

**STATE OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
BOARD OF PSYCHOLOGY**

# ***M E M O R A N D U M***

**TO:** Applicant for Licensure as a Psychologist

**FROM:** BOARD OF PSYCHOLOGY

**SUBJECT:** Supplemental Application for Licensure as a Psychologist

If you are applying for licensure as a psychologist using the Board of Psychology's on-line application feature, the following supplemental application must be completed and returned to the board. You must document 1,500 hours of qualifying supervised professional experience in order to take the Examination for Professional Practice in Psychology, and a total of 3,000 hours of qualifying supervised professional experience before you can sit for the California Psychology Supplemental Examination. Your primary supervisor is responsible to complete the Verification of Experience Form and submit it to the board. To obtain the verification of experience form, [click here](#).

The board will not issue a license until a clearance is received from the Department of Justice (DOJ) and the Federal Bureau of Investigation documenting that you have no criminal history that would impact the practice of psychology. If you have already on file clearances with a psychological assistant registration or a registration as a psychologist, it is not necessary to be fingerprinted again.

The board uses a fingerprinting system called "Live Scan." The Live Scan form can be completed and printed off our web site by [clicking here](#). If you have not previously submitted fingerprints to the board, you need to complete the form and take it (in triplicate) to a Live Scan site and directly pay for fingerprint scanning services. Live Scan sites are situated throughout the State at various locations within each county. For a complete listing of Live Scan sites, visit the DOJ web site (<http://www.ag.ca.gov/fingerprints/publications/contact.php>). The fee for Live Scan is \$56.00 plus a rolling fee established by each individual location. This rolling fee can be anywhere from \$5.00 to \$25.00 depending on the location. Business hours are noted for each location on the listing, however, you are encouraged to call the site first to determine if an appointment is necessary. After the scanning process is complete, the Live Scan operator will give you parts 2 and 3 of the form. It is your responsibility to send the board part 2 of the form.

It is also important to note that Live Scan is not available for out-of-state applicants. Out-of-state applicants must use the hard copy fingerprint system.

If you have questions about the application process or need to request hard cards for fingerprinting, please contact the Licensing Unit at (916) 263-2699 ext. 3303.

**BOARD OF PSYCHOLOGY**

2005 Evergreen Street, Suite 1400  
 SACRAMENTO, CA 95815-3831  
 (916) 263-2699  
 www.psychboard.ca.gov



## SUPPLEMENTAL APPLICATION FOR LICENSURE AS A PSYCHOLOGIST

(Submit this application ***only*** if you applied online)  
 (Please type or print clearly)

### SECTION I. (Personal Data)

Last	First	Middle Initial	Jr., Sr., I, II
Message/Day Phone Number	Residence Phone Number	Social Security No. <sup>1</sup>	/ / Date of Birth
Email Address		Date Online Application Completed	

### SECTION II. EXAMINATION DATA

If you have taken and passed the ASPPB Examination for Professional Practice in Psychology (EPPP), your score must be reported by the Licensed Psychologist Data Source, P.O. Box 4389, Montgomery, AL, 36103-4389.

PLEASE NOTE: If your score is documented and if the score you received met or exceeded the California pass point for that particular administration of the EPPP, you will not be required to retake the EPPP.

Date passed: \_\_\_\_\_ Score received: \_\_\_\_\_

<input type="checkbox"/>	<input type="checkbox"/>
Yes	No

Are you requesting a waiver of the EPPP? *If yes, indicate the basis for the waiver below.*

<input type="checkbox"/>	<input type="checkbox"/>
Yes	No

Previously licensed in California

<input type="checkbox"/>	<input type="checkbox"/>
Yes	No

Licensure in another state, Canadian Province, or U.S. Territory for at least five years

<input type="checkbox"/>	<input type="checkbox"/>
Yes	No

Certificate of Professional Qualification (CPQ)

<input type="checkbox"/>	<input type="checkbox"/>
Yes	No

Credentialed as a Health Service Provider in Psychology by the National Register of Health Service Providers in Psychology (NRHSPP)

<input type="checkbox"/>	<input type="checkbox"/>
Yes	No

Abandoned a previous application for licensure as a psychologist pursuant to section 1381.5 of Title 16 of the California Code of Regulations

<sup>1</sup> Disclosure of your social security number (SSN) is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405 (c)(2)(C)) authorize collection of your SSN. Your SSN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgement 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, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

**SECTION II. EXAMINATION DATA, *continued***

<input type="checkbox"/>	<input type="checkbox"/>	Pursuant to Section 1798.61 of 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. <i>Do you wish to have your name and address withheld?</i>
Yes	No	

**SECTION III. 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 IV. CONVICTION / LICENSE DISCIPLINARY ACTION**

<input type="checkbox"/>	<input type="checkbox"/>	Omitting minor traffic violations, have you ever been convicted of, or pled guilty or nolo contendere to any violation of any federal or state statute, city or county ordinance, or law of a foreign country? This includes All misdemeanor and felony convictions. (Any conviction that was subsequently dismissed pursuant to Penal Code section 1203.4 must also be disclosed.) <i>If yes, complete the Conviction/License Disciplinary Action Form.</i>
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 or occupation in any state or country? <i>If yes, complete the Conviction/License Disciplinary Action Form.</i>
Yes	No	
<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, complete the Conviction/License Disciplinary Action Form.</i>
Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever voluntarily surrendered a license, registration, or credential to practice psychology or any other profession or occupation in any state or country? <i>If yes, complete the Conviction/License Disciplinary Action Form.</i>
Yes	No	
<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, complete the Conviction/License Disciplinary Action Form.</i>
Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Are you required to register as a sex offender pursuant to Section 290 of the Penal Code? <i>If yes, complete the Conviction/License Disciplinary Action Form.</i>
Yes	No	

**SECTION V. FITNESS FOR PRACTICE**

<input type="checkbox"/>	<input type="checkbox"/>	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? <i>If yes, explain on a separate sheet of paper.</i>
Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Do you use any chemical substance(s) that in any way impairs your ability to practice psychology with safety to the public? <i>If yes, please explain on a separate sheet of paper.</i>
Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	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? <i>If yes, please explain on a separate sheet of paper.</i>
Yes	No	

**SECTION VI. REQUIRED COURSEWORK AND TRAINING**

**Part A. Human Sexuality Requirement**

<input type="checkbox"/>	<input type="checkbox"/>	Have you satisfied the requirement for training in human sexuality as described in Section 25 of the Business and Professions Code and Section 1382 of Title 16 of the California Code of Regulations?
Yes	No	
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 meeting Board requirements.		

**Part B. Child Abuse Assessment and Reporting Requirement**

<input type="checkbox"/>	<input type="checkbox"/>	Have you satisfied the requirement for training in child abuse assessment and reporting as described in Section 28 of the Business and Professions Code and Section 1382.4 of Title 16 of the California Code of Regulations?
Yes	No	
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 meeting Board requirements.		

### Part C. Detection and Treatment of Alcohol and Other Chemical Substance Dependency Requirement

Yes     No     N/A

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? (This requirement applies to Applicants who began graduate training on or after September 1, 1985.)

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 meeting Board requirements.

### Part D. Spousal or Partner Abuse Assessment, Detection, and Intervention Training Requirement

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?

(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.)

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 meeting Board requirements.

**Part E. Aging and Long-Term Care Training Requirements**

Yes     No     N/A

Have you satisfied the requirement for the aging and long-term care training required by Section 2915.5 of the Business and Professions Code? (This requirement applies to applicants who began graduate training on or after January 1, 2004.)

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 meeting Board requirements.

**SECTION VII. 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