTION XI: REQUIRED COURSEWORK AND TRAINING

Part A. SUICIDE RISK ASSESSMENT AND INTERVENTION REQUIREMENT

YES NO

☐ ☐ Have you satisfied the requirement for coursework or applied experience under supervision in suicide risk assessment and intervention as described in section 2915.4 of the Business and Professions Code? (Effective January 1, 2020, applicants are required to complete and provide proof of compliance for a minimum of six hours of coursework or applied experience under supervision in suicide risk assessment and intervention as a one-time requirement.) *If yes, complete the information below. If no, this requirement must be satisfied and documented prior to licensure.*

How did you satisfy this requirement? *(Check one)* ☐ Coursework ☐ Applied Experience ☐ Continuing Education

Name of Institution/Applied Experience Settings/Provider

Date(s) of Coursework/Applied Experience/Continuing Education

Name of Course *(put N/A if not applicable)*

Number of Coursework/Applied Experience/Continuing Education Hours

Note: The above must be documented by a transcript, a written certification, or a certificate that clearly indicates training met Board requirements pursuant to section 2915.4 of the Business and Professions Code.

Part B. HUMAN SEXUALITY REQUIREMENT

YES NO

☐ ☐ Have you satisfied the requirement for training in human sexuality as described in section 2915.1 of the Business and Professions Code and section 1382 of title 16 of the California Code of Regulations? *If yes, complete the information below. If no, this requirement must be satisfied and documented prior to licensure.*

Name of Institution/Provider

Date(s) of Coursework

Name of Course

Number of Course Hours

Note: The above must be documented by a transcript or certificate that clearly indicates training met Board requirements.

Part C. CHILD ABUSE ASSESSMENT AND REPORTING

YES NO

☐ ☐ Have you satisfied the requirement for training in child abuse assessment and reporting as described in section 2915.2 of the Business and Professions Code and section 1382.4 of title 16 of the California Code of Regulations? *If yes, complete the information below. If no, this requirement must be satisfied and documented prior to licensure.*

Name of Institution/Provider

Date(s) of Coursework

Name of Course

Number of Course Hours

Note: The above must be documented by a transcript or certificate that clearly indicates training met Board requirements.

Part D. DETECTION AND TREATMENT OF ALCOHOL AND OTHER CHEMICAL SUBSTANCE DEPENDENCY REQUIREMENT

YES	NO	
☐	☐	Have you satisfied the requirement for coursework in the detection and treatment of alcohol and other chemical substance dependency as described in section 2914(e) of the Business and Professions Code and section 1382.3 of title 16 of the California Code of Regulations? *If yes, complete the information below. If no, this requirement must be satisfied and documented prior to licensure.*

Name of Institution/Provider

Date(s) of Coursework

Name of Course

Number of Course Hours

Note: The above must be documented by a transcript or certificate that clearly indicates training met Board requirements.

Part E. SPOUSAL OR PARTNER ABUSE ASSESSMENT, DETECTION, AND INTERVENTION TRAINING REQUIREMENTS

YES	NO	N/A	
☐	☐	☐	Have you satisfied the requirement for the spousal or partner abuse assessment, detection, and intervention training required by section 2914(f) of the Business and Professions Code and section 1382.5 of title 16 of the California Code of Regulations? *If yes, complete the information below. If no, this requirement must be satisfied and documented prior to licensure. (For applicants who began graduate training between January 1, 1995, and December 31, 2003, a minimum of two hours of coursework is required. For applicants who began graduate training on or after January 1, 2004, a minimum of 15 hours of coursework is required. For applicants who began graduate training prior to January 1, 1995, this coursework is not required.)*

Name of Institution/Provider

Date(s) of Coursework

Name of Course

Number of Course Hours

Note: The above must be documented by a transcript or certificate that clearly indicates training met Board requirements.

Part F. AGING AND LONG-TERM CARE TRAINING REQUIREMENTS

YES	NO	
☐	☐	Have you satisfied the requirement for the aging and long-term care training required by section 2915.5 of the Business and Professions Code? *If yes, complete the information below. If no, this requirement must be satisfied and documented prior to licensure.*

How did you satisfy this requirement? (Check one) ☐ Coursework ☐ Applied Experience ☐ Continuing Education

Name of Institution / Applied Experience Settings / Provider

Date(s) of Coursework / Applied Experience / Continuing Education

Name of Course (put N/A if not applicable)

Number of Hours (Coursework / Applied Experience / Continuing Education)

Note: The above must be documented by a transcript, a written certification, or certificate that clearly indicates training met Board requirements pursuant to section 2915.5 of the Business and Professions Code.

SECTION XII: STATEMENT OF APPLICANT

I, the undersigned, am the person making the foregoing application. I have read the foregoing application in its entirety and know the contents thereof. 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 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 of Applicant* Date

*If you are signing this form digitally, please provide a certificate for your digital signature(s).

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.

Access to Your Information
You may review the records maintained by the California Board of Psychology 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 California Board of Psychology at 1625 North Market Blvd., 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's 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.