

**NOTIFICATION TO ADD OR CHANGE
SUPERVISOR OR SERVICE LOCATION
FOR A PSYCHOLOGICAL ASSOCIATE**

References to psychological associates refer to registered psychological associates, formerly called psychological assistants.

INSTRUCTIONS FOR COMPLETING THE APPLICATION:

- Complete this form with your primary supervisor. The primary supervisor must be qualified (pursuant to Business and Professions Code 2913 and Title 16 California Code of Regulations (16 CCR) section 1387.1) and the application must be fully complete before the Board can review and approve this application.
- Submit a check with this form for \$210 payable to the Board of Psychology.
- No fee is required to remove a primary supervisor or for any change to a service location with the same primary supervisor that has been approved by the Board.
- Submit separate notification to add or change for EACH supervisor and location where psychological services are being provided.
 - To add a supervisor, complete Sections I, III, IV, V, and VI.
 - To change a supervisor, complete all Sections.
 - To remove a supervisor, complete Sections I, II, and VI.
 - To add a service location with the same primary supervisor, complete Sections I, III, and VI.
 - To change a service location with the same primary supervisor, complete Sections I, II, III, and VI.
 - To remove a service location with the same primary supervisor, complete Sections I, II, and VI.
- Mail the ORIGINAL with signatures to: California Board of Psychology, 1625 N. Market Blvd., Suite N-215, Sacramento, CA 95834.
- Note: If you intend to accrue hours for supervised professional experience toward licensure, you must comply with 16 CCR Section 1387 prior to the start of the experience. You may use the Supervision Agreement for Supervised Professional Experience form from the Board of Psychology (Board) website (www.psychology.ca.gov/forms_pubs/sup_agreement.pdf). Mail the completed Supervision Agreement along with this form.

SECTION I: PERSONAL INFORMATION

Name of Psychological Associate _____

Registration Number _____

Phone Number _____

SECTION II: FORMER PRIMARY SUPERVISOR OR SERVICE LOCATION INFORMATION

Check one, if applicable:

Remove Supervisor

Remove Service Location

Name of Primary Supervisor _____

License Number _____

Primary Supervisor's Phone Number _____

Email _____

Name of Service Location _____

Street Address _____

City _____

State _____

Zip Code _____

Supervision Period: From _____

To _____

PSB 101 (NEW 2024)

[Internal Control Number PDE_23-043 (Revised 12/23)]

SECTION III: NEW PRIMARY SUPERVISOR OR SERVICE LOCATION INFORMATION

Name of Primary Supervisor

License Number

Primary Supervisor's Phone Number

Email

Name of Service Location

Street Address

City

State

Zip Code

SECTION IV: SUPERVISOR QUESTIONNAIRE

Section IV to be completed by the prospective supervisor.

Clearly mark the appropriate column ("yes" or "no") for each item below.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	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 4.</i>
<input type="checkbox"/>	<input type="checkbox"/>	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 4.</i>
<input type="checkbox"/>	<input type="checkbox"/>	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 4.</i>
<input type="checkbox"/>	<input type="checkbox"/>	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 4.</i>
<input type="checkbox"/>	<input type="checkbox"/>	Have you completed the required six-hour course in supervision within the last two years as required by 16 CCR 1387.1(b)?
<input type="checkbox"/>	<input type="checkbox"/>	Do you rent, lease, sublease, or lease-purchase office space to the psychological associate?
<input type="checkbox"/>	<input type="checkbox"/>	Do you have a familial and/or interpersonal relationship with the psychological associate?
<input type="checkbox"/>	<input type="checkbox"/>	Will you provide a minimum of one hour per week of individual face-to-face supervision to the psychological associate?
<input type="checkbox"/>	<input type="checkbox"/>	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 16 CCR 1387.1(g) and 1391.6?
<input type="checkbox"/>	<input type="checkbox"/>	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 V: ACKNOWLEDGEMENTS

Section V 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 or 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 or in the location where services are being rendered by a psychological associate, the psychological associate shall notify the Board in writing, indicating the effective date of the change or addition. 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. <i>16 CCR 1391.1(b).</i>
		I understand that the registration of a psychological associate expires one year after 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>

SECTION VI: SIGNATURES

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

Signature of Former Primary Supervisor _____
Date

Signature of Primary Supervisor _____
Date

Signature of Psychological Associate _____
Date

Conviction and License Discipline Disclosure

If you answered "YES" to any of the Conviction and License Disclosure questions under Section IV, 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.