

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 Associate: _____ Registration Number: _____

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

- Individual Therapy Therapy with Children Workers' Compensation Evaluations
- Group Therapy Hypnosis Other: Explain _____
- Psychological Testing Biofeedback _____
- Child Custody Administrative Clerical Work _____

Question 2: Supervisor, Location of Services and Supervision Type

List the location(s) at which the psychological associate provided psychological services. Check the type of supervision being provided to the psychological associate 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 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% 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 Primary Supervisor Date

 Signature of Psychological Associate Date