



**Board of Behavioral Sciences**  
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## ACKNOWLEDGEMENT OF RECEIPT / INTENTION TO COMPLY

Please read and sign this *Acknowledgement of Receipt / Intention to Comply*. This form must be returned to the Board, **POSTMARKED NO LATER THAN FIFTEEN (15) DAYS PRIOR TO THE EFFECTIVE DATE OF THE FINAL DECISION**. Retain a copy of this form for your records. Retain a copy of all instructions for your reference.

I, \_\_\_\_\_, acknowledge that I have received, read and understood the Board's Final Decision, case number \_\_\_\_\_, effective \_\_\_\_\_. I have received, read and understood the following instruction sheets / forms regarding my compliance with the terms and conditions of my probation:

- |  |  |
|--|--|
| <input type="checkbox"/> Acknowledgement of Receipt/Intention to Comply                              | <input type="checkbox"/> Release of Information Concerning Employment                    |
| <input type="checkbox"/> Notification of Addresses   | <input type="checkbox"/> Instructions Remedial Education                                 |
| <input type="checkbox"/> Instructions Psychological/Psychiatric Evaluation                           | <input type="checkbox"/> Remedial Education Proposed Plan                                |
| <input type="checkbox"/> Release of Information Psychological Evaluation                             | <input type="checkbox"/> Instructions Supervised Practice                                |
| <input type="checkbox"/> Instructions Psychotherapy  | <input type="checkbox"/> Release of Information Concerning Supervision                   |
| <input type="checkbox"/> Information for Therapist Providing Board Ordered Supervision Psychotherapy | <input type="checkbox"/> Information for Supervisors Providing Board Ordered Supervision |
| <input type="checkbox"/> Release of Information Psychotherapy  | <input type="checkbox"/> Instructions Rehabilitation Program                             |
| <input type="checkbox"/> Information Regarding Biological Fluid Testing                              | <input type="checkbox"/> Instructions Relapse Prevention Program                         |
| <input type="checkbox"/> Instructions Billing Monitor  | <input type="checkbox"/> Instructions Suspension of Practice                             |
| <input type="checkbox"/> Information for Billing Monitor Providing Board Ordered Monitoring          | <input type="checkbox"/> Suspension Certification  |
| <input type="checkbox"/> Release of Information Concerning Billing System                            | <input type="checkbox"/> Instructions Quarterly Reports                                  |
| <input type="checkbox"/> Billing Monitor Verification Form   | <input type="checkbox"/> Quarterly Written Report  |

I further acknowledge that it is my responsibility to read the language of the Board's Decision in my particular case, and to request clarification should there be any discrepancy between that Order and these instructions. I understand that all deadlines are calculated from the effective date of the Decision; I understand it is my responsibility to meet these deadlines without prompting; I understand it is my responsibility to clarify any questions with the Board in time to allow me to receive a response and meet the deadlines; I understand it is my responsibility to comply with all the terms and conditions of my probation, to document my compliance, and that failure to do so may result in further disciplinary action against my license.

***I certify that the above information is true and correct. Knowingly providing false information or omitting pertinent information may be grounds for revocation of probation.***

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**