

MILITARY SPOUSE/DOMESTIC PARTNER EXPEDITE REQUEST

➔ **Attach completed form to TOP of application with required documentation**
Print with colored ink or on colored paper if possible

Applicant Name: _____ BBS ID# (if known): _____

Licensing Program (mark one): LCSW LEP LMFT LPCC

Application Type* (mark one):

- Application for Initial Examination
- Application for Re-Examination
- Request for Testing Accommodations

**If you are submitting an Application for Associate Registration, an Application for Licensure or a Request for Initial License Issuance, use this [Fee Waiver and Expedite Request](#) form instead (access at www.bbs.ca.gov>Applicant>(license type)>Forms).*

IMPORTANT:

- ➔ **You must meet ALL of the qualifications listed below and on the next page to receive an expedite.**
- ➔ **Attach this completed form to the TOP of your application with ALL of the documentation listed below and on the next page.**

Avoid Delays! Be sure to:

- *Submit a complete expedite form including required documentation, and attach it to the top of your application to ensure that it is easily seen by staff; and*
- *Submit a complete examination application.*

1. Attach evidence (as described below) that you are married to, or in a domestic partnership or other legal union with, an active-duty member of the Armed Forces of the U.S. who is officially assigned to a duty station in California.

Attach a copy of your marriage certificate or certified declaration or registration of domestic partnership from the Secretary of State.

For other forms of legal union not recognized by California, you may submit documentation issued by the state that recognizes your legal union.

(continued on next page)

2. Attach evidence that your spouse or partner has been assigned to a duty station in California under official active duty military orders.

For example, attach a copy of your spouse or partner's military orders.

3. Complete the information below and attach evidence that you hold a current license or registration in another state, district, or territory of the United States in the same profession for which you seek licensure or registration from the Board of Behavioral Sciences.

For example, attach a copy of your current license or registration.

State Where Licensed or Registered: _____

License Type: _____

License Number: _____

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

Signature of Applicant: _____ Date: _____

Application expedites for military spouses and partners are provided in accordance with California Business and Professions Code section 115.5.