



Board of Behavioral Sciences
1625 North Market Blvd., Suite S200, Sacramento, CA 95834
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www.bbs.ca.gov



APPLICATION FOR

**ASSOCIATE PROFESSIONAL CLINICAL
COUNSELOR REGISTRATION**

Out-of-State* and Out-of-Country Applicants**

➔ *Apply within 90 days of graduation*** to count experience hours gained in California immediately after graduating*

See [90-day Rule FAQ](#) on the Board's website for details

Thank you for your interest in becoming an Associate Professional Clinical Counselor (APCC). Included in this packet are the following forms and documents:

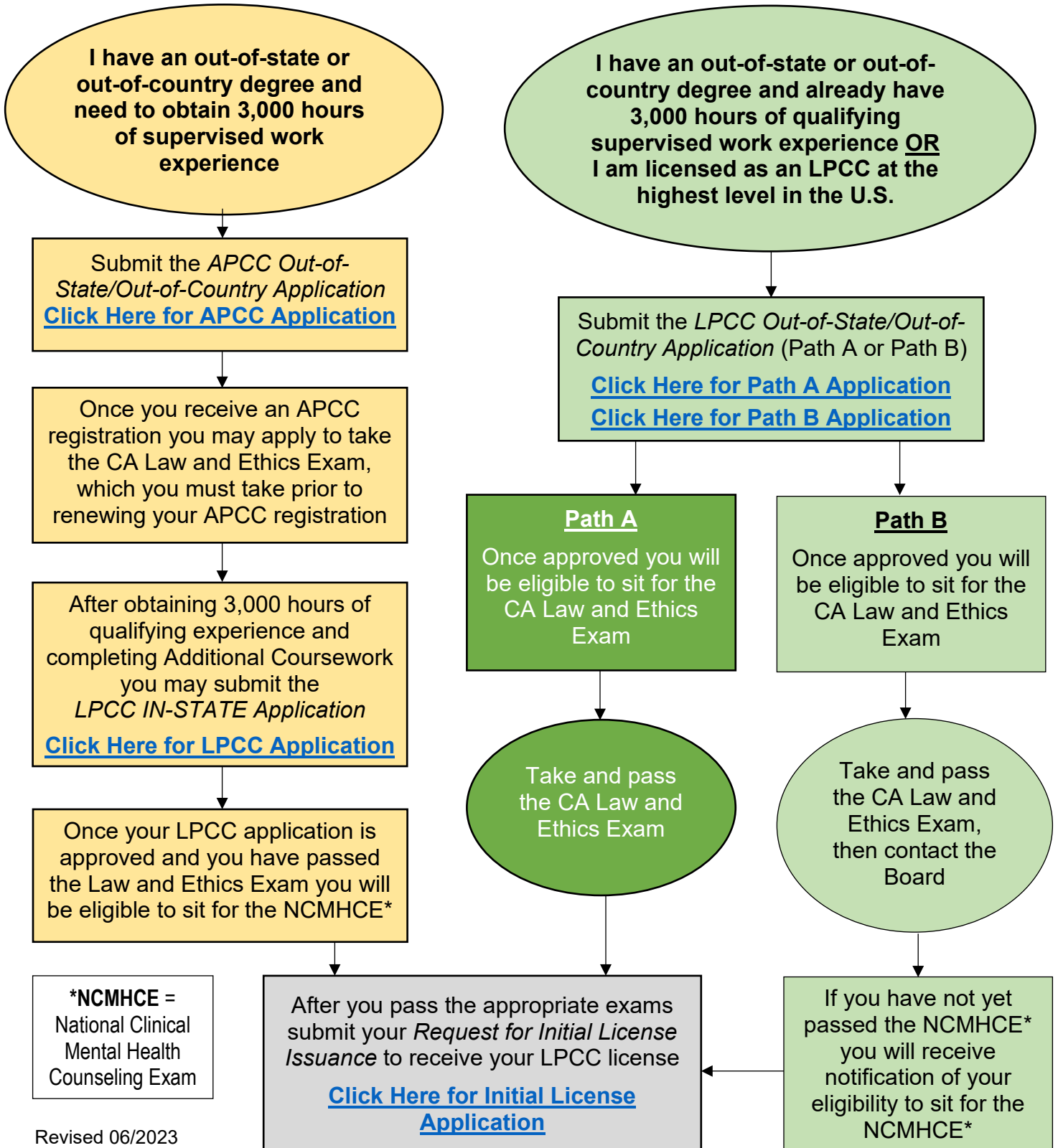
1. Application Selector and Overview of Licensure Process
2. Guide to Educational Requirements for APCCs
3. Application Instructions
4. Application Checklist
5. Important Information for Applicants
6. Application for Registration as an Associate Professional Clinical Counselor
7. Degree Program Certification Form (Out-of-State Degree)
8. Degree Program Worksheet (Out-of-Country Degree)
9. Verification of License or Registration in Another State or Country
10. Instructions for Live Scan Fingerprinting
11. Request for Live Scan Service Form

***Out-of-State** means an applicant with a degree from a school located outside of California, or from an online program that is not designed to meet California's requirements.

****Out-of-Country** means an applicant with a degree from a school located outside of the United States or its territories.

*******Per the graduation date posted on your transcript

This is a summary. For a full description of licensure requirements, see [Statutes and Regulations](#).



This guide is for Associate Professional Clinical Counselor (APCC) applicants with an out-of-state or out-of-country degree. “Out-of-State” means a degree from a school located outside of California, or from an online program that is not designed to meet California’s requirements. “Out-of-Country” means a degree earned from a school located outside of the United States or its territories.

APCC applicants with an out-of-state or out-of-country degree must meet the educational requirements specified in Business and Professions Code (BPC) sections [4999.61](#) and [4999.62](#). This document provides a summary of those requirements.

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1. How will I know if my degree qualifies for registration as an APCC?

California law requires a degree to meet certain minimum requirements to qualify for APCC registration. The law allows for some types of coursework to be remediated, and also allows a limited number of units to be remediated. Unfortunately, in some cases an applicant’s degree will not qualify at all, and a new degree would be required. This guide will help you determine whether your degree qualifies.

Exception: *If you have been licensed for two or more years in another U.S. state, and hold a current LPCC license in good standing at the highest level in the other state, you may be able to qualify for LPCC licensure under “Path A” regardless of degree qualifications. See the [Guide to LPCC Out-of-State Applicant Requirements](#) for more information (access at www.bbs.ca.gov>Applicant>LPCC>Out-of-State Applicants).*

2. What are the minimum degree requirements for APCC registration?

If your out-of-state or out-of-country degree does NOT fully contain ALL of the minimum requirements listed below, it will NOT qualify for APCC registration in California and a new degree would be required in order to qualify.

➔ These are minimums only - see question 4 for ADDITIONAL requirements you must meet prior to approval of your *Application for LPCC Licensure*.

✓ **A master's or doctorate degree from a school that holds a regional or national institutional accreditation recognized by the United States Department of Education (USDE), or a school approved by the California Bureau for Private Postsecondary Education (BPPE)**

✓ **Degree fully contains a minimum of 48 semester units or 72 quarter units**

✓ **Degree fully contains a minimum of 7 Core Content Areas (CCAs) as described on pages 7- 8**

➔ **Must not be deficient units in any of those 7 CCAs**

➔ **All 13 CCAs are required PRIOR to issuance of an APCC registration if NOT licensed as an LPCC at the highest level in another state or country**

✓ **Degree fully contains a minimum of 6 semester units or 9 quarter units of practicum that includes 280 hours of supervised face-to-face counseling experience**

➔ *Exception: If you hold a current LPCC license in good standing in another state or country at the highest level, the practicum requirements are waived*

✓ **Degree fully contains a minimum of 3 semester units or 4 quarter units in the *Diagnosis* Core Content Area**

✓ **Degree fully contains a minimum of 3 semester units or 4 quarter units in the *Assessment* Core Content Area**

NOTE: The Board may require submission of syllabi for required coursework after evaluating your application. Please gather your syllabi so that you can be prepared in the event that any are requested.

3. What additional coursework must I take prior to issuance of my APCC registration?

CALIFORNIA LAW AND ETHICS COURSE

- ➔ If you completed a 3 semester unit or 4 quarter unit law and ethics course that does NOT contain California content:

You must complete a 12-hour California Law and Ethics course that contains the content specified in BPC section [4999.62\(b\)\(1\)\(D\)\(ii\)](#). This course must be taken from an [accepted continuing education provider](#).

- ➔ If you completed a law and ethics course that is LESS THAN 3 semester units or 4 quarter units:

You must complete a graduate level California law and ethics course to bring your total to 3 semester units or 4 quarter units. This course must be taken at an accredited or approved school (see question 5 for more information on approved providers). **A CE course will not be accepted.**

CORE CONTENT AREAS (CCAs)

- ➔ If you do NOT hold a current LPCC license in good standing at the highest level in another state or country, and your degree did NOT contain all 13 CCAs as described on pages 7- 8:

You must complete graduate level coursework to meet all 13 CCAs before your APCC registration can be issued. **CE courses will not be accepted.**

- ➔ If you are currently licensed as an LPCC at the highest level in good standing in another state or country:

You may remediate eligible CCAs while registered as an APCC. You must remediate all missing/deficient CCAs prior to approval of your *Application for LPCC Licensure*. **CE courses will not be accepted.**

See question 5 for information on acceptable course providers.

4. What additional units and coursework must I complete prior to approval of my *Application for LPCC Licensure*?

DEGREE REMEDIATION

Prior to approval of your *Application for LPCC Licensure*, you will be required to complete additional units and coursework if any of the following are deficient within your degree:

Overall Units: If you began your degree program on or after August 1, 2012 or graduated after December 31, 2018, and your degree contained less than 60 semester units or 90 quarter units, you must take graduate level coursework to bring your total to 60 semester units or 90 quarter units (a maximum of 12 semester units or 18 quarter units may be remediated). **CE courses will not be accepted.**

Core Content Areas (CCAs): If your degree did not fully contain all 13 CCAs as described on pages 7-8, you must complete graduate level coursework to meet all 13 CCAs. Courses must be taken from an accredited or approved school (see question 5 for more information on providers). **CE courses will not be accepted.**

Advanced Coursework (AC): If your degree did not contain a minimum of 15 semester units or 22.5 quarter units of AC (coursework designed to develop knowledge of specific treatment issues or special populations), you must complete graduate level coursework to bring your AC total to 15 semester units or 22.5 quarter units. These courses/units must be IN ADDITION to CCA courses and units. Courses must be taken from an accredited or approved school (see question 5 for more information on providers). **CE courses will not be accepted.**

ADDITIONAL COURSEWORK

You must also complete “Additional Coursework” at the graduate level as specified in BPC section [4999.62](#) (if not already taken) prior to approval of your *Application for LPCC Licensure*. Certain courses must be California-specific and must be taken from an [accepted continuing education provider](#). See pages 9-10 for a list of courses and required content.

REMEDIATION AND DOUBLE-COUNTING

➡ **If you are remediating Overall Degree Units and are deficient in one or more CCAs or in Advanced Coursework:**

The courses you take to meet the CCA or Advanced Coursework requirements may also be counted toward fulfilling your overall unit requirements.

➡ **If you are remediating CCAs or Advanced Coursework:**

You may be able to also count the course toward Additional Coursework requirements.

For Example:

Your degree is deficient in CCA #6 Multicultural Counseling Theories and Techniques.

⇒ The course you take includes education about California cultures.

✓ This course may then also count toward fulfilling Additional Coursework item f) “California Cultures and the Social and Psychological Implications of Socioeconomic Position.”

IMPORTANT: A course taken to meet a CCA will NOT also count toward Advanced Coursework (and vice-versa). Double-counting is not permitted because California law specifies that Advanced Coursework must be in addition to CCA courses/units (per BPC section [4999.62\(b\)\(2\)](#)).

5. Who is an acceptable course provider?

➔ If you are remediating any of the following:

- ✓ Overall Degree Units
- ✓ CCAs
- ✓ Advanced Coursework
- ✓ California Law and Ethics (3 semester units or 4 quarter units) course

The above courses/units must be taken at the graduate level from a school with a regional or national institutional accreditation recognized by the USDE, or from a school approved by the BPPE. **CE courses will not be accepted.**

➔ For the 12-hour California Law and Ethics course AND Additional Coursework:

Must be taken at the graduate level from an [accepted continuing education provider](http://www.bbs.ca.gov/Licensees/Continuing%20Education) (access at [www.bbs.ca.gov>Licensees>Continuing Education](http://www.bbs.ca.gov/Licensees/Continuing%20Education)).

6. What if my degree is from a school located outside of the United States?

In addition to meeting all of the other requirements in this document, you must obtain an evaluation of your degree by a foreign credential evaluation service to determine equivalency with California's requirements, and submit it with your APCC application (per BPC section [4999.40\(c\)](#)). The evaluation service must be a member of the [National Association of Credential Evaluation Services](http://www.naces.org) (www.naces.org). You will also be required to submit an official transcript, and a syllabus for each course you believe will help the Board determine whether your degree qualifies (translated if not in English).

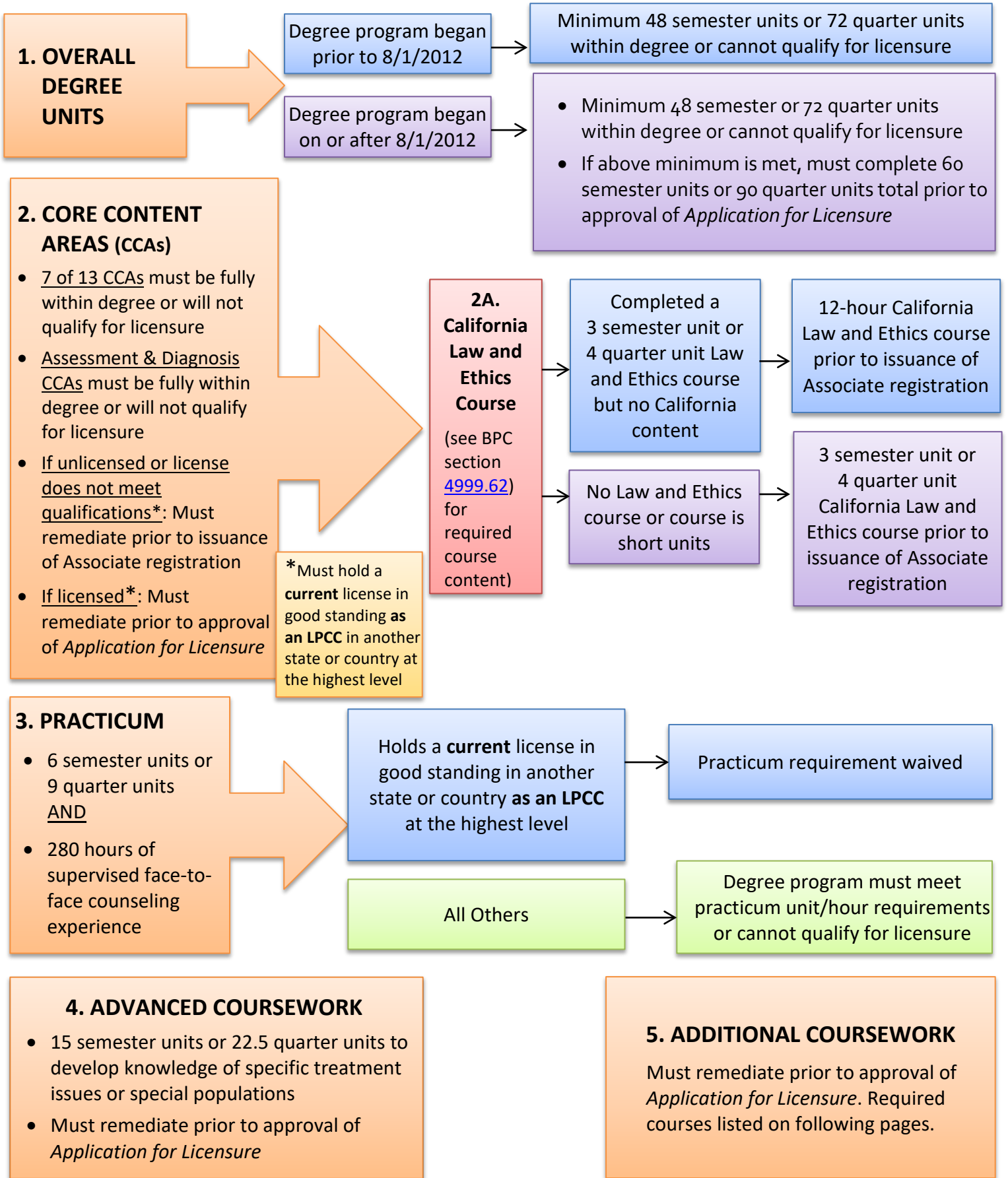
Suggestion: Prior to paying a credentials evaluation service for an evaluation, compare your degree to California's requirements by using the optional "Out-of-Country Degree Program Worksheet" contained in the *Application for APCC Registration* to help you determine whether to proceed.

For QUESTIONS about out-of-state requirements, contact:

APCC_LPCC.OOS@dca.ca.gov

For information about EXPERIENCE and EXAMINATION requirements that you must meet prior to licensure:

See **Path B** of the [Guide to LPCC Out-of-State Applicant Requirements](#) (access at [www.bbs.ca.gov>Applicant>LPCC>Out of State Applicants](http://www.bbs.ca.gov/Applicant/LPCC/Out%20of%20State%20Applicants)).



CORE CONTENT AREA (CCA) REQUIREMENTS

3 Semester Units or 4 Quarter Units are required in each CCA

CORE CONTENT AREA	REQUIRED CONTENT
1. Counseling & psychotherapeutic theories & techniques	The counseling process in a multicultural society, an orientation to wellness and prevention, counseling theories to assist in selection of appropriate counseling interventions, models of counseling consistent with current professional research and practice, development of a personal model of counseling, and multidisciplinary responses to crises, emergencies, and disasters.
2. Human growth and development across the lifespan	Normal and abnormal behavior and an understanding of developmental crises, disability, psychopathology, and situational and environmental factors that affect both normal and abnormal behavior.
3. Career development theories & techniques	Career development decision-making models and interrelationships among and between work, family, and other life roles and factors, including the role of multicultural issues in career development.
4. Group counseling theories & techniques	Principles of group dynamics, group process components, developmental stage theories, therapeutic factors of group work, group leadership styles and approaches, pertinent research and literature, group counseling methods, and evaluation of effectiveness.
5. Assessment, appraisal, & testing of individuals	Basic concepts of standardized and nonstandardized testing and other assessment techniques, norm-referenced and criterion-referenced assessment, statistical concepts, social and cultural factors related to assessment and evaluation of individuals and groups, and ethical strategies for selecting, administering, and interpreting assessment instruments and techniques in counseling. A DEGREE DEFICIENT UNITS IN THIS AREA WILL NOT QUALIFY FOR REGISTRATION OR LICENSURE*
6. Multicultural counseling theories & techniques	Counselors' roles in developing cultural self-awareness, identity development, promoting cultural counseling theories social justice, individual and community strategies for working with and advocating for diverse and techniques populations, and counselors' roles in eliminating biases and prejudices, and processes of intentional and unintentional oppression and discrimination.
7. Principles of the diagnostic process	Differential diagnosis, and the use of current diagnostic tools, such as the current edition of the Diagnostic and Statistical Manual, the impact of co-occurring substance use disorders or medical psychological disorders, established diagnostic criteria for mental or emotional disorders, and the treatment modalities and placement criteria within the continuum of care. A DEGREE DEFICIENT UNITS IN THIS AREA WILL NOT QUALIFY FOR REGISTRATION OR LICENSURE*

**Exception:* If you have held a license in another U.S. state as an LPCC at the highest level for at least two years, and that license is current and good standing, you may be able to qualify for licensure via Path A regardless of degree qualifications. See the [Guide to LPCC Out-of-State Applicant Requirements](http://www.bbs.ca.gov/Applicant/LPCC/Out-of-State/Applicants) (access at www.bbs.ca.gov>Applicant> LPCC>Out-of-State Applicants).

CORE CONTENT AREA REQUIREMENTS *(continued)*

3 Semester Units or 4 Quarter Units are required in each CCA

CORE CONTENT AREA	REQUIRED CONTENT
8. Research and evaluation	Studies that provide an understanding of research methods, statistical analysis, the use of evaluation research to inform evidence-based practice, the importance of research in advancing the profession of counseling, and statistical methods used in conducting research, needs assessment, and program evaluation.
9. Professional orientation, ethics & law in counseling	Professional ethical standards and legal considerations, licensing law and process, regulatory laws that delineate the profession's scope of practice, counselor-client privilege, confidentiality, the client dangerous to self or others, treatment of minors with or without parental consent, relationship between practitioner's sense of self and human values, functions and relationships with other human service providers, strategies for collaboration, and advocacy processes needed to address institutional and social barriers that impeded access, equity, and success for clients.
10. Psychopharmacology	The biological bases of behavior, basic classifications, indications, and contraindications of commonly prescribed psychopharmacological medications so that appropriate referrals can be made for medication evaluations and so that side effects of those medications can be identified.
11. Addictions counseling	Substance abuse, co-occurring disorders, and addiction, major approaches to identification, evaluation, treatment, and prevention of substance abuse and addiction, legal and medical aspects of substance abuse, populations at risk, the role of support persons, support systems, and community resources.
12. Crisis or trauma counseling	Crisis theory; multidisciplinary responses to crises, emergencies, or disasters; cognitive, affective, behavioral, and neurological effects associated with trauma; brief, intermediate, and long-term approaches; and assessment strategies for clients in crisis and principles of intervention for individuals with mental or emotional disorders during times of crisis, emergency, or disaster.
13. Advanced counseling & psychotherapeutic theories and techniques	The application of counseling constructs, assessment and treatment planning, clinical interventions, therapeutic relationships, psychopathology, or other clinical topics.

ADDITIONAL COURSEWORK REQUIRED PRIOR TO LPCC LICENSURE FOR APPLICANTS WITH AN OUT-OF-STATE OR OUT-OF-COUNTRY DEGREE

*Note: 1 semester unit = 15 hours; 1 quarter unit = 10 hours
1 semester unit = 1.5 quarter units*

COURSE	LENGTH	CONTENT REQUIRED
a) Human Sexuality	10 hours	Instruction must include the study of the physiological, psychological, and social-cultural variables associated with sexual behavior, sexual dysfunctions, sexual orientation, gender identity, gender dysphoria and the assessment and treatment of psychosexual dysfunction.
b) Spousal/Partner Abuse Assessment, Detection and Intervention	15 hours	Instruction must cover spousal and partner abuse assessment, detection, intervention strategies, and same-gender abuse dynamics.
c) Child Abuse Assessment and Reporting in California	7 hours	Instruction must include detailed knowledge of the California Child Abuse Neglect and Reporting Act (CANRA). It must also include assessment and methods of reporting of sexual assault, neglect, severe neglect, general neglect, willful cruelty or unjustifiable punishment, corporal punishment or injury, and abuse in out-of-home care. The training shall also include physical and behavioral indicators of abuse, crisis counseling techniques, community resources, rights and responsibilities of reporting, consequences of failure to report, caring for a child's needs after a report is made, sensitivity to previously abused children and adults, and implications and methods of treatment for children and adults.
d) Aging, Long Term Care and Elder/Dependent Adult Abuse	10 hours	Instruction must cover aging and long-term care, including biological, social, cognitive and psychological aspects of aging, and instruction on the assessment and reporting of, as well as treatment related to, elder and dependent adult abuse and neglect.

**ADDITIONAL COURSEWORK REQUIRED PRIOR TO LPCC LICENSURE
FOR APPLICANTS WITH AN OUT-OF-STATE OR OUT-OF-COUNTRY DEGREE *(continued)***

COURSE	LENGTH	CONTENT REQUIRED
e) Mental Health Recovery Oriented Care and Methods of Service Delivery	45 hours or 3 semester units	Instruction must cover principles of mental health recovery-oriented care and methods of service delivery in recovery-oriented practice environments, including structured meetings with various consumers and family members of consumers of mental health services to enhance understanding of their experience of mental illness, treatment and recovery.
f) California Cultures and the Social and Psychological Implications of Socioeconomic Position	15 hours or 1 semester unit	Instruction must include an understanding of various California cultures and the social and psychological implications of socioeconomic position.
g) Provision of Mental Health Services via Telehealth	3 hours of coursework	Must include law and ethics related to telehealth.
h) Suicide Risk Assessment and Intervention	6 hours of coursework or applied experience	See BPC section 4999.66

APPLICATION FOR
**ASSOCIATE PROFESSIONAL
CLINICAL COUNSELOR (APCC)
REGISTRATION**



APPLICATION INSTRUCTIONS

Out-of-State and Out-of-Country Applicants

READ CAREFULLY BEFORE COMPLETING YOUR APPLICATION

Submit your completed application to: Board of Behavioral Sciences
1625 North Market Blvd., Suite S200
Sacramento, CA 95834

- ➔ **Be sure to submit an accurate and complete application package and ensure that all required original documents are furnished to the Board.**
 - ➔ *All items are mandatory unless otherwise indicated.*
- ➔ **Use the Application Checklist included in this packet to help avoid deficiencies.**
- ➔ **If you are applying for a SUBSEQUENT (second or third) APCC registration, please use the [Application for Subsequent APCC Registration Number](#).**

EXPEDITED REVIEW

The Board is required to expedite the licensure process for the following applicants (*all expedite forms available at www.bbs.ca.gov>Applicants>Forms/Pubs*):

- **Honorably discharged veterans of the U.S. Armed Forces** pursuant to Business and Professions Code (BPC) section 115.4. Download the request form from the Board's [website](#) and include it ON TOP OF your application.
- **Spouses/Partners of persons on active duty military** pursuant to BPC section 115.5. Download the request form from the Board's [website](#) and include it ON TOP OF your application.
- **Refugees / Asylees / Special Immigrant Status Holders ("SI" or "SQ")** pursuant to BPC section 135.4. Download the request form from the Board's [website](#) and include it ON TOP OF your application.

PROOF OF RECEIPT OF APPLICATION

If you would like to know whether the Board has received your application, mail your application using a method that includes tracking. You can also check with the bank to see if your check or money order has been cashed by the Board.

A. APPLICATION

Instructions	Document(s) Required
<ul style="list-style-type: none">• Complete all sections of the <i>Application for Associate Professional Clinical Counselor Registration</i> in ink.• The application must have your original signature.• You must use your legal name. Your “legal name” is the name established legally by your birth certificate, marriage or domestic partnership certificate, or divorce decree (for example).• <u>Email Address</u>: Provide your email address if you have one. This address is not subject to public disclosure.	Completed and signed Application for Associate Professional Clinical Counselor Registration

B. FEE

Instructions	Document(s) Required
Attach a \$150.00 check or money order made payable to the Behavioral Sciences Fund. This is an earned fee for evaluation of your application and is NOT REFUNDABLE.	\$150.00 check or money order payable to the Behavioral Sciences Fund
<u>Out-of-State Fingerprinting Fee:</u> Attach a \$49 fee if ONLY you are submitting fingerprint “hard cards” due to being fingerprinted outside of California (<i>see next page for details</i>).	If submitting fingerprint “hard cards” also attach a \$49 check or money order payable to the Behavioral Sciences Fund

C. FINGERPRINTS

Instructions	Document(s) Required
<p>The Board requires a Department of Justice (DOJ) and Federal Bureau of Investigation (FBI) criminal history background check on all applicants.</p> <p><u>If you currently reside in California:</u> Read the <i>Instructions for Live Scan Fingerprinting</i> and complete the <i>Request for Live Scan Service</i> form included in this application packet.</p> <ul style="list-style-type: none"> The information on this form must match the information you provide on your application. DO NOT COMPLETE FINGERPRINTS MORE THAN 60 DAYS PRIOR TO SUBMITTING YOUR APPLICATION. Fingerprint results without an application on file will <u>only</u> be held for 6 months. <p><u>If you currently reside out of state:</u> You must use the "hard card" fingerprint method unless you can access a California Live Scan Service operator. To request fingerprint hard cards, send an email to BBS.Fingerprint@dca.ca.gov with "Fingerprint Hard Cards" in the subject line, and we will mail them to you.</p> <ul style="list-style-type: none"> YOU MUST SUBMIT YOUR TWO COMPLETED FINGERPRINT CARDS TO THE BOARD <u>WITH</u> YOUR APPLICATION. We are unable to process them until your application is received. DOJ processing time for hard card fingerprints is 8 or more weeks. 	<p><u>If you currently reside in California:</u> Submit the second copy of your completed <i>Request for Live Scan Service Applicant Submission</i> form</p> <p><u>If you currently reside out of state:</u> Submit two completed fingerprint hard cards (FBI and DOJ) and \$49 fee payable to Behavioral Sciences Fund</p>

D. OFFICIAL TRANSCRIPTS

Instructions	Document(s) Required
<p>Provide official sealed transcript(s) verifying your qualifying master's or doctoral degree, including degree title and date of conferral, as directed below. In addition, provide official transcripts for any remediated coursework.</p> <ul style="list-style-type: none"> Provided IN AN ENVELOPE SEALED BY YOUR SCHOOL OR Emailed BY YOUR SCHOOL to the Board at BBSLPCCtranscripts@dca.ca.gov OR, if applying for both APCC and AMFT registration, sent to BBStranscripts@dca.ca.gov. For questions about electronic submission, see FAQ (access at www.bbs.ca.gov>Updates/FAQs>FAQs). 	<p>Official sealed transcript(s) with degree title and date of conferral posted</p> <p>Official sealed transcript(s) for remediated coursework (if applicable)</p> <p>MUST BE IN AN ENVELOPE SEALED BY THE SCHOOL OR EMAILED BY THE SCHOOL AS DIRECTED</p>

E. VERIFICATION OF LICENSE OR REGISTRATION IN ANOTHER STATE OR COUNTRY

Instructions	Document(s) Required
<p>If you hold or have held a license or registration as a professional clinical counselor in another state or country, <u>and that state or country does NOT have a public online license lookup that contains information on disciplinary actions</u>, you must provide a completed <i>Verification of Licensure or Registration in Another State</i> form. This verification may be provided in one of the following ways:</p> <ul style="list-style-type: none"> • Emailed to the Board directly FROM THE LICENSING AGENCY to BBSLicCerts@dca.ca.gov • Provided in an envelope SEALED BY THE LICENSING AGENCY 	<p>Verification of License or Registration (if applicable)</p> <p>MUST BE EMAILED BY THE LICENSING AGENCY TO THE BOARD OR IN A SEALED ENVELOPE AS DIRECTED</p>

F. CALIFORNIA LAW AND ETHICS COURSE

Instructions	Document(s) Required
<p>Submit documentation of completion of a California Law and Ethics course with your application as described below:</p> <ul style="list-style-type: none"> • <u>If you have taken a 3 semester unit or 4 quarter unit course on law and ethics that did not contain California content:</u> You must take a 12-hour California course. See Business and Professions Code (BPC) section 4999.62(b)(1)(D)(ii) for course content requirements. <ul style="list-style-type: none"> ○ The required course must be taken from an acceptable continuing education provider (access at www.bbs.ca.gov>Licensees>Continuing Education). • <u>If you have NOT taken a 3 semester unit or 4 quarter unit course on law and ethics:</u> You complete a graduate level California course to bring your total to 3 semester units or 4 quarter units. See BPC section 4999.33(c)(I) for course content requirements. <ul style="list-style-type: none"> ○ The required course must be taken from a school that holds a regional or national institutional accreditation recognized by the USDE or a school approved by the BPPE. A CE course will not be accepted. 	<p>Proof of completion of California Law and Ethics Course</p>

G. DEGREE PROGRAM CERTIFICATION – DEGREE OBTAINED WITHIN THE U.S.

Instructions	Document(s) Required
<p>Provide an <i>Out-of-State Degree Program Certification</i> completed and signed by your school’s Chief Academic Officer or authorized designee.</p> <p>Must be in an envelope sealed by your school or emailed BY YOUR SCHOOL to BBSLPCctranscripts@dca.ca.gov.</p> <p><i>(This form is NOT required for a degree obtained outside of the United States).</i></p>	<p>Completed <i>Out-of-State Degree Program Certification</i> form</p> <p>MUST BE EMAILED BY THE SCHOOL TO THE BOARD OR PROVIDED IN A SEALED ENVELOPE AS DIRECTED</p>

H. COURSE SYLLABI

Instructions	Document(s) Required
<p>The Board may require submission of syllabi for one or more courses listed on your <i>Degree Program Certification</i> after evaluating your application. Please gather your syllabi so that you can be prepared in the event that any are requested.</p>	<p>None at this time</p>

H. DEGREE EARNED OUTSIDE OF THE UNITED STATES

Instructions	Document(s) Required
<p>If you have a degree or other education gained outside of the United States or its territories, you must have your education evaluated by a foreign credential evaluation service to determine equivalency. The service must be a member of the National Association of Credential Evaluation Services. (access at www.naces.org). MUST BE IN AN ENVELOPE SEALED BY THE EVALUATING AGENCY OR SENT BY THE AGENCY TO BBSLPCctranscripts@dca.ca.gov.</p> <p>The Board has the authority to make the final determination as to whether a degree meets all requirements, including, but not limited to course requirements regardless of evaluation or accreditation.</p> <p>In addition to the evaluation the following are required:</p> <ul style="list-style-type: none"> • An official sealed transcript as described in section D. • A syllabus for each course that you believe will help you meet California’s requirements (translated into English if needed). <p>Suggestion: Complete the <i>Out-of-Country Degree Program Worksheet</i> to help determine whether your degree will qualify prior to paying a service for an evaluation.</p>	<p>Evaluation by a foreign credential evaluation service IN A SEALED ENVELOPE OR EMAILED AS DIRECTED</p> <p>Course syllabi (<i>translated into English if needed</i>)</p> <p>Out-of-Country Degree Program Worksheet (<i>optional but strongly recommended</i>)</p>

J. DEGREE QUALIFICATIONS AND REMEDIATION

Information	Document(s) Required
<p>You must possess a master’s or doctorate degree from a school that holds a regional or national institutional accreditation recognized by the USDE, or a school approved by the BPPE (see section H for requirements if your degree was obtained outside the United States).</p> <p>OVERALL UNITS:</p> <ul style="list-style-type: none"> Your degree MUST contain a minimum of 48 semester units or 72 quarter units. If not, your degree does not qualify for associate registration. <p><u>Additional unit requirements for applicants who began graduate study AFTER August 1, 2012 OR graduated AFTER December 31, 2018:</u></p> <p>Your degree must contain a minimum of 60 semester units or 90 quarter units. However, if your degree contains LESS than the required number of units, you must complete graduate level coursework to bring your total to 60 semester units or 90 quarter units (a maximum of 12 semester units or 18 quarter units of instruction may be remediated). Units can be gained while registered as an Associate, but must be remediated before the Board can approve your <i>Application for Licensure</i>.</p> <p>For information about remediation, see the next page.</p> <p>PRACTICUM:</p> <p>A minimum of 6 semester units or 9 quarter units of practicum, which included at least 280 hours of face-to-face supervised clinical experience counseling individuals, families or groups, is required for the following applicants:</p> <ul style="list-style-type: none"> <u>Applicants licensed as an LPCC at the highest level for independent clinical practice in another state or country, and that license is current, valid and in good standing:</u> The practicum requirement is waived. <u>All other applicants:</u> Your degree program must contain a minimum of 6 semester or 9 quarter units of practicum <u>and</u> meet the 280-hour requirement described above. If not, your degree does not qualify for associate registration. 	<p>N/A</p>

J. DEGREE QUALIFICATIONS AND REMEDIATION (continued)

Information	Document(s) Required
<p>CORE CONTENT AREAS AND REMEDIATION</p> <p>Your degree must meet the 13 core content area requirements, as described in Business and Professions Code (BPC) section 4999.33(c):</p> <ul style="list-style-type: none"> • Your degree program must have fully contained a minimum of seven (7) of the 13 required core content areas (3 semester units or 4 quarter units in each area). If not, your degree does not qualify for associate registration. • Your degree program must have fully contained a minimum of 3 semester units or 4 quarter units of coursework in the “Assessment, appraisal and testing of individuals” core content area. If not, your degree does not qualify for associate registration. • Your degree program must have fully contained a minimum of 3 semester units or 4 quarter units of coursework in the “Principles of the diagnostic process” core content area. If not, your degree does not qualify for associate registration. <p>ALL 13 CORE CONTENT AREAS MUST BE FULFILLED. If you are missing six (6) or fewer core content areas, you may remediate the missing areas. The requirements for remediation are as follows:</p> <ul style="list-style-type: none"> • <u>Applicants licensed as an LPCC at the highest level for independent clinical practice in another state or country, and that license is current, valid and in good standing:</u> Core content areas may be remediated while registered as an Associate except for the California Law and Ethics course, which must be remediated prior to approval of your Associate registration. All 13 core content areas must be fulfilled prior to approval of your <i>Application for LPCC Licensure</i>. • <u>All other applicants:</u> All 13 core content areas must be fulfilled PRIOR TO ISSUANCE OF YOUR ASSOCIATE REGISTRATION. <p>ACCEPTABLE COURSE PROVIDERS:</p> <p>For areas where remediation is permitted, missing courses must be taken at the graduate level from a school that holds a regional or national institutional accreditation recognized by the USDE, or a school approved by the BPPE. CE courses will not be accepted.</p>	<p>Official sealed transcripts showing remediated core content areas (if applicable)</p>

K. ADVANCED COURSEWORK REQUIRED PRIOR TO LICENSURE

Instructions	Document(s) Required
<p>“Advanced Coursework” is defined as “<i>courses that develop knowledge of specific treatment issues or special populations.</i>” Completion of this coursework is NOT required for Associate registration. However, a total of 15 semester units or 22.5 quarter units of Advanced Coursework is required prior to approval of your <i>Application for Licensure</i>.</p> <p>These courses must be in addition to core content area courses and will be identified by your school on the <i>Out-of-State Degree Program Certification</i> form.</p> <p>If you need additional units, they must be gained at the graduate level from a school that holds a regional or national institutional accreditation recognized by the USDE, or a school approved by the BPPE. CE courses will not be accepted.</p> <p>If you completed Advanced Coursework <u>outside</u> of your degree program, you may submit documentation of completion now, rather than with a future application, by providing an official transcript.</p>	<p>None at this time, but you may submit official transcripts for units gained outside of your degree program with your APCC application</p>

L. ADDITIONAL COURSEWORK REQUIRED PRIOR TO LICENSURE

Instructions	Document(s) Required
<p>The “Additional Coursework” listed beginning on Page 4 of the <i>Guide to Educational Requirements for Out-of-State/Out-of-Country APCC Applicants</i> are NOT required for Associate registration. However, they are required prior to approval of your <i>Application for Licensure</i>.</p> <p>If you have already completed a course, you may submit documentation of completion now rather than with a future application.</p> <p>A course description or syllabus will be required if the course content is not identifiable by the course title.</p>	<p>None at this time, but you may submit proof of completion with your APCC application</p>

APPLICATION CHECKLIST

Out-of-State and Out-of-Country Applicants

Avoid application deficiencies!

Carefully read the preceding *Application Instructions* to ensure all requirements are met pertaining to the documents listed below:

- Completed Application (form no. 37A-632).
- Official sealed transcript(s) with degree title and date of conferral posted.
- Official sealed transcript(s) showing any remediated core content areas and additional coursework (*if applicable*).
- Sealed Out-of-State Degree Program Certification (form no. 37A-662).
- Syllabi for courses listed on the Degree Program Certification.
- If Degree was Earned Outside of the United States: Evaluation of Degree (and optional Degree Program Worksheet).
- Sealed Verification of License or Registration in Another State or Country (*if applicable*).
- Proof of completion of 12-hour California Law and Ethics course.
- Completed Request for Live Scan Service form **OR**
Two completed fingerprint “hard cards” with the \$49 fingerprint card processing fee (check or money order payable to the Behavioral Sciences Fund).
- \$150.00 check or money order payable to the Behavioral Sciences Fund.

Important Information for ASSOCIATE PROFESSIONAL CLINICAL COUNSELOR APPLICANTS



1. PUBLICATIONS FOR APCCs

The following Board publications provide important information for APCCs (access at www.bbs.ca.gov>Applicants>LPCC>Forms/Pubs):

- [Handbook for future LPCCs \(Text Only Version \)](#)
- [Answers to Most Frequently Asked Questions Relating to APCCs](#)
- [APCC Supervisor Qualification Summary](#)
- [APCC Guide to Supervision](#)

2. WHEN CAN I BEGIN COUNTING POST-DEGREE EXPERIENCE? WHAT IS THE 90-DAY RULE?

The date that you may begin counting post-degree hours of experience toward licensure depends on all of the following:

If you submit your *Application for Associate Registration* WITHIN 90 days from the date your qualifying degree was conferred, as posted on your transcript, you may begin accruing hours immediately upon graduation.

If you submit your *Application for Associate Registration* MORE than 90 days after the date your qualifying degree was conferred, as posted on your transcript, you may not begin accruing hours until your Associate registration (APCC) number has been issued.

Live Scan Requirement for Applicants who Graduated on or after January 1, 2020:

Hours may only be accepted under the “90-day-rule” described above IF the hours are obtained at a workplace that, prior to the applicant gaining hours, required Live Scan fingerprinting. The applicant must provide documentation to the Board consisting of a copy of the processed “State of California Request for Live Scan Service” form provided by the employer. This form must be submitted with the ***Application for Licensure*** in order for the hours gained between graduation and registration issuance to be accepted. A copy of the processed form is the ONLY acceptable documentation specified in law. There are no exceptions. See the [FAQ](#) about the 90-day rule for more information (access at www.bbs.ca.gov>Updates/FAQs).

Please note that applicants may not work in a private practice or professional corporation until their Associate registration number has been issued.

3. EXAM REQUIREMENT FOR RENEWAL OF REGISTRATION

Registrants Must Take a California Law and Ethics Exam to Renew

After your Associate registration is issued, you will be required to take the LPCC California Law and Ethics Exam. Your registration will not be renewable until the exam has been taken. You will be given instructions on applying for this exam once your registration has been issued. The California Law and Ethics Exam is designed to assess an applicant's knowledge of and ability to apply legal and ethical standards relating to clinical practice. See the [Exams](#) tab of the Board's website for more information.

4. CONTINUING EDUCATION REQUIREMENT FOR RENEWAL OF REGISTRATION

Registrants Must Complete 3 Hours of CE in California Law and Ethics to Renew

Three (3) hours of continuing education (CE) in California Law and Ethics is required once every renewal cycle in order to renew your registration. For more information see the [Registrant CE Information Brochure](#) (access at www.bbs.ca.gov>Applicants>LPCC>Forms/Pubs).

5. SUPERVISION AND WORK SETTING REQUIREMENTS

You are required to work under the supervision of a qualified supervisor in order to gain hours of experience toward licensure. In addition, it is against the law for you to provide clinical services in a private practice setting or in a professional corporation without a registration and without the required supervision.

6. MAXIMUM RENEWALS AND ISSUANCE OF SUBSEQUENT REGISTRATIONS

Your registration can only be renewed five (5) times, for a total six (6)-year length. If you need to continue beyond six years, you must apply for a subsequent registration number. A subsequent registration can only be issued to applicants who have passed the LPCC California Law and Ethics Exam.

7. AVOID YOUR FILE BEING CLOSED BY MEETING THE TIME FRAMES BELOW

In accordance with Title 16, California Code of Regulations section 1806, an application shall be deemed abandoned in either of the following circumstances:

- You do not submit evidence that you have cleared the deficiencies specified in the deficiency letter within one (1) year from the date of the initial deficiency letter
- OR
- You do not complete your application within one (1) year after it has been filed.

To re-open an abandoned application, you must submit a new application, fee and all required documentation, as well as meet all current registration requirements in effect at the time the new application is submitted.

8. ADDITIONAL COURSEWORK REQUIRED UPON APPLYING FOR LICENSURE

Suicide Risk Assessment and Intervention

Six (6) hours of coursework or applied experience in Suicide Risk Assessment and Intervention will be required when you submit your *Application for Licensure* (see the [Application for Licensure](#) Instructions for details (access at www.bbs.ca.gov>Applicants>LPCC>Forms/Pubs).

Provision of Mental Health Services via Telehealth

Three (3) hours of coursework in the Provision of Mental Health Services via Telehealth (including law and ethics related to telehealth) will be required when you submit your *Application for Licensure*. See the [AB 1759 FAQ](#) for details (access at www.bbs.ca.gov>Updates/FAQs>Updates).

9. PUBLIC ADDRESS

The address you enter on your application is public information and will be placed on the Internet pursuant to BPC section 27. If you do not want your home or work address available to the public, use an alternate mailing address such as a post office box. Email addresses are not subject to public disclosure.

10. EMAIL AND MAILING ADDRESS CHANGES

You are required to maintain a current mailing address with the Board. You are also required to maintain a current email address with the Board if you have one. When you have a change in your mailing or email address, be sure to update it ASAP online at www.breeze.ca.gov.

11. STATUTES AND REGULATIONS

To obtain a copy of the Board's *Statutes and Regulations*, please access it from the Board's [website](#) (access at www.bbs.ca.gov>Applicant and scroll to the bottom of the page).

12. AMERICANS WITH DISABILITIES ACT

The Executive Officer of the Board has been designated to coordinate and carry out the Board's compliance with the nondiscrimination requirements of Title II of the ADA. Information concerning the provisions of the ADA, and the rights provided thereunder, are available from the Board's ADA coordinator.

13. SOCIAL SECURITY NUMBER OR OTHER TAXPAYER IDENTIFICATION NUMBER

Disclosure of your tax identification number on your application is mandatory. You may provide either your Social Security Number, your Federal Employer Identification Number, or Individual Taxpayer Identification Number, as applicable. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405 (c) (2) (c)) authorizes collection of these tax identification numbers.

Your tax identification number will not be deemed a public record and shall not be open to the public. Your tax identification number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your tax identification number, your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

14. STATE TAX OBLIGATION

Pursuant to Business and Professions Code section 31(e), the State Board of Equalization and the Franchise Tax Board may share taxpayer information with the Board. If a registrant does not pay their state tax obligation, the associate registration may be suspended.

15. NOTICE ON COLLECTION OF PERSONAL INFORMATION:

Please see the [Notice on Collection of Personal Information](#) (access at www.bbs.ca.gov>About Us>About the Board>Other Information>Policies).

16. QUESTIONS?

Please visit the **Contact Us** link at www.bbs.ca.gov and select an option under "Message the Board."

APPLICATION FOR
**ASSOCIATE PROFESSIONAL
 CLINICAL COUNSELOR
 REGISTRATION**



Out-of-State and Out-of-Country Applicants

Office Use Only:

Avoid delays and deficiencies - carefully read the Application Instructions FIRST

Attach a \$150 fee

SSN or ITIN*		Birth Date: mm/dd/yyyy		E-Mail Address	
Legal Name** Last			First		Middle
Public Address of Record*** Number and Street					
City		State	Zip Code	Phone	
If you have ever been known by another name, list the full name(s) and dates of use below (attach any additional names and dates):					
Full Name				Dates of Use (from/to)	
Full Name				Dates of Use (from/to)	
Have you ever served in the United States Armed Forces or the California National Guard? (OPTIONAL)				Yes, Currently <input type="checkbox"/> No <input type="checkbox"/> Yes, Previously <input type="checkbox"/>	

* Disclosure of your tax identification number is mandatory. You may provide either your Social Security Number, your Federal Employer Identification Number, or Individual Taxpayer Identification Number, as applicable. This number must match the number you provide on your fingerprint forms. See Important Information for Applicants for more information about how your tax identification number is used.

** You must use your legal name. Your “legal name” is the name established legally by your birth certificate, marriage or domestic partnership certificate, or divorce decree (for example).

*** The address you enter on this application is public information and will be placed on the Internet pursuant to Business and Professions Code section 27. All correspondence from the Board will be mailed to this address. If you do not want your home or work address available to the public, use an alternate mailing address such as a post office box.

Applicant Name: Last	First	Middle
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1. Have you ever applied for or been issued a license, registration or certificate to practice professional clinical counseling or any other health care profession in California or any other state? Yes No

If YES, provide the information requested below (continue on an additional sheet if needed):

State	Type of License, Registration or Certificate	License, Registration or Certificate Number	Date Issued	Status

2. Within the 7 years preceding your submission of this application, were you denied a professional health care license (“license” includes registrations, certificates, or other means to engage in practice) OR had a professional health care license or privilege suspended, revoked, or otherwise disciplined, OR voluntarily surrendered any such license in California or any other state or territory of the United States, or by any other governmental agency or a foreign country?

Yes No

If YES, we recommend that you complete the [Background Statement](#) form to facilitate processing of your application (access at bbs.ca.gov>Consumers> Criminal Convictions>Forms).

We recommend that you answer “Yes” even if you have previously reported it to the Board, and indicate the type of professional license that was denied, suspended, disciplined, or surrendered, including the date(s) of the denial, suspension, disciplinary action, You do not need to resubmit documentation previously on file.

3. If you hold or have held a license or registration as a professional clinical counselor in another state or country, and that state or country does NOT have a public online license lookup that contains information on disciplinary actions, have you attached a completed *Verification of Licensure or Registration in Another State* form for each license or registration held?

Yes No

N/A

Applicant Name: Last	First	Middle
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DEGREE REQUIREMENTS

4. Does your degree contain a minimum of 48 semester units or 72 quarter units?

Yes No

If NO, your degree does not qualify

5. Did you begin your degree program after August 1, 2012 or graduate after December 31, 2018?

Yes No

Yes No ***If NO,***

see Application Instructions

Instructions

6. Does your degree FULLY contain a minimum of 7 of the 13 required Core Content Areas (CCAs) as described in the *Guide to Educational Requirements*?

Yes No

Not sure

If NO, your degree does not qualify

7. Does your degree FULLY contain a minimum of 3 semester units or 4 quarter units that meets the "Assessment" CCA requirement?

Yes No

Not sure

If NO, your degree does not qualify

8. Does your degree FULLY contain a minimum of 3 semester units or 4 quarter units that meets the "Diagnosis" CCA requirement?

Yes No

Not sure

If NO, your degree does not qualify

9. Does your degree FULLY contain a minimum of 6 semester units or 9 quarter units of supervised practicum or field study as described in the *Application Instructions*?

Yes No

I am exempt

Exception: If you are licensed as an **LPCC** at the highest level for independent clinical practice in another state or country, and that license is current and in good standing, the practicum requirement is waived.

If NO, your degree does not qualify (unless you are exempt).

Applicant Name: Last	First	Middle
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10. Have you submitted official transcripts verifying your qualifying master's degree? See *Application Instructions* section D for requirements.

Yes – Sealed Transcripts via Mail
 Yes – Electronic Transcripts
 No

11. Have you submitted a *Degree Program Certification* form? See *Application Instructions* section G for requirements.

Yes – Sealed Form via Mail
 Yes – Sent Electronically
 No

CALIFORNIA LAW AND ETHICS COURSE

12. Have you attached documentation of completion of the required course in California Law and Ethics as described in section F of the *Application Instructions*? Yes No

ADDITIONAL COURSEWORK

13. The following courses are NOT required for Associate registration. However, they are required prior to approval of your application for licensure. If you have already completed a course, you may list the course title and the provider below, and submit documentation of completion now rather than with a future application.

See the *Guide to Educational Requirements* for information on course content and provider requirements. Provide a course description or syllabus if the course content is not identifiable by the course title.

a) *Human Sexuality (10 hours)*

Course Title(s): _____

Provider(s): _____

b) *Spousal or Partner Abuse Assessment and Intervention (15 hours)*

Course Title(s): _____

Provider(s): _____

c) *Child Abuse Assessment and Reporting in California (7 hours)*

Course Title(s): _____

Provider(s): _____

d) *Aging, Long Term Care and Elder/Dependent Adult Abuse (10 hours)*

Course Title(s): _____

Provider(s): _____

Applicant Name: Last	First	Middle
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13. ADDITIONAL COURSEWORK (continued)

e) *California Cultures and the Social and Psychological Implications of Socioeconomic Position (15 hours)*

Course Title(s): _____

Provider(s): _____

f) *Mental Health Recovery Oriented Care and Methods of Service Delivery (45 hours)*

Course Title: _____ Course Title: _____

Provider: _____ Provider: _____

Course Title: _____ Course Title: _____

Provider: _____ Provider: _____

g) *Suicide Risk Assessment and Intervention (6 hours)*

Course Title(s): _____

Provider(s): _____

h) *Provision of Mental Health Services via Telehealth (3 hours)*

Course Title(s): _____

Provider(s): _____

Applicant Name: Last	First	Middle
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BACKGROUND INFORMATION – RESPONSE IS VOLUNTARY

Some criminal convictions will appear on the Board's background check and may require additional investigation prior to a licensing determination. For information on which convictions the Board is permitted to consider, see the [Criminal Conviction FAQ](#) (access at bbs.ca.gov>Consumers>Criminal Convictions>Publications). All currently pending criminal actions will appear on the Board's background check and may require additional investigation prior to a licensing determination.

You are not required to disclose any past convictions or pending criminal cases on this application. In some cases, voluntarily providing information with the application about convictions that the Board is permitted to consider may help an application get processed more quickly.

You may therefore choose to complete the [Background Statement](#) form (access at bbs.ca.gov>Consumers>Criminal Convictions>Forms) and submit it with your application along with evidence of rehabilitation. The form is available on the Board's website, and includes areas to report convictions the board is permitted to consider, or pending criminal actions.

You can also submit the *Background Statement* form and evidence of rehabilitation after you submit your application or in response to inquiries from the Board. You may seek legal assistance from a lawyer or legal aid organization before providing any information about your criminal history. The Board will not deny your application because you exercised your right not to provide criminal history information in your initial application.

NOTE: Knowingly making a false statement of fact that is required to be revealed in this application may be grounds for denial of this application

Signature of Applicant: _____ ***Date:*** _____



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



**PROFESSIONAL CLINICAL COUNSELOR
 DEGREE PROGRAM CERTIFICATION
OUT-OF-STATE DEGREE**

This form is for applicants with an Out-of-State Degree

Type or print clearly in ink

Applicant Name: Last	First	Middle
SSN or Individual Taxpayer ID Number:	Enrollment Date:	Degree Award Date:

APPLICANT: This form must be completed by your school. The purpose of this form is to verify the specifics of a degree from a school located outside of California, or from an online program that is not designed to meet California's requirements. Submit a copy of course syllabi as indicated in the application instructions. The Board may require additional information to verify course content.
Note: This form is not required for applicants with a degree earned outside of the United States or its territories.

SCHOOL: The applicant named above is applying for licensure in California. Please complete this form, including the certification at the end, and provide the applicant with the original IN A SEALED ENVELOPE or send it to: BBSLPCctranscripts@dca.ca.gov. The full legal text of the LPCC degree requirements can be found in the California Business and Professions Code, available on the Board's website under [Statutes and Regulations](#).

A. Number of units in degree: _____ Semester units Quarter Units

B. At the time the degree was conferred, was the program CACREP accredited? Yes No
If YES, attach documentation of accreditation.

C. CORE CONTENT AREAS: The applicant has completed coursework that is the equivalent of at least **three (3) semester units or four (4) quarter units** in each of the following areas:

1. Yes No Counseling and psychotherapeutic theories and techniques, including the counseling process in a multicultural society, an orientation to wellness and prevention, counseling theories to assist in selection of appropriate counseling interventions, models of counseling consistent with current professional research and practice, development of a personal model of counseling, and multidisciplinary responses to crises, emergencies, and disasters.

Number of units: _____ Course number(s)/Term(s): _____

Applicant Name: Last	First	Middle
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2. Yes No Human growth and development across the lifespan, including normal and abnormal behavior and an understanding of developmental crises, disability, psychopathology, and situational and environmental factors that affect both normal and abnormal behavior.
Number of units: _____ *Course number(s)/Term(s):* _____
-
3. Yes No Career development theories and techniques, including career development decision-making models and interrelationships among and between work, family, and other life roles and factors, including the role of multicultural issues in career development.
Number of units: _____ *Course number(s)/Term(s):* _____
-
4. Yes No Group counseling theories and techniques, including principles of group dynamics, group process components, developmental stage theories, therapeutic factors of group work, group leadership styles and approaches, pertinent research and literature, group counseling methods, and evaluation of effectiveness.
Number of units: _____ *Course number(s)/Term(s):* _____
-
5. Yes No Assessment, appraisal, and testing of individuals, including basic concepts of standardized and non-standardized testing and other assessment techniques, norm-referenced and criterion-referenced assessment, statistical concepts, social and cultural factors related to assessment and evaluation of individuals and groups, and ethical strategies for selecting, administering, and interpreting assessment instruments and techniques in counseling.
Number of units: _____ *Course number(s)/Term(s):* _____
-
6. Yes No Multicultural counseling theories and techniques, including counselors' roles in developing cultural self-awareness, identity development, promoting cultural social justice, individual and community strategies for working with and advocating for diverse populations, and counselors' roles in eliminating biases and prejudices, and processes of intentional and unintentional oppression and discrimination.
Number of units: _____ *Course number(s)/Term(s):* _____
-
7. Yes No Principles of the diagnostic process, including differential diagnosis, and the use of current diagnostic tools, such as the current edition of the Diagnostic and Statistical Manual, the impact of co-occurring substance use disorders or medical psychological disorders, established diagnostic criteria for mental or emotional disorders, and the treatment modalities and placement criteria within the continuum of care.
Number of units: _____ *Course number(s)/Term(s):* _____
-

Applicant Name: Last	First	Middle
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8. Yes No Research and evaluation, including studies that provide an understanding of research methods, statistical analysis, the use of research to inform evidence-based practice, the importance of research in advancing the profession of counseling, and statistical methods used in conducting research, needs assessment, and program evaluation.

Number of units: _____ *Course number(s)/Term(s):* _____

9. Yes No Professional orientation, ethics, and law in counseling, including professional ethical standards and legal considerations, licensing law and process, regulatory laws that delineate the profession's scope of practice, counselor-client privilege, confidentiality, the client dangerous to self or others, treatment of minors with or without parental consent, relationship between practitioner's sense of self and human values, functions and relationships with other human service providers, strategies for collaboration, and advocacy processes needed to address institutional and social barriers that impede access, equity, and success for clients.

Number of units: _____ *Course number(s)/Term(s):* _____

10. Yes No Psychopharmacology, including the biological bases of behavior, basic classifications, indications, and contraindications of commonly prescribed psychopharmacological medications so that appropriate referrals can be made for medication evaluations and so that the side effects of those medications can be identified.

Number of units: _____ *Course number(s)/Term(s):* _____

11. Yes No Addictions counseling, including substance abuse, co-occurring disorders, and addiction, major approaches to identification, evaluation, treatment, and prevention of substance abuse and addiction, legal and medical aspects of substance abuse, populations at risk, the role of support persons, support systems, and community resources.

Number of units: _____ *Course number(s)/Term(s):* _____

12. Yes No Crisis or trauma counseling, including crisis theory; multidisciplinary responses to crises, emergencies, or disasters; cognitive, affective, behavioral, and neurological effects associated with trauma; brief, intermediate, and long-term approaches; and assessment strategies for clients in crisis and principles of intervention for individuals with mental or emotional disorders during times of crisis, emergency, or disaster.

Number of units: _____ *Course number(s)/Term(s):* _____

Applicant Name: Last	First	Middle
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13. Yes No Advanced counseling and psychotherapeutic theories and techniques, including the application of counseling constructs, assessment and treatment planning, clinical interventions, therapeutic relationships, psychopathology, or other clinical topics.
 Number of units: _____ Course number(s)/Term(s): _____

D. Yes No **ADVANCED COURSEWORK:** In addition to the course requirements listed in #1 – 13 above, the applicant’s degree contains 15 semester units or 22.5 quarter units that develop knowledge of specific treatment issues or special populations.
 Number of units: _____ Course number(s)/Term(s): _____

E. Yes No **SUPERVISED PRACTICUM:** The applicant’s degree program contained 6 semester units or 9 quarter units of practicum or field study that included at least 280 hours of face-to-face supervised clinical experience counseling individuals, families, or groups.
 Number of units: _____ Number of Hours: _____
 Course number(s)/Term(s): _____

F. Yes No Did the applicant’s degree program contain 6 hours of content related to suicide risk assessment and intervention? (*Note: Not required to be part of degree program*)

G. Yes No Did the applicant’s degree program contain 3 hours of coursework in the provision of mental health services via telehealth, including law and ethics related to telehealth? (*Note: Not required to be part of degree program*)

<u>CERTIFICATION</u>	
<i>I hereby certify that all of the foregoing is true and correct</i>	
Signature of Chief Academic Officer or Authorized Designee	Name of Institution
Print Name	Campus City and State
Date Signed	Institution Accredited or Approved by

OUT-OF-COUNTRY DEGREE PROGRAM WORKSHEET

This optional form is for use by applicants with a degree earned outside the United States

Type or print clearly in ink

Applicant Name: Last	First	Middle
SSN or Individual Taxpayer ID Number	Enrollment Date	Degree Award Date

The purpose of this optional form is to help determine whether a degree earned outside of the United States or its territories may meet California's minimum requirements. Please complete it to the best of your ability. **If your degree does not meet all of the minimum requirements listed on this form, a new degree will be required in order to qualify in California.**

➔ **IMPORTANT: If your degree DOES meet the minimum requirements, you will need to take additional courses to meet all of California's educational requirements (see *Application Instructions* for details).**

Please note that a degree evaluation by a foreign credential evaluation service that is a member of www.naces.org is required as described in the *Application Instructions*. In addition, submit a copy of the syllabus for each course listed on this form (translated to English if needed).

DEGREE UNITS REQUIRED

➔ **Applicants who began graduate study BEFORE August 1, 2012 OR graduated BEFORE December 31, 2018:**

✓ A minimum of 48 semester units or 72 quarter units is required within your degree program **or your degree will not qualify.**

➔ **Applicants who began graduate study AFTER August 1, 2012 OR graduated AFTER December 31, 2018:**

✓ Your degree must contain a minimum of 60 semester units or 90 quarter units. However, if your degree contains LESS than the required number of units, you must complete graduate level coursework to bring your total to 60 semester units or 90 quarter units (**a maximum of 12 semester units or 18 quarter units of instruction may be remediated**). Units can be gained while registered as an Associate, but must be remediated before the Board can approve your *Application for Licensure*.

Number of units within my degree program: _____ Semester units Quarter Units

Applicant Name: Last	First	Middle
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CORE CONTENT AREAS (CCAs) REQUIRED

Your degree must meet the following minimum CCA standards to qualify in California:

✓ **FULLY contain three (3) semester units or four (4) quarter units in a minimum of 7 of the 13 CCAs listed on this form.**

⇒ All deficient CCAs (maximum of 6) must be remediated prior to issuance of an Associate registration.

✓ **Cannot be deficient units in CCA #5 (Assessment) or CCA #7 (Diagnosis).**

CCA 1. Counseling and psychotherapeutic theories and techniques, including the counseling process in a multicultural society, an orientation to wellness and prevention, counseling theories to assist in selection of appropriate counseling interventions, models of counseling consistent with current professional research and practice, development of a personal model of counseling, and multidisciplinary responses to crises, emergencies, and disasters.

Number of units: _____ *Course number(s)/Term(s):* _____

CCA 2. Human growth and development across the lifespan, including normal and abnormal behavior and an understanding of developmental crises, disability, psychopathology, and situational and environmental factors that affect both normal and abnormal behavior.

Number of units: _____ *Course number(s)/Term(s):* _____

CCA 3. Career development theories and techniques, including career development decision-making models and interrelationships among and between work, family, and other life roles and factors, including the role of multicultural issues in career development.

Number of units: _____ *Course number(s)/Term(s):* _____

CCA 4. Group counseling theories and techniques, including principles of group dynamics, group process components, developmental stage theories, therapeutic factors of group work, group leadership styles and approaches, pertinent research and literature, group counseling methods, and evaluation of effectiveness.

Number of units: _____ *Course number(s)/Term(s):* _____

CCA 5. Assessment, appraisal, and testing of individuals, including basic concepts of standardized and non-standardized testing and other assessment techniques, norm-referenced and criterion-referenced assessment, statistical concepts, social and cultural factors related to assessment and evaluation of individuals and groups, and ethical strategies for selecting, administering, and interpreting assessment instruments and techniques in counseling.

The full number of units must be within degree or it will not qualify

Number of units: _____ *Course number(s)/Term(s):* _____

Applicant Name: Last	First	Middle
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CCA 6. Multicultural counseling theories and techniques, including counselors' roles in developing cultural self-awareness, identity development, promoting cultural social justice, individual and community strategies for working with and advocating for diverse populations, and counselors' roles in eliminating biases and prejudices, and processes of intentional and unintentional oppression and discrimination.

Number of units: _____ *Course number(s)/Term(s):* _____

CCA 7. Principles of the diagnostic process, including differential diagnosis, and the use of current diagnostic tools, such as the current edition of the Diagnostic and Statistical Manual, the impact of co-occurring substance use disorders or medical psychological disorders, established diagnostic criteria for mental or emotional disorders, and the treatment modalities and placement criteria within the continuum of care.

The full number of units must be within degree or it will not qualify

Number of units: _____ *Course number(s)/Term(s):* _____

CCA 8. Research and evaluation, including studies that provide an understanding of research methods, statistical analysis, the use of research to inform evidence-based practice, the importance of research in advancing the profession of counseling, and statistical methods used in conducting research, needs assessment, and program evaluation.

Number of units: _____ *Course number(s)/Term(s):* _____

CCA 9. Professional orientation, ethics, and law in counseling, including professional ethical standards and legal considerations, licensing law and process, regulatory laws that delineate the profession's scope of practice, counselor-client privilege, confidentiality, the client dangerous to self or others, treatment of minors with or without parental consent, relationship between practitioner's sense of self and human values, functions and relationships with other human service providers, strategies for collaboration, and advocacy processes needed to address institutional and social barriers that impede access, equity, and success for clients.

Number of units: _____ *Course number(s)/Term(s):* _____

CCA 10. Psychopharmacology, including the biological bases of behavior, basic classifications, indications, and contraindications of commonly prescribed psychopharmacological medications so that appropriate referrals can be made for medication evaluations and so that the side effects of those medications can be identified.

Number of units: _____ *Course number(s)/Term(s):* _____

Applicant Name: Last	First	Middle
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CCA 11. Addictions counseling, including substance abuse, co-occurring disorders, and addiction, major approaches to identification, evaluation, treatment, and prevention of substance abuse and addiction, legal and medical aspects of substance abuse, populations at risk, the role of support persons, support systems, and community resources.

Number of units: _____ Course number(s)/Term(s): _____

CCA 12. Crisis or trauma counseling, including crisis theory; multidisciplinary responses to crises, emergencies, or disasters; cognitive, affective, behavioral, and neurological effects associated with trauma; brief, intermediate, and long-term approaches; and assessment strategies for clients in crisis and principles of intervention for individuals with mental or emotional disorders during times of crisis, emergency, or disaster.

Number of units: _____ Course number(s)/Term(s): _____

CCA 13. Advanced counseling and psychotherapeutic theories and techniques, including the application of counseling constructs, assessment and treatment planning, clinical interventions, therapeutic relationships, psychopathology, or other clinical topics.

Number of units: _____ Course number(s)/Term(s): _____

ADVANCED COURSEWORK

Not required to be within degree, but if deficient must be remediated prior to approval of your Application for Licensure

In addition to the course requirements listed in CCAs #1 – 13 above, the degree contains 15 semester units or 22.5 quarter units that develop knowledge of specific treatment issues or special populations.

Number of units: _____ Course number(s)/Term(s): _____

SUPERVISED PRACTICUM REQUIRED

The full number of units and hours must be within your degree or it will not qualify.

The degree program contained at least 6 semester units or 9 quarter units of practicum or field study that included at least 280 hours of face-to-face supervised clinical experience counseling individuals, families, or groups.

Number of units: _____ Number of Hours: _____

Course number(s)/Term(s): _____

*Exception: If you hold an **LPCC license** at the highest level that is current and in good standing in another state or country, the practicum requirements may be waived.*

All of the information provided on this form is true and correct to the best of my ability.

Applicant Signature _____

Name of School _____

Date Signed _____



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



VERIFICATION OF LICENSE OR REGISTRATION IN ANOTHER STATE OR COUNTRY

PART 1. APPLICANT: If you hold or have held a license or registration as a marriage and family therapist in another state or country, or if you are submitting supervised experience gained in another state or country, and that state or country does NOT have a public online license lookup that contains information on disciplinary actions, this form must be completed. Complete Part 1 and mail this form and any necessary fees to that licensing agency.

Verification For: Applicant Applicant's Supervisor

Name of California Applicant:

Last	First	Middle	Date of Birth
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Name of Individual to be Verified:

Last	First	Middle	License Number
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I hereby authorize the release of my information to the California Board of Behavioral Sciences.

Signature of individual to be verified: _____ Date: _____

PART 2. LICENSING AGENCY:

Please return completed form to the above mailing address or email to BBSLicCerts@dca.ca.gov

1. Full name as shown in your records: _____
2. License or Registration Title: _____
3. License or Registration Status: _____
 Issue Date: _____ Expiration Date: _____
4. Any disciplinary action? No Yes *(If YES, attach an explanation)*

 Signature of Person Completing Form Date

 Printed Name and Title

 State Board or Licensing Agency Name

 State Phone Number

State Board/Licensing Agency
 Stamp Here



Board of Behavioral Sciences
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INSTRUCTIONS FOR LIVE SCAN FINGERPRINTING AND PRIVACY NOTICES

Live Scan Fingerprinting is available only in California. Live Scan fingerprint results will be submitted to the **Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI)** electronically.

If you need to have your fingerprints taken in another state, you must use the "hard card" fingerprint method. To request hard cards and instructions, send an email to BBS.Fingerprint@dca.ca.gov with "Fingerprint Hard Cards" in the subject line, and include your mailing address. Please be advised that the DOJ processing time for hard card fingerprints is a minimum of 8 to 12 weeks, or longer. In order to avoid processing delays and additional costs that result from invalid fingerprint cards, fingerprints must be taken at a law enforcement agency in the state of residence.

Fingerprint Fees - Paid to Live Scan Site

If you have your prints taken via Live Scan, you must pay the fingerprint fees below **directly to the site** where you have your Live Scan fingerprints taken:

DOJ FINGERPRINT PROCESSING FEE: \$32.00

FBI FINGERPRINT PROCESSING FEE: \$17.00

In addition to these processing fees, there may be a service charge associated with the Live Scan site you visit. The Live Scan service site will collect the above fees at the time you are fingerprinted. The Live Scan service charge may vary from location to location.

Complete the Request for Live Scan Service Form

You must complete and submit the attached *Request for Live Scan Service* form at the Live Scan site. Make sure that the information provided in Section 3 of the form matches the information on your BBS application. Once your fingerprints have been scanned, the Live Scan Operator will complete Section 4 of this form and return the second and third copies to you.

The second copy of this form, with Section 4 completed by the Live Scan Operator, must be MAILED to the BBS in order to retrieve your fingerprint results from the DOJ. Retain the third copy for your records as a proof of payment.

Live Scan Fingerprint Locations

You must visit an approved Live Scan Service Site. Most local Police and Sheriff Departments offer the Live Scan fingerprinting service. Some large school districts, passport services, and stores with generalized fingerprinting expertise may also offer Live Scan. A current listing of Live Scan sites is available on the DOJ website at <https://oag.ca.gov/fingerprints/locations>.

Consider calling the Live Scan service provider for hours of operation, fees, and appointment times if necessary. You must present valid photo identification (i.e., driver's license, military ID, or passport) at the Live Scan site.

Filling Out Your Live Scan Form

To facilitate prompt and accurate processing, please **TYPE** or **print legibly in ink**.

SECTION 1: Type of Application: LIC/CERT/PERMIT

Check the box for the applicable registration or license you are applying for with the BBS. Even if you are applying for more than one registration or license type, **CHECK THE BOX FOR ONLY ONE LICENSE TYPE**. Your fingerprint results will be put towards ALL registrations and licenses you hold. You do not need to pay or be fingerprinted for each individual BBS license type.

SECTION 2: This section is already completed.

SECTION 3:

Name of Applicant: Enter your full name

Alias: Indicate all other names used

Date of Birth: Indicate your month/day/year of birth

Sex: Mark the appropriate box

Height: Indicate your height in feet and inches

Weight: Indicate your weight in pounds (lbs.)

Eye Color: Indicate eye color abbreviation:

BLK - Black	GRY - Gray	MAR - Maroon	BLU - Blue	GRN - Green
PNK - Pink	BRO - Brown	HAZ - Hazel	MUL - Multicolor	

Hair Color: Indicate hair color abbreviation:

BAL - Bald	BRO - Brown	SDY - Sandy	BLK - Black
GRY - Gray	WHI - White	BLN - Blonde	RED - Red

Place of Birth: Indicate the state or country of birth

Social Security Number: Enter your SSN or individual taxpayer ID number. Must match the number provided on your application.

Driver's License No: Enter your Driver's license number if you have one.

Address: Enter a mailing address of your choice. You may use a business address, your home address, or any current address. This address will not be viewable by the public, and will be used solely for the BBS' records.

Your BBS File number:
Enter your BBS file number. If you are a brand new applicant and do not currently hold an identifying number, leave this line blank.

If Resubmission, list Original ATI No.
This is only used for a second fingerprinting due to a prior fingerprint rejection. The ATI No. allows you to be re-fingerprinted without paying the DOJ and FBI processing fee (service charges may still apply.)

Applicant Signature
Sign and date the application to indicate that you have read the included Privacy Notice, Privacy Act Statement and Applicant's Privacy Rights.

SECTION 4:
To be completed by the Live Scan operator.

REQUEST FOR LIVE SCAN SERVICE

Privacy Notice

As Required by Civil Code § 1798.17

Collection and Use of Personal Information. The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Business and Professions Code sections 4600-4621, 7574-7574.16, 26050-26059, 11340-11346, and 22440-22449; Penal Code sections 11100-11112, and 11077.1; Health and Safety Code sections 1522, 1416.20-1416.50, 1569.10-1569.24, 1596.80-1596.879, 1725-1742, and 18050-18055; Family Code sections 8700-87200, 8800-8823, and 8900-8925; Financial Code sections 1300-1301, 22100-22112, 17200-17215, and 28122-28124; Education Code sections 44330-44355; Welfare and Institutions Code sections 9710-9719.5, 14043-14045, 4684-4689.8, and 16500-16523.1; and other various state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled; or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at <http://oag.ca.gov/privacy-policy>.

Providing Personal Information. All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request.

Access to Your Information. You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. In order to process applications pertaining to Live Scan service to help determine the suitability of a person applying for a license, employment, or a volunteer position working with children, the elderly, or the disabled, we may need to share the information you give us with authorized applicant agencies. The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes.
- To another government agency as required by state or federal law.

Contact Information. For questions about this notice or access to your records, you may contact the Associate Governmental Program Analyst at the DOJ's Keeper of Records at (916) 210-3310, by email at keeperofrecords@doj.ca.gov, or by mail at: Department of Justice Bureau of Criminal Information & Analysis Keeper of Records P.O. Box 903417 Sacramento, CA 94203-4170.

REQUEST FOR LIVE SCAN SERVICE

Privacy Act Statement

Authority. The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose. Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses. During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental, or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

REQUEST FOR LIVE SCAN SERVICE

Noncriminal Justice Applicant's Privacy Rights

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification¹ that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.²
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.³

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.⁴

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.) *You can find additional information on the FBI website at <https://www.fbi.gov/about-us/cjis/background-checks>*

¹ Written notification includes electronic notification, but excludes oral notification

² <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ See 28 CFR 50.12(b) ⁴ See U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c)

⁴ See U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c)

SECTION 1

ORI: **A0462**

(Code assigned by DOJ)

Type of Application: **LIC/CERT/PERMIT**

Type of License: *(Mark Only ONE)*

Marriage and Family Therapist

Clinical Social Worker

Educational Psychologist

Professional Clinical Counselor

SECTION 2

Agency Authorized to Receive Criminal Record Information:

Mail Code: **01484**

Board of Behavioral Sciences
1625 North Market Blvd. Suite S-200
Sacramento CA 95834

Contact Name: Fingerprint Unit

Contact Phone: (916) 574-7830

SECTION 3

Name of Applicant: _____
(Please Print) Last

First _____ MI _____

Alias: _____
Last First

Driver's License No.: _____

Date of Birth: _____ Sex: Male Female

Billing No.: **APPLICANT MUST PAY**

Height: _____ Weight: _____

Address:

Eye Color: _____ Hair Color: _____

Number and Street

Place of Birth: _____

City _____ State _____ Zip _____

Social Security Number: _____

BBS File Number: _____

BBS Applicant: Please mail a copy of this form to the address in Section 2 with your BBS application.

If Resubmission, list Original ATI No.: _____

(Must provide proof of rejection)

Level of Service: DOJ FBI

I have received and read the included Privacy Notice, Privacy Act Statement and Applicant's Privacy Rights.

Applicant Signature: _____ Date: _____

SECTION 4

Live Scan Transaction Completed By: _____ Date: _____

Transmitting Agency: _____ LSID: _____

ATI No.: _____ Amount Collected/Billed: _____

ORIGINAL – Live Scan Operator SECOND COPY – Requesting Agency THIRD COPY - Applicant

SECTION 1

ORI: **A0462**

(Code assigned by DOJ)

Type of Application: **LIC/CERT/PERMIT**

Type of License: *(Mark Only ONE)*

Marriage and Family Therapist

Clinical Social Worker

Educational Psychologist

Professional Clinical Counselor

SECTION 2

Agency Authorized to Receive Criminal Record Information:

Mail Code: **01484**

Board of Behavioral Sciences
1625 North Market Blvd. Suite S-200
Sacramento CA 95834

Contact Name: Fingerprint Unit

Contact Phone: (916) 574-7830

SECTION 3

Name of Applicant: _____
(Please Print) Last

First _____ MI _____

Alias: _____
Last First

Driver's License No.: _____

Date of Birth: _____ Sex: Male Female

Billing No.: **APPLICANT MUST PAY**

Height: _____ Weight: _____

Address:

Eye Color: _____ Hair Color: _____

Number and Street _____

Place of Birth: _____

City _____ State _____ Zip _____

Social Security Number: _____

BBS File Number: _____

BBS Applicant: Please mail a copy of this form to the address in Section 2 with your BBS application.

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SECTION 1

ORI: **A0462**

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Type of Application: **LIC/CERT/PERMIT**

Type of License: *(Mark Only ONE)*

Marriage and Family Therapist

Clinical Social Worker

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Contact Name: Fingerprint Unit

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SECTION 3

Name of Applicant: _____
(Please Print) Last

First _____ MI _____

Alias: _____
Last First

Driver's License No.: _____

Date of Birth: _____ Sex: Male Female

Billing No.: **APPLICANT MUST PAY**

Height: _____ Weight: _____

Address:

Eye Color: _____ Hair Color: _____

Number and Street _____

Place of Birth: _____

City _____ State _____ Zip _____

Social Security Number: _____

BBS File Number: _____

BBS Applicant: Please mail a copy of this form to the address in Section 2 with your BBS application.

If Resubmission, list Original ATI No.: _____

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