



Board of Behavioral Sciences
 1625 North Market Blvd., Suite S200, Sacramento, CA 95834
 Telephone: (916) 574-7830
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, 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 FORM

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 or registration this quarter? Yes No

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

If Yes, is it Solo practice? Yes No Group practice? 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 providing an explanation.

SUSPENSION

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

If Yes, did you cease any and all activities authorized by your license or registration? Yes No

If Yes, specify the dates that you suspended your practice: From: _____ to: _____

If No, attach a separate sheet providing an explanation.

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

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Name: _____

RESTRICTED PRACTICE (continued)

2. Supervisor's or Individual's Name: _____ License No.: _____

3. Dates of Service: _____

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

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 (mark one)

1. Supervisor's Name: _____ License No.: _____

2. Dates of Supervision: _____

3. Did you or your supervisor miss or cancel any required supervision appointment(s)? Yes No

If Yes, attach a separate sheet listing the date(s) and reasons(s) for each missed or cancelled supervision appointment(s).

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 providing 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 providing an explanation.

EXAMINATION

In this quarter, were you required to take and pass a licensing 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: _____

QUARTERLY REPORT FORM

Name: _____

LAW AND ETHICS COURSE

In this quarter, were you required to submit a plan for taking a Law and Ethics course to the Board for approval? Yes No

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

If No, attach a separate sheet providing an explanation.

If Yes, was your plan approved by the Board? Yes No

If the Board **approved your plan**, have you completed the course(s) in your plan? Yes No

If Yes, specify the course(s) below and attach proof of completion (See "INSTRUCTIONS FOR SUBMISSION #7.B").

If No, list the course(s) in your plan that you have not completed and the status of it/them:

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

If No, attach a separate sheet providing an explanation.

If Yes, was your educational plan approved by the Board? Yes No

If the Board **approved your educational plan**, have you completed the course(s) in your educational plan? Yes No

If Yes, specify the course(s) below and attach proof of completion (See "INSTRUCTIONS FOR SUBMISSION" #7.B).

QUARTERLY REPORT FORM

Name: _____

EDUCATION (continued)

If No, list the course(s) in your educational plan that you have not completed and the status of it/them: _____

PSYCHOLOGICAL / PSYCHIATRIC EVALUATION

In this quarter, were you required to undergo a psychological or psychiatric 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 (See "INSTRUCTIONS FOR SUBMISSION" #7.A).

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

PSYCHOTHERAPY

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

If Yes, complete all of the following:

1. Mental Health Professional's Name: _____

2. Location of Sessions: _____ Telephone No.: _____

3. Required Frequency: _____ times per week/month (circle one)

4. List the dates that you completed psychotherapy sessions with the above listed mental health professional: _____

5. Did you or the above listed mental health professional 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.

PSYCHOTHERAPY (continued)

6. Did you confirm that the above listed mental health professional submitted their Quarterly Report to the Board as required? Yes No

If No, attach a separate sheet providing an explanation.

7. In this quarter, were you required to submit to the Board for prior approval the name and qualifications of one or more mental health professionals? Yes No

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

ABSTAIN FROM CONTROLLED SUBSTANCES AND ALCOHOL / SUBMIT TO DRUG AND ALCOHOL TESTING

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

If Yes, complete questions 1 - 3 (if applicable):

1. Were you required to abstain from the use, possession, and consumption of drugs and alcohol and to submit to drug and alcohol testing? Yes No

If Yes, complete both of the following:

a. Did you abstain from the use, possession, and consumption of drugs and alcohol during this quarter? Yes No

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

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

2. Did the Board order you to cease practice as a licensee or associate due to a positive test result? Yes No

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

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

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

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

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Name: _____

RECOVERY SUPPORT PROGRAM

In this quarter, were you required to attend a recovery support program? Yes No

If Yes, complete all of the following:

1. Recovery Support Program Name: _____

2. Required Frequency: _____ times per week/month (circle one)

3. Did you miss any required recovery support program meetings? Yes No

If Yes, attach a separate sheet providing the date(s) and reason(s) for each missed meeting.

4. Attach proof of attendance **for each meeting** (See (INSTRUCTIONS FOR SUBMISSION" #7.C).

REHABILITATION PROGRAM

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

If Yes, complete all of the following:

Name of Program: _____

Have you complied with all program requirements? Yes No

Did you confirm that your program submitted their quarterly report to the Board as required? Yes No

If No to either of the above, attach a separate sheet providing an explanation.

OBEY ALL LAWS

In this quarter, have you been cited for, 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 or territory of the United States, or in any foreign country, including traffic or driving infractions, or convictions that were subsequently dismissed? Yes No

If Yes, attach a detailed explanation and **original certified copies** of police records and court documents (e.g., 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, and your case was discharged or expunged during this quarter, attach a certified copy of the court record(s).

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Name: _____

OBEDY ALL LAWS (continued)

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 cited, denied, suspended, disciplined or voluntarily surrendered? Yes No

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

COST RECOVERY/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 of your Board 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 Yes, attach proof of compliance with your financial restitution requirements (See "INSTRUCTIONS FOR SUBMISSION" #7.A).

If you are required to pay cost recovery or financial restitution and have not paid as required, attach a separate sheet providing 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 OR
IF FURTHER EXPLANATION IS REQUIRED.**

QUARTERLY REPORT FORM

Name: _____

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 or its attachments, I have fully complied with the terms and conditions of my probation program established by the Board.

Signature

Date