



Board of Behavioral Sciences
 1625 North Market Blvd., Suite S200, Sacramento, CA 95834
 Telephone: (916) 574-7830 TTY: (800) 326-2297
www.bbs.ca.gov



QUARTERLY WRITTEN REPORT

Please complete this report and submit it to the Board quarterly (following the reporting schedule) during your probationary period. Any other type of form, correspondence, or telephone call will not be accepted.

- Reports are due postmarked seven (7) days from the close of each quarter.
- Early submission of the report will be returned to you.

FAILURE TO SUBMIT A QUARTERLY REPORT SEVEN (7) DAYS FROM THE CLOSE OF EACH QUARTER MAY CONSTITUTE A VIOLATION OF PROBATION.

TYPE OR PRINT CLEARLY

Complete only those provisions below that are applicable to your probationary terms and conditions.

QUARTERLY REPORTING PERIOD From ____/____/____ Through ____/____/____

CASE# _____

PERSONAL INFORMATION

Name: _____ License/Registration Number: _____

Address: _____
 (street, city, zip code)

Telephone Number: _____

Is this a change of your address of record? Yes No

Your residence address will only be used for purposes of probation monitoring if different from your address of record.

EMPLOYMENT

Employer (1): _____

Address: _____

Telephone Number: _____

QUARTERLY WRITTEN REPORT

Name: _____

EMPLOYMENT (CONTINUED)

Employer (2): _____

Address: _____

Telephone Number: _____

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

From: _____ to: _____

If Yes, did you submit certification verifying suspension of practice? Yes No

RESTRICTED PRACTICE

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

If Yes, on a separate sheet, please explain in what way(s) your practice is restricted and steps you have taken during this quarter to comply.

Is your supervisor or some other individual required to be present at specific therapy sessions? Yes No

Supervisor's Name: _____ License No.: _____

Dates of Service: _____

QUARTERLY WRITTEN REPORT

Name: _____

SUPERVISION

In this quarter, were you required to have supervision? Yes No

Required Frequency: _____ week/month

Supervisor's Name: _____ License No.: _____

Dates of Supervision (held at supervisor's office): _____

Dates of Supervision (held at your office): _____

This quarter Supervisor reviewed: Number of cases: _____ Number of billing logs: _____

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

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

If you or your supervisor missed/cancelled any appointments please explain on a separate sheet.

EXAMINATION

In this quarter, were you required to take a licensing or special examination? Yes No

If Yes, have you taken the examination? Yes No

Type: _____ Date: _____ Result: _____

REMEDIAL EDUCATION

In this quarter, were you required to submit an educational plan for approval? Yes No

If Yes, did you submit the plan for approval? Yes No

Are you attending or have you completed the assigned remedial coursework? Yes No

In this quarter, did you enroll in any required courses? Yes No

If Yes, please attach an attendance sheet signed by your instructor and include transcripts in a sealed envelope. If transcript is not available, please explain on a separate sheet.

If you are developing your education plan for Board approval or continuing with a class/course from a prior quarter, please submit a separate sheet detailing all actions you have taken to meet this requirement.

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Name: _____

PSYCHOLOGICAL EVALUATION

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

If Yes, Name of Evaluator: _____

Evaluation scheduled for and/or occurred: _____

Attach Billing/Proof of Payment

If you are awaiting Board notification of some aspect of this process, or if evaluation was required, but not begun, please attach a separate sheet explaining the status.

PSYCHOTHERAPY

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

Doctor/Therapist's Name: _____ License No.: _____

Location of Sessions: _____ Telephone No.: _____

Required Frequency: _____ week/month

List the dates of your scheduled appointments during the quarter: _____

If you or your therapist missed/cancelled any appointments please explain on a separate sheet.

REHABILITATION PROGRAM/BIOLOGICAL FLUID TESTING

In this quarter, were you required to participate in a Board ordered and approved substance abuse treatment program? Yes No

Name of Program: _____

If Yes, have you complied with all program requirements? Yes No

In this quarter, were you required to abstain from alcohol and/or controlled substances? Yes No

If Yes, and you did not, attach a separate sheet giving a detailed explanation regarding the circumstances surrounding your use of controlled substances and/or alcohol.

In this quarter, were you required to submit to random biological fluid testing? Yes No

List the dates you were tested: _____

Contact the Probation Monitor for guidance about documentation in your specific case.

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Name: _____

COMMUNITY SERVICE

In this quarter, were you required to perform hours of community service? Yes No

If Yes:

Number of hours required this quarter: _____ Number of hours completed this quarter: _____

Are you in the process of locating an agency or awaiting Board approval? Yes No

If Yes, attach a separate sheet detailing the steps you have taken this quarter to comply with this term.

Have you submitted the Agreement/Certification Form? Yes No

Attach documentation from the agency reflecting number of hours completed this quarter.

OBEY ALL LAWS

In this quarter, did you violate any federal, state or local law? Yes No

If Yes, attach **original certified copies** of the court docket, including the complaint, information, or indictment, plea, minute order, summary of judgment, pre-sentencing probation report, and other documents which pertain to the conviction and/or sentencing.

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

If Yes, complete the following:

- Formal Probation (submit statement from probation officer)
- Summary Probation (attach a statement indicating what actions you have taken to comply this quarter)
- Discharged/Expunged this quarter (attach certified copy of court documents)

RECOVERY COSTS/RESTITUTION

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

If Yes, have you paid cost recovery as directed? Yes No

Do you want to establish a payment plan? Yes No

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

If Yes, please attach a separate sheet and provide a detailed explanation, status of the investigation, all documentation relating to the imposed discipline, and/or proof of payment.

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Name: _____

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: _____

IF YOUR PARTICULAR PROBATION HAS ANY TERMS AND CONDITIONS OR DEADLINES NOT SPECIFIED ON THIS FORM, PLEASE ATTACH A SEPARATE SHEET OUTLINING THE OTHER TERM(S) AND WHAT ACTIONS TOWARD COMPLIANCE YOU HAVE TAKEN DURING THIS QUARTER.

DECLARATION

I declare under penalty of perjury under the laws of the State of California that the foregoing, and the enclosed statements or documents are true and correct, and I further declare that I have obeyed all federal, state and local laws, including all statutes and regulations governing my license and that during this period of my probation I have fully complied with the terms and conditions of the probation program established by the Board.

Signature

Date