

Board of Behavioral Sciences
BACKGROUND STATEMENT INSTRUCTIONS

CONVICTION(S)

You may complete the applicable portion(s) of the attached *Background Statement* form, and complete a separate *Background Statement* form for each conviction that the Board is required to review (see **Criminal Conviction FAQ** for more information). If there is not enough space to provide all details or required information, you may attach the *Additional Narrative Details* form provided in this packet.

RECOMMENDED ATTACHMENTS

→COMPLETED BACKGROUND STATEMENT FORM

→DISMISSALS: If you have obtained a dismissal of a conviction under section 1203.4, 1203.4a, or 1203.41 of the Penal Code (or equivalent non-California law), submit a copy of the court order or a Certificate of Rehabilitation.

→EVIDENCE OF REHABILITATION: Include any information that you want the Board to consider and which may mitigate the actions that led to your conviction(s). Your submission of sufficient evidence of rehabilitation will help to demonstrate your fitness for licensure. Such evidence may include, but is not limited to, proof of completion of probation or parole if required, proof of compliance with voluntary or court-ordered programs, and letters of reference from employers, instructors, professional counselors, probation, or parole officers. We recommend that any such letters are dated, on official letterhead and include an original signature.

When evaluating the rehabilitation of the applicant and their present eligibility for a license or registration, the Board is required to consider the criteria specified in law.

Board of Behavioral Sciences
BACKGROUND STATEMENT FORM

CONVICTION

Applicant Name: _____
(as it appears on your application)

Date of Offense:	Date of Conviction:
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Arresting/Investigative Agency:

Crime was (mark one if applicable): **Set Aside** **Expunged** **Dismissed**
 Reduced **Diverted** **Certificate of Rehabilitation**

Description of Offense and Evidence of Rehabilitation (if more space is needed, attach the *Additional Narrative Details* form):

I declare under penalty of perjury under the laws of the State of California that the information contained on this form and any attachments is true and correct to the best of my knowledge.

Signature: _____ **Date:** _____

Board of Behavioral Sciences
BACKGROUND STATEMENT INSTRUCTIONS

PENDING CRIMINAL ACTION(S)

You may complete the applicable portion(s) of the attached *Background Statement* form, and complete one form for each arrest or charge that has criminal action pending or is awaiting judgment and sentencing following an entry of a plea or jury verdict. If there is not enough space to provide all details or required information, you may attach the *Additional Narrative Details* form provided in this packet.

RECOMMENDED ATTACHMENTS

→ COMPLETED BACKGROUND STATEMENT FORM

→ CERTIFIED* (by the arresting agency) arrest report, including the narrative, any collision/traffic accident or investigation/incident reports, and any other documents, including blood toxicology results showing blood alcohol content.

***Certified documents** are obtained directly from and certified by the arresting agency. If the arresting agency will not release a copy to you, we recommend that you obtain and submit a signed certified statement attesting to that fact on the agency's letterhead.

→ EVIDENCE OF REHABILITATION: Include any information that you want the Board to consider and which may mitigate the actions that led to your arrest. Your submission of sufficient evidence of rehabilitation will help to demonstrate your fitness for licensure. Such evidence may include, but is not limited to, dated letters of reference from employers, instructors or professional counselors on official letterhead with an original signature.

When evaluating the rehabilitation of the applicant and their present eligibility for a license or registration, the Board is required to consider the criteria specified in law.

→ CASE COMPLETION: Upon completion of your case, we recommend that you submit either CERTIFIED court documents showing conviction or dismissal, or a letter from the District Attorney indicating that no charges will be filed.

Board of Behavioral Sciences
BACKGROUND STATEMENT FORM

PENDING CRIMINAL ACTION

Applicant Name: _____

(as it appears on your application)

Arrest/Charge is (mark one):	
<input type="checkbox"/> Pending Criminal Action	<input type="checkbox"/> Awaiting Judgment/Sentencing
Date of Offense:	Date Charges Filed:
Court Jurisdiction:	Next Court Date:
Arresting Agency:	
Description of Offense and Evidence of Rehabilitation (if more space is needed, attach the <i>Additional Narrative Details</i> form):	

I declare under penalty of perjury under the laws of the State of California that the information contained on this form and any attachments is true and correct to the best of my knowledge.

Signature: _____

Date: _____

Board of Behavioral Sciences
BACKGROUND STATEMENT INSTRUCTIONS

**LICENSE OR PRIVILEGE DENIED, SUSPENDED, REVOKED,
DISCIPLINED OR VOLUNTARILY SURRENDERED**

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?

If you answered YES to this question on your application, we recommend that you complete the attached *Background Statement* form, and complete one form for each denial, voluntary surrender or disciplinary action taken against a license, registration, certificate, or other means to engage in practice. If there is not enough space to provide all details or required information, you may attach the *Additional Narrative Details* form provided in this packet.

Prior Submission: We recommend that you disclose all denials, voluntary surrenders, suspensions, revocations or other discipline even if previously reported to the Board. In a written statement, indicate the type of professional health care license that was denied, suspended, disciplined or surrendered, including the date(s) of the denial, suspension, disciplinary action, or surrender. You do not need to resubmit documentation previously on file.

RECOMMENDED ATTACHMENTS

→ **COMPLETED BACKGROUND STATEMENT FORM**

→ **CERTIFIED*** copy of the determination made by the licensing entity. This should include the date and location of the incident, specific violation, date of disciplinary action, denial or voluntary surrender, and sanctions or penalties imposed and completion dates.

***Certified copies** must be obtained directly from the Board/Agency issuing the disciplinary order or denial.

→ **EVIDENCE OF REHABILITATION:** Include any information that you want the Board to consider and which may mitigate the actions that led to your discipline, denial or voluntary surrender.

Your submission of sufficient evidence of rehabilitation will help to demonstrate your fitness for licensure. Such evidence may include, but is not limited to proof of completion of probation if required, and dated letters of reference from employers, instructors or professional counselors on official letterhead with an original signature.

When evaluating the rehabilitation of the applicant and their present eligibility for a license or registration, the Board is required to consider the criteria specified in law.

Board of Behavioral Sciences
BACKGROUND STATEMENT FORM

**LICENSE OR PRIVILEGE DENIED, SUSPENDED, REVOKED,
DISCIPLINED OR VOLUNTARILY SURRENDERED**

Applicant Name: _____
(as it appears on your application)

Title of License, Registration or Certificate:	
Board or Agency:	Date of Action:
Type of Action: <input type="checkbox"/> Disciplinary Action <input type="checkbox"/> Denial <input type="checkbox"/> Voluntary Surrender	
Detailed description of the specific events that led to the action taken and evidence of rehabilitation (if more space is needed, attach the <i>Additional Narrative Details</i> form):	

I declare under penalty of perjury under the laws of the State of California that the information contained on this form and any attachments is true and correct to the best of my knowledge.

Signature: _____ **Date:** _____

**Board of Behavioral Sciences
BACKGROUND STATEMENT**

ATTACHMENT

Page ____ of ____

Applicant Name: _____
(as it appears on your application)

Conviction Pending Case Discipline/Denial/Surrender

ADDITIONAL NARRATIVE DETAILS

Date of Incident/Conviction:

Continuation of Description *(if more space is needed, attach additional pages):*