

INSTRUCTIONS:

- To renew online, visit www.breeze.ca.gov.
- Registrations not renewed within 60 days after expiration will be cancelled, and the applicant must submit a new application for registration.
- Limitation of Registration Period: Effective October 23, 2010, registration as a psychological assistant is limited to a maximum cumulative total of six years (72 months). For example, an uninterrupted registration that was issued prior to October 23, 2011 cannot be renewed after October 23, 2017.
- **DO NOT MAKE NAME OR ADDRESS CHANGES ON THIS FORM.**
Visit www.psychology.ca.gov to make name or address changes.

CHECKLIST:

- Fill in the information on pages 3 & 4 and return both pages. Retain pages 1 & 2 for your records.
- **IMPORTANT** DO NOT SEND CASH.** Send one check or money order for renewal made payable to: board of psychology.
- Annual Update questions on Page 3 must be answered. This renewal for registration is contingent upon completion of the Annual Update questions.
- Complete and answer the Conviction/Discipline and Fingerprint questions on Page 4.
- Return this application to: Board of Psychology, 1625 N. Market Blvd., Suite N-215, Sacramento, CA 95834 prior to expiration along with the required renewal fee of \$40.00. An additional \$20.00 delinquent fee will be required if the renewal payment is postmarked more than thirty days after the expiration date. Upon receipt and review of the above information, your renewal application will be processed. If you have any questions please call (916) 574-7720 or email boplicensing@dca.ca.gov.

REQUIREMENTS:

CONVICTIONS/DISCIPLINE

As a condition of renewal, as a psychological assistant, you must disclose on the renewal application whether since you last renewed: (1) Have you been convicted of, or plead guilty or nolo contendere to any criminal or civil offense in the United States, its territories, or a foreign country? This includes every citation, infraction (including traffic violations resulting in fines more than \$500), misdemeanor and/or felony. Convictions that were adjudicated in the juvenile court or convictions under California Health and Safety Code Sections 11357 (b), (c), (d), (e), or section 11360 (b) which are two years or older should NOT be reported. Convictions that were later dismissed pursuant to sections 1203.4, 1203.4a, 1203.41 of the California Penal Code or equivalent non-California law MUST be disclosed or (2) have had any license or registration disciplined by a government agency or other disciplinary body? Discipline includes, but is not limited to, suspension, revocation, voluntary surrender, probation, reprimand, or any other restriction on a license or registration held.

If you answer "yes" to the conviction and/or discipline question, complete the Conviction/License Disciplinary Action Form. The form can be accessed from the Board's website at www.psychology.ca.gov.

Proof of Dismissal: If you have obtained a dismissal of your convictions(s) pursuant to Penal Code sections 1203.4, 1203.4a, or 1203.41, please submit a certified copy of the court order dismissing the conviction(s) with your application.

FINGERPRINT REQUIREMENTS

For a registration that expires after December 31, 2010, as a condition of renewal, an applicant for renewal not previously fingerprinted for the Board of Psychology, or for whom an electronic record of the submission of the fingerprints does not exist in the Department of Justice's criminal offender record identification database, is required to furnish to the Department of Justice, as directed by the board, a full set of fingerprints for the purpose of conducting a criminal history record check and to undergo a state and federal level criminal history information search conducted through the Department of Justice. Failure to submit a full set of fingerprints to the Department of Justice on or before the date required for renewal of a license or registration is grounds for discipline by the Board. Licensees identified by the Board as having no electronic record will be notified by mail.

Family Support Legislation

Assembly Bill 1394 (Speier) was signed into law by Governor Pete Wilson on May 8, 1992 to require the collection of social security numbers for purposes of compliance with any judgment or order for family support. The bill authorizes the issuance of a temporary license to applicants for initial or renewal license who are not in compliance with any judgment or order for family support. If compliance has not been established prior to the expiration of the temporary license, the license shall be denied pursuant to section 11350.6 of the Welfare and Institutions Code.

Notice of State Tax Obligation

Pursuant to Business and Professions Code section 494.5, the State Board of Equalization and the Franchise Tax Board may share taxpayer information with a board. California law requires you to pay your state tax obligation. If you fail to pay your state tax obligation, your license may be suspended.

Sexual Misconduct With a Patient

Business & Professions Code Section 2960.1 was enacted January 1, 1995, and mandates revocation of a license if an Administrative Law Judge determines that sexual contact occurred between a licensee/registrant and a patient.

SECTION I: 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 N. Market Blvd., Suite N-215, Sacramento, CA 95834, or attach it to the BreEZe 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 in 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

| | |
|---|---|
| <input type="checkbox"/> Individual: _____ hrs/wk | <input type="checkbox"/> Other: _____ hrs/wk: Explain _____ |
| <input type="checkbox"/> 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 |

SECTION II: RENEWAL APPLICATION

Registration Number: _____ Registration Expiration Date: _____

Question 1: Conviction/Discipline Disclosure

Have you been convicted or has a license or registration been disciplined as outlined on page 2 of this notice?

Yes No

Proof of Dismissal: If you have obtained a dismissal of your convictions(s) pursuant to Penal Code sections 1203.4, 1203.4a, or 1203.41, please submit a certified copy of the court order dismissing the conviction(s) with your application.

- If **Yes**, complete the **Conviction/License Disciplinary Action Form**. The form can be accessed from the Board's website at www.psychology.ca.gov.

Question 2: Fingerprint Requirement

Have you complied with the Fingerprint Requirement as described on page 2?

Yes No

Question 3: Email Address

Would you like to provide the Board with your email address?

Yes No

- If Yes, enter your email address _____

I declare under penalty of perjury under the laws of the state of California that the foregoing is true and correct.

Signature of Psychological Assistant

Date

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 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 California Board of Psychology, 1625 North Market Boulevard, Suite N-215, Sacramento, CA 95834; by phone at (916) 574-7720; or by e-mail 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 Boulevard, Sacramento, CA 95834; by phone at (800) 952-5210; or by e-mail at dca@dca.ca.gov.