



**Board of Behavioral Sciences**  
 1625 North Market Blvd., Suite S200, Sacramento, CA 95834  
 Telephone: (916) 574-7830  
[www.bbs.ca.gov](http://www.bbs.ca.gov)



## QUARTERLY REPORT

TYPE OR PRINT CLEARLY

**CASE#** \_\_\_\_\_

### QUARTERLY REPORTING PERIOD (Check appropriate box):

1.  January 1 – March 31 (Due April 10)
2.  April 1 – June 30 (Due July 10)
3.  July 1 – September 30 (Due October 10)
4.  October 1 – December 31 (Due January 10)
5.  For the first and last Quarterly Report **only**, list the quarterly reporting period:  
 from \_\_\_\_\_ to \_\_\_\_\_

### PERSONAL INFORMATION

Name: \_\_\_\_\_ License/Registration Number: \_\_\_\_\_

Address of Record: \_\_\_\_\_  
 (number and street, city, state, zip code)

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### EMPLOYMENT

*[NOTE: If self-employed, write "Self" next to "Employer," indicate the address where you see clients, and provide your business telephone number].*

Employer (1): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Is this a change of your place of employment? Yes  No

If Yes, specify the date of the change: \_\_\_\_\_

# QUARTERLY REPORT

Name: \_\_\_\_\_

## EMPLOYMENT (continued)

Employer (2): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Is this a change of your place of employment? Yes  No

If Yes, specify the date of the change: \_\_\_\_\_

## EMPLOYMENT STATUS

Have you practiced under your license/registration this quarter? Yes  No

Have you been in private practice during this quarter? Yes  No

If Yes, is it Solo? Yes  No  Group? Yes  No

Average number of clients seen per week? Agency: \_\_\_\_\_ Private Practice: \_\_\_\_\_

Have you supervised any unlicensed person(s) during this quarter? Yes  No

If Yes, attach a separate sheet and provide an explanation.

## SUSPENSION

In this quarter, were you required pursuant to Board order to suspend your practice? Yes  No

If Yes, complete all of the following:

1. Did you cease any and all activities authorized by your license or registration? Yes  No

2. Specify the dates that you suspended your practice: From: \_\_\_\_\_ to: \_\_\_\_\_

## RESTRICTED PRACTICE

In this quarter, were there any special Board ordered restrictions on your practice? Yes  No

If Yes, complete all of the following:

1. Is your supervisor or another individual required to be present at specific therapy sessions? Yes  No

2. Supervisor's or Individual's Name: \_\_\_\_\_ License No.: \_\_\_\_\_

3. Dates of Service: \_\_\_\_\_

4. Attach a separate sheet, with an explanation of the way(s) in which your practice is restricted and the steps that you have taken during this quarter to comply.

# QUARTERLY REPORT

Name: \_\_\_\_\_

## SUPERVISED PRACTICE—LICENSEES ONLY

*[Note: This section is only for Board licensees who are required to have supervised practice pursuant to the terms and conditions of their probation.]*

In this quarter, were you required to have a supervisor monitor your practice? Yes  No

If Yes, complete all of the following:

Required Frequency: \_\_\_\_\_ times per week / month (circle one)

1. Supervisor's Name: \_\_\_\_\_ License No.: \_\_\_\_\_

2. Dates of Supervision: \_\_\_\_\_  
\_\_\_\_\_

3. Date(s) of missed/cancelled supervision appointment(s): \_\_\_\_\_

Attach a separate sheet listing the date(s) and reason(s) for each missed/cancelled session.

4. Supervisor reviewed: Number of cases: \_\_\_\_\_

5. Does your Supervisor have a signed release form for all of your clients? Yes  No

If No, attach a separate sheet and provide an explanation.

6. Did you confirm that your Supervisor submitted their Quarterly Report to the Board as required? Yes  No

If No, attach a separate sheet & provide an explanation.

## EXAMINATION

In this quarter, were you required to take and pass a licensing or special examination including any examination required for the renewal of your license or registration? Yes  No

If Yes, have you taken the examination? Yes  No

Exam: \_\_\_\_\_ Date of Exam: \_\_\_\_\_ Result: \_\_\_\_\_

## EDUCATION

In this quarter, were you required to submit an educational plan to the Board for approval?

Yes  No

If Yes, did you submit the educational plan as required? Yes  No

Was your educational plan approved by the Board? Yes  No

If the Board **approved your educational plan**, answer questions 1 and 2:

1. Have you completed the course(s) or workshop(s) in your educational plan? Yes  No

**EDUCATION (continued)**

If Yes to question 1, specify the course(s) or workshop(s) and attach proof of completion:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Indicate the course(s) or workshop(s) in your educational plan that you have not completed and the status of it/them: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**PSYCHOLOGICAL EVALUATION**

In this quarter, were you required to undergo a psychological evaluation? Yes  No

If Yes, complete all of the following:

1. Name of Evaluator: \_\_\_\_\_

2. Date(s) of evaluation: \_\_\_\_\_

3. If the evaluation has not been completed, list the date of the scheduled evaluation: \_\_\_\_\_

4. Attach Billing/Proof of Payment

If you are required to undergo a psychological evaluation during this quarter but have not done so, attach a separate sheet with an explanation.

**PSYCHOTHERAPY**

In this quarter, were you required to participate in psychotherapy? Yes  No

If Yes, complete all of the following:

1. In this quarter, were you required to submit to the Board for prior approval the name and qualifications of one or more therapists of your choice? Yes  No

If Yes, did you submit this information to the Board? Yes  No

2. Doctor/Therapist's Name: \_\_\_\_\_ License No.: \_\_\_\_\_

3. Location of Sessions: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

4. Required Frequency: \_\_\_\_\_ times per week / month (circle one)

**PSYCHOTHERAPY (continued)**

5. List the dates that you completed psychotherapy sessions with the above listed doctor/therapist during this quarter: \_\_\_\_\_  
 \_\_\_\_\_

6. Did you or your therapist miss or cancel any required therapy sessions? Yes  No   
 If Yes, attach a separate sheet listing the date(s) and reason(s) for each missed or cancelled session.

7. Did you confirm that your therapist submitted their Quarterly Report to the Board as required? Yes  No   
 If No, attach a separate sheet & provide an explanation.

**REHABILITATION PROGRAM / ABSTAIN FROM CONTROLLED SUBSTANCES / ALCOHOL / SUBMIT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING**

In this quarter, were you required to participate in a Board-ordered and approved rehabilitation program? Yes  No

If Yes, complete both of the following:

Name of Program: \_\_\_\_\_

Have you complied with all program requirements? Yes  No

If you completed the rehabilitation program during this quarter, attach documentation demonstrating your completion of the program.

In this quarter, were you required to submit to drug and alcohol testing? Yes  No

If Yes, complete questions 1 - 4 (if applicable):

1. Were you required to abstain from use of **alcohol** and to submit to drug and alcohol testing? Yes  No

If Yes, complete both of the following:

a. Did you abstain from the intake of **alcohol** during this quarter? Yes  No

b. Did you complete your drug and alcohol testing as required? Yes  No

**If you answered “No” to #1a. or #1b. above, attach a separate sheet with a detailed explanation.**

2. Were you required to abstain from the use or possession of **controlled or illegal substances**? Yes  No

If Yes, complete both of the following:

a. Did you abstain from the use or possession of **controlled or illegal substances** this quarter? Yes  No

b. Did you complete your drug and alcohol testing as required? Yes  No

**If you answered “No” to #2a. or #2b. above, attach a separate sheet with a detailed explanation.**

**REHABILITATION PROGRAM / ABSTAIN FROM CONTROLLED SUBSTANCES / ALCOHOL /  
SUBMIT TO ALCOHOL AND CONTROLLED SUBSTANCES TESTING (continued)**

3. In this quarter, did the Board order you to cease practice as a licensee or associate due to a positive alcohol and/or controlled substance(s) test result? Yes  No

If Yes, did you cease practice as required? Yes  No

If No, attach a separate sheet with a detailed explanation.

4. In this quarter, have there been any additions and/or changes to your prescription and/or over-the-counter medications? Yes  No

If Yes, submit a letter from your prescribing physician listing all prescription medications and/or a list of your current over-the-counter medications to the Board.

**OBEY ALL LAWS**

In this quarter, have you been arrested for, charged with, convicted of, or pled no contest to, a violation of any law of the United States, in any local, state, federal jurisdiction and/or territory of the United States, or in any foreign country, including convictions that were subsequently dismissed and any offense other than a minor traffic violation? Yes  No

If Yes, attach a detailed explanation and **original certified copies** of police and court documents.

In this quarter, have you obeyed all laws governing your license or registration? Yes  No

If No, attach a separate sheet with a detailed explanation.

In this quarter, were you the subject of a complaint or investigation? Yes  No

If Yes, attach a separate sheet with a detailed explanation of the incident that led to the filing of a complaint and/or the investigation. Include the status of the investigation.

In this quarter, were you on criminal probation? Yes  No

If Yes, and your case was discharged or expunged during this quarter, attach a certified copy of the court record(s).

In this quarter, do you have any other license or registration (in California, another state or territory of the United States, or a foreign country) that was denied, suspended, disciplined and/or voluntarily surrendered? Yes  No

If Yes, attach a separate sheet with a detailed explanation.

**RECOVERY COSTS/RESTITUTION**

In this quarter, were you required to pay cost recovery to the Board, as ordered by the terms and conditions of your probation? Yes  No

If Yes, have you paid cost recovery in full or as directed in accordance with a payment plan? Yes  No

In this quarter, were you required to make financial restitution to any individual or agency, as ordered by the terms and conditions of your Board probation or your criminal probation? Yes  No

If Yes, have you paid the financial restitution in full or as directed in accordance with a payment plan? Yes  No

If you are required to pay cost recovery and/or financial restitution and have not paid as required, attach a separate sheet and provide a detailed explanation.

**TOLLING**

In this quarter, did you leave California to reside or practice in another state? Yes  No

If Yes: Date(s) of departure: \_\_\_\_\_ Date(s) of return: \_\_\_\_\_

In this quarter, did you take a leave of absence from practice in California for more than 30 days? Yes  No

If Yes: Beginning date: \_\_\_\_\_ Ending date: \_\_\_\_\_

In this quarter, did you cease practice due to retirement, health, or other reasons? Yes  No

If Yes, date ceased practice: \_\_\_\_\_

**ATTACH ADDITIONAL SHEETS IF MORE SPACE IS NEEDED AND/OR IF FURTHER EXPLANATION IS REQUIRED.**

**DECLARATION**

I declare under penalty of perjury under the laws of the State of California that all statements within, and all documents attached in support of this Quarterly Report, contain true, correct, and complete information. I further declare that during this quarter, unless otherwise noted in this Quarterly Report and/or its attachments, I have fully complied with the terms and conditions of my probation.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**