



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



REQUEST FOR TEMPORARY CONTINUING EDUCATION (CE) WAIVER: **INSTRUCTIONS AND INFORMATION**

IMPORTANT:

- **The board must receive your request for CE waiver and verification of disability at least sixty (60) days PRIOR to the expiration date of your license in order for the waiver to be considered. Otherwise, your request will be denied. Allow 30 days for processing.**
- **The 6-hour Law and Ethics CE course required for each renewal CANNOT BE WAIVED. You must complete this course before renewing.**

Who Qualifies for a Temporary CE Waiver?

You may qualify for a temporary CE waiver if, for at least one year during your current license renewal period, you had one of the following:

- A physical or mental disability or medical condition that substantially limited one or more life activities and caused your earned income to drop below the substantial gainful activity amount for non-blind individuals during that year, as defined by the Social Security Administration (see <https://www.ssa.gov/oact/cola/sga.html>); OR
- You were the primary caregiver for an immediate family member, including a domestic partner, who had a total physical or mental disability. A “total physical or mental disability” means that the family member is both unable to work and unable to perform activities of daily living without substantial assistance, such as eating, bathing, dressing, housework, shopping, or meal preparation.

How to Request a Temporary Waiver of CE

To request a temporary waiver, submit the following:

- **Waiver Request form.** Complete the form titled, “Request for Temporary Continuing Education Waiver – Licensee Application” Form No. 37A-635 (Revised [date to be inserted by OAL upon approval of regulations]).
- **Verification of Disability.** If your waiver request is based on your own disability or medical condition, complete Part 2 of Form No. 37A-635 and submit a completed “Request for Temporary Continuing Education Waiver – Verification of Disability or Medical Condition” Form No. 37A-636 (Revised [date to be inserted by OAL upon approval of regulations]) and proof of income during the period of disability. Form No. 37A-636 must be completed by the attending physician or psychologist. The Board will accept a written statement from the physician or psychologist in lieu of completing the form, provided that the statement provides all of the information requested on the form, and includes all of the following: the name, title, address,

telephone number, professional license number, and original signature of the physician or psychologist providing the verification.

- **Verification of Disability of Immediate Family Member for Whom You were the Primary Caregiver.** If your waiver request is based on you being the primary caregiver of an immediate family member with a disability or medical condition, complete Part 3 of Form No. 37A-635 and submit a completed “Request for Temporary Continuing Education Waiver – Verification of Disability or Medical Condition” Form No. 37A-636 (Revised [date to be inserted by OAL upon approval of regulations]). This form must be completed by the attending physician or psychologist. The Board will accept a written statement from the physician or psychologist in lieu of completing the form, provided that the statement provides all of the information requested on the form, and includes all of the following: the name, title, address, telephone number, professional license number, and original signature of the physician or psychologist providing the verification. Any physician or psychologist verification of a Family Member’s disability or medical condition must include a copy of the Family Member’s written authorization to release protected health information (PHI) to the board for the limited purpose of verification for the licensee’s CE waiver request.
- **Proof of Income.** If your request is due to your own disability or medical condition, you must submit proof of all income earned from work activity during the (minimum) one-year period of disability. If you did not earn any income, provide proof of receiving disability payments, or provide other evidence demonstrating that you did not earn any income from work activity.

You will be notified whether or not your request was granted within thirty (30) days from the date the board receives your request and all supporting documentation.

Waivers Cannot be Granted Before the Fact

The board can only grant a waiver for your current renewal period. The board cannot grant a waiver for a future renewal period, nor can it grant a waiver for a situation that you anticipate. You may request a waiver after the qualifying situation has occurred, or during the qualifying situation, as long as you meet the minimum criteria.

Send Your Waiver Request BEFORE Submitting Your Renewal Application

Do not submit your renewal application until after the board has responded to your waiver request. Courtesy renewal applications are mailed out 90 days prior to your license expiration date. It takes 30 days to process an application for waiver.

If Your Waiver Request is Denied

If your request for waiver is denied, you will be required to complete all CE hours, including any mandatory coursework, prior to renewing your license in an active status. If you are unable to complete your CE hours prior to your expiration date, consider renewing your license as inactive. This will help you avoid a delinquency fee. You may reactivate your license once you have completed the required CE. It is against the law to practice with an inactive or delinquent license.

If Your Waiver Request is Approved

You must complete the 6-hour course in Law and Ethics prior to renewing your license with an active status.

For More Information

See Title 16, California Code of Regulations section 1887.2.

Notice of Collection of Personal Information:

The Board of Behavioral Sciences (board) of the Department of Consumer Affairs collects the personal information requested on this form as authorized by Business and Professions Code sections 4980.54, 4989.34, 4996.22 and 4999.76, and Title 16 California Code of Regulations (CCR) section 1887.2 for the purpose of determining eligibility for a “good cause” waiver of the board’s continuing education requirements for the specified renewal period.

Submission of the licensee’s personal information such as name, license number, medical history, and income is mandatory because the board cannot process the request for the CE waiver without this information. If the licensee requests a CE waiver because they were the primary caregiver for their immediate family member, submission of the family member’s personal information, such as name, medical history, name of health care provider, and family member’s authorization to release medical information is mandatory because the board cannot process the request for the CE waiver without this information. The personal information provided is for the limited purpose of evaluating and processing the licensee’s request for the CE waiver.

The board makes every effort to protect the personal information provided in this form. However, the information may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code Section 6250 and following), as allowed by the Information Practices Act (Civil Code Section 1798 and following);
- To another government agency as required by state or federal law; or
- In response to a court or administrative order, a subpoena, or a search warrant.

You, and any family member who have provided information on this form, have a right of access to records containing personal information about you maintained by the board, as permitted by the Information Practices Act. For questions about this notice or access to your records, contact the board at (916) 574-7830 or by email at BBS.info@dca.ca.gov. For questions about the Department of Consumer Affairs’ privacy policy or the Information Practices Act, contact the Department of Consumer Affairs, 1625 North Market Blvd., Sacramento, CA 95834 or (800) 952-5210 or email dca@dca.ca.gov.


Board of Behavioral Sciences

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REQUEST FOR TEMPORARY CONTINUING EDUCATION EXCEPTION- (CE) WAIVER

LICENSEE APPLICATION

Reason for Request – Health (Self or Primary Caregiver for Immediate Family Member)

This form must be received by the Board at least sixty (60) days prior to the expiration date of the license. The board must receive this form with the “Verification of Disability or Medical Condition” at least SIXTY (60) DAYS PRIOR TO your license expiration date. Allow 30 days for processing.

READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Any unanswered item will cause this request to be incomplete. Incomplete requests will not be processed.

NOTE: The 6-hour Law and Ethics course CANNOT be waived

(Please type or print clearly in ink)

| <i>For Office Use Only:</i> | |
|-------------------------------|--|
| Date Received | _____ |
| Date Approved | _____ Denied _____ |
| Date of Audit (if applicable) | _____ |
| Enforcement Approval | <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ |

Part 1 - To be completed by licensee

| | | | | | |
|--------------------------------------|-----------------|--|--|--------|----------|
| NAME: Last | | First | | Middle | |
| BUSINESS TELEPHONE: | | | RESIDENCE TELEPHONE: EMAIL ADDRESS (OPTIONAL): | | |
| ADDRESS OF RECORD: Number and Street | | | City | State | Zip Code |
| SOCIAL SECURITY NUMBER: | LICENSE NUMBER: | RENEWAL PERIOD REQUESTING EXCEPTION FOR CURRENT LICENSE EXPIRATION DATE: | | | |
| | | _____ / _____ / _____ -to _____ / _____ / _____ | | | |

REASON FOR EXCEPTION WAIVER REQUEST: (Check Mark one box only)

- Health – Self (Complete Part 2)
- Health - Primary Caregiver of Immediate Family Member (Complete Part-2 3)
- ~~Military~~ (submit proof)
- ~~Out of Country~~ (submit proof)

| | | | |
|-----------------|------|-------|--------|
| APPLICANT NAME: | Last | First | Middle |
|-----------------|------|-------|--------|

**Part 2 - To be completed by licensee to explain regarding own medical condition or disability.
Please attach extra sheets if necessary.**

1. ~~Provide a detailed description of the What is your diagnosed physical or mental disability or medical condition(s) and an explanation as to how the disability or medical condition limits one or more major life activities.?~~

2. ~~Attach completed "Request for Continuing Education Exception – Verification of Disability or Medical Condition," Form No. 37A-636 (New 03/10).~~
2. Did your condition(s) substantially limit your ability to perform one or more life activities for at least one year during your current renewal cycle? Yes No
3. Did your condition(s) cause your earned income to drop below the "substantial gainful activity" amount for the non-blind during that year, as set by the Social Security Administration? Yes No
4. Attach both of the following:
 - Completed (by physician or psychologist) "Request for Temporary Continuing Education Waiver – Verification of Disability or Medical Condition" Form No. 37A-636 (Revised [date to be inserted by OAL upon approval of regulations]); and,
 - Proof of all income earned from work activity during the (minimum) one-year period of disability. If you did not earn any income, provide proof of receiving disability payments, or provide other evidence demonstrating that you did not earn any income from work activity.
3. ~~What type of accommodation are you requesting?~~
 - ~~**Total Exception from Continuing Education Requirements** — *By checking this box you are certifying that for at least one year during your previous license renewal period you were prevented from completing the continuing education requirements due to one of the following: (a) total physical and/or mental disability; or, (b) total physical and/or mental disability of an immediate family member, including a domestic partner, where you were the primary caregiver for that family member.*~~
 - ~~**Request to Complete all Continuing Education Hours via Self-Study** — *By checking this box you are certifying that for at least one year during your previous license renewal period you were prevented from completing the interactive continuing education requirements due to one of the following: (a) physical and/or mental disability or medical condition; or, (b) physical and/or mental disability or medical condition of an immediate family member, including a domestic partner, where you are the primary caregiver for that family member.*~~
4. ~~Explain how another accommodation would allow you to comply with the continuing education requirements.~~

| | | | |
|-----------------|------|-------|--------|
| APPLICANT NAME: | Last | First | Middle |
|-----------------|------|-------|--------|

Part 3 – To be completed by licensee regarding immediate family member’s disability

1. What is your immediate family member’s name? _____
2. What is your relationship to your family member? _____
3. What is your immediate family member’s diagnosed physical or mental disability or medical condition(s)?

4. Was your immediate family member both unable to work and unable to perform activities of daily living without substantial assistance (such as eating, bathing, dressing, housework, shopping, or meal preparation) for at least one year during your current renewal cycle? Yes No
5. Were you the primary caregiver for your immediate family member for at least one year during your current renewal cycle? Yes No
6. Attach completed (by physician or psychologist) “Request for Temporary Continuing Education Waiver – Verification of Disability or Medical Condition;” Form No. 37A-636 (Revised [date to be inserted by OAL upon approval of regulations]) that includes a copy of the Family Member’s written authorization to release protected health information (PHI) for the limited purpose of the licensee’s CE waiver application.

I declare under penalty of perjury under the laws of the State of California that all the information that I have submitted on this form and on any accompanying attachment attachments is true and correct. I hereby certify that for at least one year during my previous license renewal period I was unable to complete the continuing education requirements due to one of the reasons listed in Title 16, California Code of Regulations section 1887.2. I understand that Providing providing false information or omitting required information are grounds for disciplinary action.

_____ **Date**

_____ **Signature of Licensee**

~~Certifying on your renewal form that you have either completed the required hours of continuing education or been granted an exception from the continuing education requirements prior to receiving the approved exception may constitute a violation of Business and Professions Code Sections 4982(b), 4989.54 (b), 4992.3(b) and 4999.90(b).~~

EXCEPTIONS FROM THE CE REQUIREMENT

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Exception Regulation, 16 CCR Section 1887.2(c)

(c) A licensee may submit a written request for exception from, or reasonable accommodation for, the continuing education requirement, on a form entitled “Request for Continuing Education Exception,” Form No. 37A-635 (Rev 03/10) for any of the reasons listed below. The request must be submitted to the board at least sixty (60) days prior to the expiration date of the license. The board will notify the licensee, within thirty (30) working days after receipt of the request for exception or reasonable accommodation, whether the exception or accommodation was granted. If the request for exception or accommodation is denied, the licensee is responsible for completing the full amount of continuing education required for license renewal. If the request for exception or accommodation is approved, it shall be valid for one renewal period.

(1) The Board shall grant an exception if the licensee can provide evidence, satisfactory to the board that:

(A) For at least one year during the licensee’s previous license renewal period the licensee was absent from California due to military service;

(B) For at least one year during the licensee’s previous license renewal period the licensee resided in another country; or

(2) The board may grant a reasonable accommodation if, for at least one year during the licensee’s previous license renewal period, the licensee or an immediate family member, including a domestic partner, where the licensee is the primary caregiver for that family member, had a physical or mental disability or medical condition as defined in Section 12926 of the Government Code. The physical or mental disability or medical condition must be verified by a licensed physician or psychologist with expertise in the area of the physical or mental disability or medical condition. Verification of the physical or mental disability or medical condition must be submitted by the licensee on a form entitled “Request for Continuing Education Exception – Verification of Disability or Medical Condition,” Form No. 37A-636 (New 03/10).

How to Request Exception

To request an exception, complete the form on the reverse side and submit it to the board, along with sufficient proof. The board will accept any documentation establishing the validity of your request, including military orders that demonstrate service outside California or a passport or visa showing the dates you resided out of the country. The Board may accept a written statement from your physician or psychologist in lieu of completing Part 2, provided that the statement provides all of the information requested in Part 2 of the verification form and includes all of the following: the name, title, address, telephone number, professional license number, and original signature of the physician or psychologist providing the verification. **Please remember that the documentation must supply all of the information required by Section 1887.2(c) above.** After the board’s review, you will be notified whether your request was granted.

Exceptions Cannot be Granted Before the Fact

The board can only grant exceptions when provided with proof that you have met the minimum criteria outlined in Section 1887.2(c). You may request exception after the situation has occurred, or during the situation as long as you have met the minimum criteria. *For example, if your license expiration date is July 31, 2012, and you are going to live out of the country from May 2011 through November 2012, you can submit your request for exception due to living out of the country anytime after May 2012.*

Renewal Application

Please send in your request for exception prior to submitting your renewal application. Courtesy renewal applications are mailed out 90 days prior to the expiration date. It takes 30 business days to process an application for exception. ***Do not submit your renewal application until you have received a written decision regarding your request for exception. If your request is denied, you will be required to complete the mandatory coursework and hours of continuing education prior to renewing your license in an active status. The Board must receive your request for exception at least sixty (60) days PRIOR to the expiration date of the license in order for the exception to be considered.***

If you have any questions, please contact the board’s CE program at (916) 574-7830.