



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



## LICENSED PROFESSIONAL CLINICAL COUNSELOR

### APPLICATION FOR LICENSURE

#### Path A OUT-OF-STATE Applicants

Use this Path A application if you meet **ALL four** of the requirements listed below\*:

1. You have held a license as a Professional Clinical Counselor in another United States jurisdiction for at least two years; and
2. That license is at the highest level for independent clinical practice in that jurisdiction; and
3. That license is current, and has been active and unrestricted for at least two years immediately before the date the Board receives your application; and
4. The degree that qualified you for your license is a master's or doctorate degree from a school holding a regional or national institutional accreditation recognized by the U.S. Department of Education, or a school approved by the California Bureau for Private Postsecondary Education.

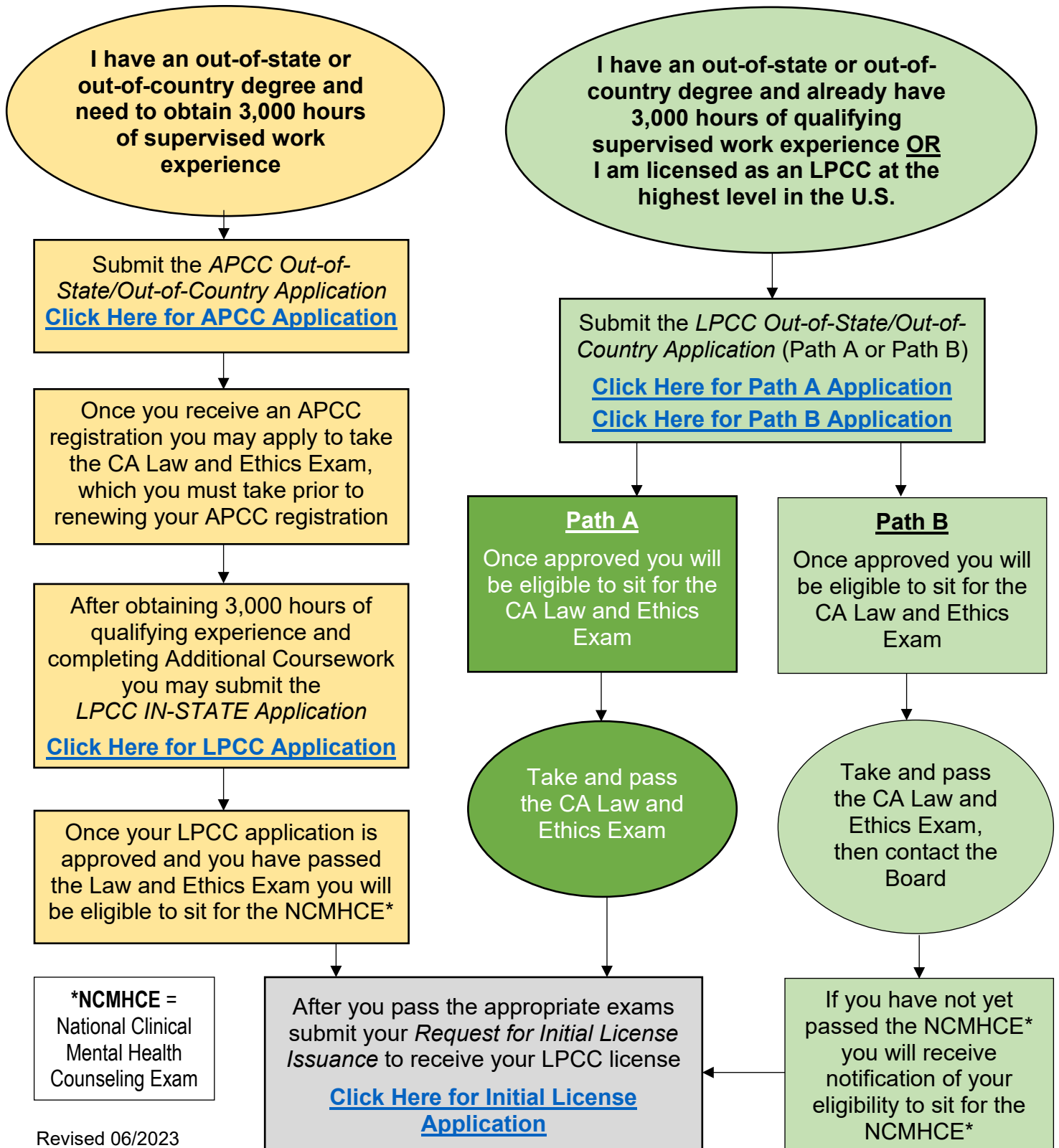
Thank you for your interest in becoming a California Licensed Professional Clinical Counselor (LPCC). This packet contains the following:

1. Application Selector and Overview of Licensure Process
2. Application Instructions
3. Application Checklist
4. Important Information for Applicants
5. Application for Licensure
6. Verification of Out-of-State License
7. Instructions for Live Scan Fingerprinting and Request for Live Scan Service Form

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***\*If you do not meet ALL FOUR of the above listed requirements, you must instead apply under [Path B – Licensure via Education and Experience](#).***

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



APPLICATION FOR LICENSURE  
**LICENSED PROFESSIONAL  
CLINICAL COUNSELOR**



## **APPLICATION INSTRUCTIONS**

### **PATH A - Licensure by Credential Licensed Out-of-State 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.**

#### **EXPEDITED REVIEW**

The Board is required to expedite the licensure process for the following applicants (*all expedite forms available at [www.bbs.ca.gov](http://www.bbs.ca.gov)>Applicants>LPCC>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. A \$250 application fee waiver is also available to these applicants. 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, you will need to 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.

## Path A – LICENSURE BY CREDENTIAL – INITIAL QUALIFICATIONS

**You qualify to apply via Path A if you meet ALL FOUR of the following requirements:**

1. You have held an active license as a Professional Clinical Counselor in another United States jurisdiction for at least two years; and
2. Your license is at the highest level for independent clinical practice in that jurisdiction; and
3. The license you hold is current, and has been active and unrestricted for at least two years immediately before the date the Board receives your application; and
4. The degree that qualified you for your license is a master's or doctoral degree obtained from a school holding a regional or national institutional accreditation recognized by the U.S. Department of Education (USDE), or a school approved by the California Bureau for Private Postsecondary Education (BPPE).

**If you do not meet ALL FOUR of the above requirements you do NOT qualify for Path A.**

**→ [Apply instead under Path B - LICENSURE BY EDUCATION AND EXPERIENCE](#) (access application at [www.bbs.ca.gov](http://www.bbs.ca.gov)>Applicant>LPCC)**

## Path A – LICENSURE BY CREDENTIAL – APPLICATION INSTRUCTIONS

### A. APPLICATION

Instructions	Document(s) Required
<ul style="list-style-type: none"> <li>• Complete all sections of the <i>Application for Licensure</i> in ink.</li> <li>• The application must have your original signature.</li> <li>• 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).</li> <li>• <u>Name Change</u>: If you have registered with the Board previously and have changed your legal name without notifying the Board, submit a <a href="#">Notification of Name Change</a> form with your application packet along with the required documentation (access at <a href="https://www.bbs.ca.gov/pdf/forms/change_name.pdf">https://www.bbs.ca.gov/pdf/forms/change_name.pdf</a>).</li> <li>• <u>Email Address</u>: Provide your email address if you have one. This address is not subject to public disclosure.</li> </ul>	<p><b>Completed and signed <i>Application for Licensure – Path A</i></b></p>

## B. FEES

Instructions	Document(s) Required
<p><b>Carefully read the information below to determine your fee(s). Incorrect submission will delay your application.</b></p> <p><b>If you need clarification, contact <a href="mailto:bbs.lpcc@dca.ca.gov">bbs.lpcc@dca.ca.gov</a> prior to submission.</b></p> <p><b>1. If you have NEVER been issued a registration or license with the BBS:</b></p> <p>Attach a \$400.00 check or money order to your application, made payable to the Behavioral Sciences Fund. The \$400.00 fee consists of a \$250.00 application fee and a \$150.00 California Law and Ethics Exam fee. The application fee is an earned fee for evaluation of your application and is NOT REFUNDABLE.</p> <p><b>2. If you HAVE been issued a registration or license with the BBS at any time in the past:</b></p> <p>a. <u>If you have ALREADY PASSED the California Law and Ethics Exam:</u> Attach a \$250 check or money order to your application, made payable to the Behavioral Sciences Fund. This is an earned fee for the evaluation of your application and is NOT REFUNDABLE.</p> <p>b. <u>If you have NOT yet passed the California Law and Ethics Exam:</u> Submit BOTH of the following (i and ii below):</p> <p>i. Attach a \$250.00 check or money order to your application, made payable to the Behavioral Sciences Fund. This is an earned fee for the evaluation of your application and is NOT REFUNDABLE. *AND*</p> <p>ii. Apply <a href="http://www.breeze.ca.gov">online</a> to take California Law and Ethics Exam (\$150 fee - submit at: <a href="http://www.breeze.ca.gov">www.breeze.ca.gov</a>).</p>	<p><b>1. Attach a \$400.00 check or money order payable to the Behavioral Sciences Fund</b></p> <p><b>2. Attach a \$250 check or money order payable to the Behavioral Sciences Fund</b></p> <p><b>AND</b></p> <p><i>(if you have NOT passed the Law and Ethics Exam):</i></p> <p><b>Apply for the Law and Ethics Exam (\$150 fee to submit <a href="http://www.breeze.ca.gov">online</a> at <a href="http://www.breeze.ca.gov">www.breeze.ca.gov</a>)</b></p>
<p><u>Out-of-State Fingerprinting Fee:</u></p> <p>Attach a \$49 fee if ONLY you are submitting fingerprint “hard cards” due to being fingerprinted outside of California (see next page for details).</p>	<p><b>If submitting fingerprint “hard cards” also attach a \$49 check or money order payable to the Behavioral Sciences Fund</b></p>

## C. FINGERPRINTS

Instructions	Document(s) Required
<p>➔ <b>Disregard this section if you are currently registered with the BBS as an Associate</b></p> <p>The Board requires a Department of Justice (DOJ) and Federal Bureau of Investigation (FBI) criminal history background check on all applicants.</p> <p><b><u>If you currently reside in California:</u></b></p> <p>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"> <li>The information on this form must match the information you provide on your application.</li> <li>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.</li> </ul> <p><b><u>If you currently reside out of state:</u></b></p> <p>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 <a href="mailto:BBS.Fingerprint@dca.ca.gov">BBS.Fingerprint@dca.ca.gov</a> with "Fingerprint Hard Cards" in the subject line, and we will mail them to you.</p> <ul style="list-style-type: none"> <li>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.</li> <li>DOJ processing time for hard card fingerprints is <b>8 or more weeks</b>.</li> </ul>	<p><b><u>If you currently reside in California:</u></b> Submit the second copy of your completed <i>Request for Live Scan Service Applicant Submission</i> form.</p> <p><b><u>If you currently reside out of state:</u></b> Submit two completed fingerprint hard cards (FBI and DOJ) and \$49 fee payable to Behavioral Sciences Fund.</p>

## D. QUALIFYING DEGREE

Instructions	Document(s) Required
<p>Provide an official transcript verifying your qualifying master’s or doctorate degree, with degree title and date of conferral posted as directed below:</p> <ul style="list-style-type: none"> <li>• Provided in an envelope SEALED BY YOUR SCHOOL; or</li> <li>• Emailed BY YOUR SCHOOL to the Board at <a href="mailto:BBSLPCCtranscripts@dca.ca.gov">BBSLPCCtranscripts@dca.ca.gov</a> (for questions about electronic submission, see <a href="#">FAQ</a> (access at <a href="http://www.bbs.ca.gov">www.bbs.ca.gov</a>&gt;Updates/FAQs&gt; FAQs).</li> </ul> <p>Note: The degree that qualified you for licensure in another United States jurisdiction must be a master’s or doctoral degree obtained from a school that holds a regional or national institutional accreditation recognized by the U.S. Department of Education (USDE) or a school approved by the California Bureau for Private Postsecondary Education (BPPE). Otherwise, you must apply under Path B.</p>	<p><b>Official transcript with degree title and date of conferral posted</b></p> <p><b>MUST BE IN AN ENVELOPE SEALED BY THE SCHOOL OR EMAILED BY THE SCHOOL TO THE BOARD AS DIRECTED</b></p>

## E. COURSEWORK

Instructions	Document(s) Required
<p>You must complete all of the coursework listed below and on the next page before your application can be approved. Courses must be taken at the graduate level from a school that holds a regional or national institutional accreditation recognized by the USDE, a school approved by the BPPE, or an acceptable <a href="#">continuing education provider</a> (access at <a href="http://www.bbs.ca.gov">www.bbs.ca.gov</a>&gt;Licensees). Undergraduate coursework cannot be accepted.</p> <p><i>Note: 1 semester unit = 15 hours; 1 quarter unit = 10 hours; 1 semester unit = 1.5 quarter units</i></p>	<p><b>Proof of completion of all coursework listed below and on the next page</b></p>

COURSE	LENGTH	CONTENT REQUIRED
<p><b>Suicide Risk Assessment and Intervention</b></p>	<p>6 hours of coursework or applied experience</p>	<p>Course must cover suicide risk assessment and intervention. See the Board’s website at <a href="http://www.bbs.ca.gov/pdf/suicide_prevention.pdf">www.bbs.ca.gov/pdf/suicide_prevention.pdf</a> for information on how to provide documentation of completion if this content was contained within your degree program, or if it was met as part of your applied experience, or if you took a CE course from a Board-accepted provider.</p>

*Continued on next page*



**E. COURSEWORK (continued)**

COURSE	LENGTH	CONTENT REQUIRED
<p><b>California Law and Ethics</b></p> <p><i>NOTE: This is a SEPARATE requirement from the California Law and Ethics Exam</i></p>	<p>12 hours</p>	<p>Must be California-specific and include instruction in advertising, scope of practice, scope of competence, treatment of minors, confidentiality, dangerous patients, psychotherapist-patient privilege, recordkeeping, patient access to records, state and federal laws relating to confidentiality of patient health information, dual relationships, child abuse, elder and dependent adult abuse, online therapy, insurance reimbursement, civil liability, disciplinary actions and unprofessional conduct, ethics complaints and ethical standards, termination of therapy, standards of care, relevant family law, therapist disclosures to patients, the application of legal and ethical standards in different types of work settings, and licensing law and licensing process.</p>
<p><b>Child Abuse Assessment and Reporting in California</b></p>	<p>7 hours</p>	<p>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.</p>
<p><b>California Cultures and the Social and Psychological Implications of Socioeconomic Position</b></p>	<p>15 hours or 1 semester unit</p>	<p>Instruction must include an understanding of various California cultures and the social and psychological implications of socioeconomic position.</p>



## F. VERIFICATION OF LICENSURE IN ANOTHER STATE

Instructions	Document(s) Required
<p>If the state in which you are licensed as a professional clinical counselor <u>does NOT have a public online license lookup that contains information on disciplinary actions</u>, you must provide a completed <i>Verification of License or Registration in Another State or Country</i> form. This verification may be provided in one of the following ways:</p> <ul style="list-style-type: none"> <li>• Emailed to the Board DIRECTLY FROM THE LICENSING AGENCY to <a href="mailto:BBSLicCerts@dca.ca.gov">BBSLicCerts@dca.ca.gov</a>.</li> <li>• Submitted in an envelope SEALED BY THE STATE LICENSING AGENCY.</li> </ul>	<p><b>Verification of licensure sent to the Board in an ENVELOPE SEALED BY THE LICENSING AGENCY OR EMAILED BY THE AGENCY AS DIRECTED (if no public online lookup)</b></p>

## G. CALIFORNIA LAW AND ETHICS EXAMINATION

Instructions	Document(s) Required
<p>You must pass the California Law and Ethics Examination. You will be eligible to take this exam after your application has been approved. You may submit the fee and apply online to for the exam at <a href="http://www.breeze.ca.gov">www.breeze.ca.gov</a>.</p> <p><u>Note:</u> If you are currently registered as an Associate or have ever held a license with the Board, you can take this exam at any time (apply at <a href="http://www.breeze.ca.gov">www.breeze.ca.gov</a>).</p>	<p>None at this time</p>

## H. APPLY FOR INITIAL LICENSE ISSUANCE

Instructions	Document(s) Required
<p><b>After</b> you have met all requirements for licensure, you must submit a <a href="#">Request for Initial License Issuance</a> and \$200 initial licensure fee (access at <a href="https://www.bbs.ca.gov/pdf/forms/initial_lic_iss.pdf">https://www.bbs.ca.gov/pdf/forms/initial_lic_iss.pdf</a>).</p> <p><b>Do NOT submit the form or fee until you have passed the Law and Ethics exam – if you submit it too early it will be rejected.</b></p>	<p>AFTER you pass the Law and Ethics Exam, submit a <i>Request for Initial License Issuance</i> and \$200 fee</p>

## **APPLICATION CHECKLIST**

### **Path A – Licensure by Credential Licensed Out-of-State 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 number 37A-661A).
- Official sealed transcript(s) with degree title and date of conferral posted\*
- Sealed Verification of License in Another State or Country (*if applicable*)
- Proof of completion of California Law and Ethics course\*
- Proof of completion of Additional Coursework
- 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).
- Fee(s) payable to the Behavioral Sciences Fund.

*\*Not required if currently registered with the BBS as an Associate*

**Important Information for**  
**LICENSED PROFESSIONAL**  
**CLINICAL COUNSELOR**  
**APPLICANTS**



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

An application shall be deemed abandoned in any of the circumstances described below. **Abandonment could have major consequences, including the loss of any experience hours more than six (6) years old at the time of application.** Per Title 16, California Code of Regulations section 1806, an application shall be deemed abandoned when:

- 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 fail to sit for examination within one (1) year after being notified of eligibility; or
- You fail to pay the initial license fee within one (1) year after notification by the board of successful completion of examination requirements.

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

**2. EXAMINATION**

Once the Board evaluates your application, you will receive one of the following:

- A notice describing any deficiencies in your application OR
- A notice of eligibility to take the examination.
  - In-State and Out-of-State Path B Applicants: You will not be eligible to take the National Clinical Mental Health Counseling Examination (NCMHCE) until you have passed the LPCC California Law and Ethics Exam. See *Application Instructions* in this packet for more information.

The examinations contain objective multiple-choice questions and are offered at locations throughout California and in other states. Upon receipt of your notice of eligibility, it is your responsibility to contact the testing administrator to schedule your examination. Further information about the examination process is provided on the Board's [website](#).

### **3. REQUEST FOR TESTING ACCOMMODATION – DISABILITY OR ENGLISH IS YOUR SECOND LANGUAGE**

Refer to the Board's [website](#) for information on how to apply for testing accommodations (access at <https://www.bbs.ca.gov/exams>).

### **4. NONDISCRIMINATION AND ADA COORDINATOR**

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 Americans with Disabilities Act (ADA). Information concerning the provisions of the ADA, and the rights provided hereunder, are available from the ADA coordinator.

### **5. 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.

### **6. EMAIL ADDRESS AND PUBLIC 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](http://www.breeze.ca.gov).

### **7. STATUTES AND REGULATIONS**

To obtain a copy of the Board's *Statutes and Regulations*, please access it from the Board's [website](#).

### **8. 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, 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.

## 9. 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 licensee or registrant does not pay their state tax obligation, the individual's license or registration may be suspended.

## 10. NOTICE OF COLLECTION OF PERSONAL INFORMATION:

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

## 11. QUESTIONS?

Please visit the **Contact Us** link at [www.bbs.ca.gov](http://www.bbs.ca.gov) and select an option under "Message the Board."

APPLICATION FOR LICENSURE  
**LICENSED PROFESSIONAL  
 CLINICAL COUNSELOR**  
**Out-of-State Applicant**



**APPLICATION FOR PATH A.  
 LICENSURE BY CREDENTIAL**

Office Use Only:

**Avoid delays and deficiencies - Carefully read the Application Instructions FIRST**

**FEE: Attach fee in the amount specified in the Application Instructions.**

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)	

\* 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 served in the United States Armed Forces or the California National Guard? **(OPTIONAL)** Yes, Currently  No   
Yes, Previously

2. 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

3. 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, available on the Board’s website, to facilitate processing of your application.*

*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.*

4. If the state in which you are licensed as a professional clinical counselor does NOT have a public online license lookup that contains information on disciplinary actions, have you attached a *Verification of License* form? Yes  No   
N/A



Applicant Name: Last	First	Middle
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**5. QUALIFICATIONS:**

- A. I have held a license as a Professional Clinical Counselor in another United States jurisdiction for at least two years.  Yes  No
- B. The license I hold is current, and has been active and unrestricted for at least two years immediately before the date I submit my application to the Board.  Yes  No
- C. The license I hold is at the highest level for independent clinical practice in that jurisdiction.  Yes  No
- D. The degree that qualified me for this license is a master’s or doctoral degree obtained from a school holding a regional or national institutional accreditation recognized by the U.S. Department of Education, or a school approved by the California Bureau for Private Postsecondary Education.  Yes  No

**If you answered NO to any of the above, you must instead apply using the *Application for Path B - Licensure by Education and Experience*.**

**6. OFFICIAL TRANSCRIPTS:**

Have you submitted official sealed transcripts verifying your qualifying master’s or doctoral degree as described in 5.D. above? See *Application Instructions* for transcript requirements.

Yes – Sealed Transcripts via Mail   
 Yes – Electronic Transcripts   
 No

**7. CALIFORNIA-SPECIFIC COURSEWORK:**

List the course providers below and attach documentation of completion for each course. See [the Guide to LPCC Out-of-State Requirements](#) for course content and provider requirements.

- a) *Suicide Risk Assessment and Intervention (6 hours)*  
 Provider Name: \_\_\_\_\_
- b) *California Law and Ethics (12 hours)*  
 Provider Name: \_\_\_\_\_
- c) *Child Abuse Assessment and Reporting in California (7 hours)*  
 Provider Name: \_\_\_\_\_
- d) *California Cultures and the Social and Psychological Implications of Socioeconomic Position (15 hours)*  
 Provider Name: \_\_\_\_\_

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](#). 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 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  
 (916) 574-7830  
[www.bbs.ca.gov](http://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 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](mailto: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**  
1625 North Market Blvd., Suite S200, Sacramento, CA 95834  
Telephone: (916) 574-7830  
[www.bbs.ca.gov](http://www.bbs.ca.gov)



## **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](mailto: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.

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## **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:

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

Hair Color: Indicate hair color abbreviation:

<b>BAL</b> - Bald	<b>BRO</b> - Brown	<b>SDY</b> - Sandy	<b>BLK</b> - Black
<b>GRY</b> - Gray	<b>WHI</b> - White	<b>BLN</b> - Blonde	<b>RED</b> - 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

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**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](mailto: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

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**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

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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 notification<sup>1</sup> 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.<sup>2</sup>
- 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.<sup>3</sup>

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.<sup>4</sup>

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>*

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<sup>1</sup> Written notification includes electronic notification, but excludes oral notification

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

<sup>3</sup> See 28 CFR 50.12(b) <sup>4</sup> 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)

<sup>4</sup> 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**

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(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: \_\_\_\_\_

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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: \_\_\_\_\_

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