

Board of Behavioral Sciences

1625 North Market Blvd., Suite S200, Sacramento, CA 95834

Telephone: (916) 574-7830 TDD:(916) 322-1700

www.bbs.ca.gov**SUPERVISORY PLAN**

Title 16, California Code of Regulations (CCR) Sections 1870.1 and 1822 requires all associate clinical social workers and professional clinical counselor interns and ~~licensed clinical social workers or licensed mental health professionals~~ acceptable to the Board as defined in Business and Professions Code Section 4996.23(a), 4999.12(h) and CCR Section 1874, who assume responsibility for providing supervision to those working toward a license as a Clinical Social Worker or Professional Clinical Counselor to complete and sign the following supervisory plan. The original signed plan shall be submitted by the ~~Associate Clinical Social Worker~~ registrant to the board upon application for license examination eligibility.

REGISTRANT-ASSOCIATE: (Please type or print clearly in ink.)

Legal name:	Last	First	Middle	ASW Registration Number
Address:	Number and Street			
City	State		Zip Code	
Business Telephone ()	Residence Telephone ()			

LICENSED SUPERVISOR: (Please type or print clearly in ink.)

Name:	Last	First	Middle	License No:	Expiration Date:																				
Employer Name:	Telephone Number: ()																								
Address:	Number and Street																								
City	State		Zip Code																						
Employment Setting:	<table border="0"> <tr> <td>a. Private Practice</td> <td><input type="checkbox"/></td> <td>d. Licensed Health Facility</td> <td><input type="checkbox"/></td> </tr> <tr> <td>a. Governmental Entity</td> <td><input type="checkbox"/></td> <td>e. Social Rehabilitation Facility/Community Treatment Facility</td> <td><input type="checkbox"/></td> </tr> <tr> <td>b. Nonprofit and Charitable Corporation</td> <td><input type="checkbox"/></td> <td>f. Pediatric Day Health and Respite Care Facility</td> <td><input type="checkbox"/></td> </tr> <tr> <td>c. School, College, or University</td> <td><input type="checkbox"/></td> <td>g. Licensed Alcoholism or Drug Abuse Recovery or Treatment Facility</td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td>h. <u>Community Mental Health Facility</u></td> <td><input type="checkbox"/></td> </tr> </table>					a. Private Practice	<input type="checkbox"/>	d. Licensed Health Facility	<input type="checkbox"/>	a. Governmental Entity	<input type="checkbox"/>	e. Social Rehabilitation Facility/Community Treatment Facility	<input type="checkbox"/>	b. Nonprofit and Charitable Corporation	<input type="checkbox"/>	f. Pediatric Day Health and Respite Care Facility	<input type="checkbox"/>	c. School, College, or University	<input type="checkbox"/>	g. Licensed Alcoholism or Drug Abuse Recovery or Treatment Facility	<input type="checkbox"/>			h. <u>Community Mental Health Facility</u>	<input type="checkbox"/>
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Briefly describe the goals and objectives:																									

I certify that I understand the responsibilities regarding clinical supervision, including the supervisor's responsibility to perform ongoing assessments of the supervisee, and I declare under penalty of perjury under the laws of the State of California that the information submitted on this form is true and correct.

Supervisor's Signature	Date signed
Associate Registrant's Signature	Date signed

The **original** of this form must be submitted to the board upon application for license examination eligibility.



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**RESPONSIBILITY STATEMENT FOR SUPERVISORS OF AN
 ASSOCIATE CLINICAL SOCIAL WORKER**

Title 16, California Code of Regulations (16 CCR) Section 1870 requires any qualified licensed mental health professional who assumes responsibility for providing supervision to those working toward a license as a Clinical Social Worker to complete and sign, under penalty of perjury, the following statement prior to the commencement of supervision.

Associate's Name	ASW Number	Supervisor's Name
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As the supervisor:

- 1) I am licensed in California. The license I hold is: (16 CCR § 1870(a)(1))

Marriage and Family Therapist.....	_____	_____
	<i>License #</i>	<i>Issue Date</i>
Licensed Clinical Social Worker.....	_____	_____
	<i>License #</i>	<i>Issue Date</i>
<u>Licensed Professional Clinical Counselor.....</u>	_____	_____
	<u><i>License #</i></u>	<u><i>Issue Date</i></u>
*Psychologist.....	_____	_____
	<i>License #</i>	<i>Issue Date</i>
*Physician certified in psychiatry by the <i>American Board of Psychiatry and Neurology</i>	_____	_____
	<i>License #</i>	<i>Issue Date</i>
- 2) I have and will maintain a current and valid license in good standing and will immediately notify the associate of any disciplinary action, including revocation or suspension, even if stayed, probation terms, inactive license status, or any lapse in licensure, that affects my ability or right to supervise. (16 CCR § 1870(a)(1)&(2))
- 3) I have practiced psychotherapy or provided direct supervision of associates, or marriage and family therapist interns or trainees who perform psychotherapy for at least two (2) years within the last five (5) years immediately preceding this supervision. (16 CCR § 1870(a)(3))
- 4) I have completed a minimum of fifteen (15) contact hours in supervision training that includes content specified in 16 CCR Section 1870(a)(4) obtained from a state agency or approved continuing education provider.** (16 CCR § 1870(a)(4)(A))
- 5) I have had sufficient experience, training, and education in the area of clinical supervision to competently supervise associates. (16 CCR § 1870(a)(4))
- 6) I know and understand the laws and regulations pertaining to both the supervision of associates and the experience required for licensure as a clinical social worker. (16 CCR § 1870(a)(5))
- 7) I shall ensure that the extent, kind, and quality of clinical social work performed is consistent with the training and experience of the associate. (16 CCR § 1870(a)(6)(A))
- 8) I shall review client/patient records, monitor and evaluate assessment and treatment decisions of the associate clinical social worker, and monitor and evaluate the ability of the associate to provide services at the site(s) where he or she will be practicing and to the particular clientele being served, and ensure compliance with all laws and regulations governing the practice of clinical social work. (16 CCR § 1870(a)(6)(B)-(D))

*** MFTs, LPCCs, Psychologists, and Physicians certified in psychiatry must be licensed for two years prior to commencement of supervision.**

**** Psychologists and Physicians board certified in psychiatry are not required to comply with #4.**

- 9) I shall develop a supervisory plan as described in Section 1870.1 of the California Code of Regulations. The original signed plan shall be submitted to the board upon the associate's application for licensure. (16 CCR § 1870(a)(7), 1870.1)
- 10) I agree not to provide supervision to an associate unless the associate is a volunteer or employed by a setting that (1) lawfully and regularly provides clinical social work, mental health counseling, or psychotherapy; and (2) provides oversight to ensure that the associate's work at the setting meets the experience and supervision requirements set forth in Chapter 14 of the Business and Professions Code (BPC) and is within the scope of practice for clinical social work and psychotherapy as defined in BPC Section 4996.9. (BPC § 4996.23(e))
- 11) I shall provide the associate with this original signed form prior to the commencement of any supervision. (16 CCR § 1870(a)(8))
- 12) I shall give at least one (1) week's written notice to the associate of my intent not to certify any further hours of experience for such person. If I have not provided such notice, I shall sign for hours of experience obtained in good faith where I actually provided the required supervision. (16 CCR § 1870(a)(9))
- 13) I shall complete an assessment of the ongoing strengths and limitations of the associate at least once a year and upon completion or termination of supervision and will provide copies of all assessments to the associate. (16 CCR § 1870(a)(10))
- 14) Upon written request of the board, I shall provide to the board any documentation which verifies my compliance with the requirements set forth in 16 CCR section 1870. (16 CCR § 1870(a)(11))

I declare under penalty of perjury under the laws of the State of California that I have read and understand the foregoing and that I meet all criteria stated herein and the information submitted on this form is true and correct.

Printed Name of Qualified Supervisor *Signature of Qualified Supervisor* *Date*

Mailing Address: Number and Street City State Zip Code

Qualified Supervisor's Daytime Telephone Number: () _____

THE SUPERVISOR SHALL PROVIDE THE ASSOCIATE WITH THE ORIGINAL OF THIS SIGNED STATEMENT PRIOR TO THE COMMENCEMENT OF ANY SUPERVISION.

THE ASSOCIATE SHALL SUBMIT THE ORIGINAL SIGNED FORM TO THE BOARD UPON APPLICATION FOR LICENSURE.



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**CONTINUING EDUCATION (CE)
 PROVIDER APPLICATION**
\$200 FEE (Non-refundable)

(please type or print clearly in ink - use additional paper as necessary)

For Office Use Only:
 Cashiering No.: _____
 File No. _____
 Approval No.: _____

1. PROVIDER NAME <i>(limited to 40 characters)</i>	2. BUSINESS PHONE NUMBER ()
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3. MAILING ADDRESS *(street address, city, state, zip)*

EMAIL OR WEBSITE ADDRESS <i>(optional)</i>	TAXPAYER ID NUMBER	WILL OFFER ON-LINE COURSES YES <input type="checkbox"/> NO <input type="checkbox"/>
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4. ORGANIZATION TYPE *(select one)*

<input type="checkbox"/> association	<input type="checkbox"/> 4-yr institution of higher learning	<input type="checkbox"/> non-profit corporation
<input type="checkbox"/> licensed health facility	<input type="checkbox"/> other educational organization	<input type="checkbox"/> partnership
<input type="checkbox"/> governmental agency	<input type="checkbox"/> corporation	<input type="checkbox"/> individual;
<input type="checkbox"/> other <i>(please specify):</i>		TYPE: _____ LIC. # _____

5. CALIF. DEPT. OF CONSUMER AFFAIRS LICENSES/REGISTRATIONS *(list those held **only** by the provider)*

type _____	number _____	expiration date _____
type _____	number _____	expiration date _____

5. HAVE YOU OR YOUR AGENCY EVER APPLIED TO BE A PROVIDER WITH THIS BOARD BEFORE? YES NO

IF APPROVED, PCE # _____ IF DENIED, DATE OF DENIAL _____

6. CE COORDINATOR NAME	7. CE COORDINATOR PHONE NUMBER ()
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8. COURSE SUBJECT MATTER(S) *(list subject matter - **attach course outlines and an explanation of how each course relates to the scope of practice for LCSWs, LPCCs or MFTs**)*

9. INSTRUCTOR QUALIFICATIONS *(check all that apply - **attach instructor resumes**)*

- license, registration, or certificate in an area related to the course subject matter
- master's or higher degree in an area related to the course subject matter
- training, certification, or teaching experience in subject matter related to the course subject matter
- at least 2 years' experience in an area related to the course subject matter
- other *(please specify):*

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

CE Coordinator Signature

Date

~~1800-37A-633 (NEW 5/97)~~

- PLEASE ALLOW 6 TO 8 WEEKS FOR PROCESSING -

CE PROVIDER APPLICATION INSTRUCTIONS

SUBMIT YOUR COMPLETED APPLICATION AND FEE TO THE:
~~BOARD OF BEHAVIORAL SCIENCES, CONTINUING EDUCATION~~
~~PROGRAM, 400 R STREET, SUITE 3150, SACRAMENTO, CA~~
~~95814-6240.~~

<p><u>BOARD OF BEHAVIORAL SCIENCES</u> <u>CONTINUING EDUCATION PROGRAM</u> <u>1625 NORTH MARKET BLVD. SUITE S200</u> <u>SACRAMENTO, CA 95834</u></p>
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1. ~~PROVIDER NAME~~ **PROVIDER NAME:** Full full-business name or individual's name (limited to 40 characters)
NOTE: *If provider is an individual, the provider will be listed by last name then first name.*
2. ~~BUSINESS PHONE NUMBER~~ **BUSINESS PHONE NUMBER:** ~~The~~ the-business phone number will be provided to licensees upon request.
3. ~~MAILING ADDRESS~~ **MAILING ADDRESS:** ~~This the~~ mailing address will be provided to licensees upon request is public information and will be placed on the internet.
4. ~~ORGANIZATION TYPE~~ **ORGANIZATION TYPE:** ~~The~~ the primary organization type of the provider - collected for statistical purposes.
5. ~~DCA LICENSES/REGISTRATIONS:~~ licenses/registrations issued by any licensing board or committee under the California Department of Consumer Affairs (Board of Behavioral Sciences, Board of Psychology, Board of Registered Nursing, etc.) which are held by the **provider** — do **not** list any licenses or registrations which are held by just the CE coordinator or instructors
5. **HAVE YOU OR YOUR AGENCY EVER APPLIED TO BE A PROVIDER WITH THIS BOARD:** This information is requested for historical purposes only and will not have any bearing on your current request for approval.
6. ~~CE COORDINATOR NAME~~ **CE COORDINATOR NAME:** ~~The~~ the individual responsible for administering the provider's CE program – this person will be the primary contact for the Board of Behavioral Sciences.
7. ~~CE COORDINATOR PHONE NUMBER~~ **CE COORDINATOR PHONE NUMBER:** ~~The~~ the CE Coordinator's phone number if different from business phone number will **not** be provided to licensees.
8. ~~COURSE SUBJECT MATTER(S)~~ **COURSE SUBJECT MATTER:** A a-description of the types of subject matter to be covered in future MFCCMFT/LPCC/LCSW courses offered by the provider. ~~This~~ —this list does not have to be all-inclusive - but must include documentation that ~~which~~ demonstrates subject matter (e.g., ads, course outlines, catalogs). ~~If~~ —if the provider does not have any courses planned at this time, list a sampling of the courses provided in the past.
9. ~~INSTRUCTOR QUALIFICATIONS~~ **INSTRUCTOR QUALIFICATIONS:** ~~Each~~—each instructor must have at least two of the four qualifications listed – check all ~~the~~ boxes that apply and include documentation (e.g., resumes, curriculum vitae, biographical synopses) which ~~that~~ demonstrates qualifications for a **sampling** (one to four) of the instructors.

INFORMATION COLLECTION, ACCESS, AND DISCLOSURE

The information provided on this application is maintained by the Executive Officer of the Board of Behavioral Sciences, 400 R Street, Suite 3150, Sacramento, CA 95814-6440, 1625 North Market Blvd., Suite S200, Sacramento, CA 95834, under the authority granted by the Business and Professions Code, Division 2, Chapter 13, Article 1, Section 4980.54, and Chapter 14, Article 4, Section 4996.22 and Chapter 16, Article 4, Section 4999.76.

→→→ **IT IS MANDATORY THAT YOU PROVIDE ALL INFORMATION REQUESTED. OMISSION OF ANY ITEM OF INFORMATION WILL RESULT IN THE APPLICATION BEING REJECTED AS**

INCOMPLETE.

Your completed application becomes the property of the Board of Behavioral Sciences and will be used by authorized personnel to determine your eligibility for approval as a provider of continuing education. Information on your application may be transferred to other governmental or law enforcement agencies.

You have the right to review the records maintained on you by the Board ~~board~~ unless the records are identified as confidential information pursuant to the Public Records Act or are exempted by Section 1798.40 of the Civil Code. You may gain access to the information by contacting the Board ~~board~~ at the above address.

1. Provide a detailed description of the physical or mental disability or medical condition and an explanation as to how the disability or medical condition limits interferes with one or more major life activities, including the licensee's ability to complete 36 hours of Continuing Education through classroom/seminar attendance, home study, Internet courses over a two-year period. Please attach additional sheets, if necessary.

Approximate date disability began: _____ disability is Temporary Permanent
 If temporary, approximate date licensee will be able to continue his/her Continuing Education: _____

Is licensee limited in working in his/her licensed capacity? Yes No

If yes, please explain limitations: _____

2. Attach completed "Request for Continuing Education Exception – Verification of Disability or Medical Condition," Form No. 37A-636 (New 03/10).

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.

Attending Physician's/Psychologist's Name	License Number	Business Telephone	
Attending Physician's/Psychologist's Address	City	State	Zip Code

I declare under penalty of perjury under the laws of the State of California that I have read and understand the foregoing and that I meet all of the information that I have criteria stated herein and the information submitted on this form and on any accompanying attachments is true and correct. Providing false information or omitting required information are grounds for disciplinary action.

Date

Signature of Licensee

Date

Signature of Physician/Psychologist

* Business and Professions Code Sections 4982(b) and 4992.3(b) gives the board the right to refuse issuance of any registration or license, or to suspend or revoke the registration or license of any registrant or licensee if the applicant secures the registration or license by fraud, deceit, or misrepresentation on any application for registration or licensure submitted to the board.

(OVER)

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

Notice of Collection of Personal Information: The Board of Behavioral Sciences of the Department of Consumer Affairs collects the personal information requested on this form as authorized by Business and Professions Code Section 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" exception to the Board's continuing education requirements. Submission of your social security number is voluntary. Submission of other personal information such as name, license number and medical history, is mandatory. The Board cannot process your request for exception to the continuing education requirements unless you provide all of the other requested personal information on this form. We make every effort to protect the personal information you provide us. However, the information may be transferred to other governmental and

enforcement agencies, or provided in response to a court order or subpoena. You have a right of access to records containing personal information about you maintained by the Board, unless the records are exempt from disclosure by Section 1798.40 of the California Civil Code. Individuals may obtain information regarding the location of his or her records by contacting the Public Records Request Coordinator at the following address and telephone number: 1625 North Market Blvd., Suite S-200, Sacramento, CA 95834 or (916) 574-7830.

~~**Section 1887.2(c) of the California Code of Regulations outlines three reasons for which the board will grant exception and the board's procedure for processing these requests.**~~

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. 1800 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. The board shall grant the exception if the licensee can provide evidence, satisfactory to the board, that:~~

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

~~(1) (A) For at least one year during the licensee's previous license renewal period the licensee was absent from California due to military service;~~

~~(2) (B) For at least one year during the licensee's previous license renewal period the licensee resided in another country; or~~

~~(3) (2) The board may grant a reasonable accommodation if, During 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 has is the primary responsibility for the care of caregiver for that family member, was suffering from or suffered had a physical or mental disability or medical condition as defined in Section 12926 of the Government Code. A disability is a physical or mental impairment that substantially limits one or more of the major life activities of an individual. The physical or mental disability or medical condition must be verified by a licensed physician or psychologist with special expertise in the area of the physical or mental disability or medical condition. Verification of the physical or mental disability or medical condition must include: be submitted by the licensee on a form entitled "Request for Continuing Education Exception – Verification of Disability or Medical Condition," Form No. 1800 37A-636 (New 03/10).~~

~~(A) the nature and extent of the disability;~~

~~(B) an explanation of how the disability would hinder the licensee from completing the continuing education requirement; and~~

~~(C) the name, title, address, telephone number, professional license or certification number, and original signature of the licensed physician or psychologist verifying the disability.~~

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-country out of the country, a doctor's note, etc.~~ 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, 2006-2012, and you are going to live out of the country from May 2005-2011 through November 2006-2012, you can submit your request for exception due to living out of the country anytime after May 2006-2012.*

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.



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 Telephone: (916) 574-7830 TDD: (916) 322-1700
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**REQUEST FOR CONTINUING EDUCATION EXCEPTION
 VERIFICATION OF DISABILITY OR MEDICAL CONDITION**

This form must be received by the Board at least sixty (60) days prior to the expiration date of the license.

**READ INSTRUCTIONS BEFORE COMPLETING THIS FORM
 Any unanswered item will cause this request to be incomplete. Incomplete requests will not be processed.**

For Office Use Only:

Date Received _____
 Date Approved _____ Denied _____
 Date of Audit (if applicable) _____
 Enforcement Approval Yes No Date: _____

(Please type or print clearly in ink)

Part 1 - To be completed by applicant/licensee

*NAME: Last		First	Middle	
BUSINESS TELEPHONE:			RESIDENCE TELEPHONE:	
ADDRESS OF RECORD: Number and Street		City	State	Zip Code
*SOCIAL SECURITY NUMBER:	LICENSE NUMBER:	RENEWAL PERIOD REQUESTING EXCEPTION FOR: _____/_____/____ TO ____/____/____		
REASON FOR EXCEPTION: (Check <input checked="" type="checkbox"/> one box only)				
<input type="checkbox"/> Health (Complete Part 2) <input type="checkbox"/> Health-Family (Complete Part 2)				

Part 2 – To be completed by attending physician/psychologist

1. Provide a description of the physical or mental disability or medical condition and an explanation as to how the disability or medical condition limits one or more major life activities, including the licensee’s ability to complete 36 hours of continuing education over a two-year period through classroom/seminar attendance, home study, Internet courses. Please attach additional sheets if necessary.

2. Approximate date disability/medical condition began: _____ Disability/medical condition is Temporary Permanent
 If temporary, approximate date licensee will be able to resume his/her continuing education: _____

3. Is licensee limited in working in his/her licensed capacity? Yes No
 If yes, please explain limitations: _____

Attending Physician’s/Psychologist’s Name		License Number	Business Telephone	
Attending Physician’s/Psychologist’s Address		City	State	Zip Code

I declare under penalty of perjury under the laws of the State of California that all the information I have submitted on this form and on any accompanying attachments is true and correct. Providing false information or omitting required information are grounds for disciplinary action.

_____ Date

_____ Signature of Licensee

_____ Date

_____ Signature of Physician/Psychologist

*See “Notice of Collection of Personal Information” (over)

EXCEPTIONS FROM THE CE REQUIREMENT

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Exception Regulation, 16 CCR Section 1887.2(c)

- (c) A licensee may submit a request for exception from or reasonable accommodation for the continuing education requirement, on a form entitled “Request for Continuing Education Exception,” Form No. 1800 37A-635 (Revised 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 the 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; or,
 - (B) For at least one year during the licensee’s previous license renewal period the licensee resided in another country.
 - (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. 1800 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 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 of the verification form, provided that the statement provides all of the information requested in Part 2 of 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. **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, 2011, and you are going to live out of the country from May 2010 through November 2011, you can submit your request for exception due to living out of the country any time after May 2011.*

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.



Board of Behavioral Sciences
 1625 North Market Blvd., Suite S200, Sacramento, CA 95834
 Telephone: (916) 574-7830 TDD:(916) 322-1700
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**RESPONSIBILITY STATEMENT FOR SUPERVISORS
 OF A PROFESSIONAL CLINICAL COUNSELOR INTERN**

Title 16, California Code of Regulations (16 CCR) Section 1821 requires any qualified licensed mental health professional who assumes responsibility for providing supervision to those working toward a Professional Clinical Counselor (PCC) license to complete and sign, under penalty of perjury, the following statement prior to the commencement of any counseling or supervision.

Name of PCC Intern:	Last	First	Middle
Name of Qualified Supervisor:		Qualified Supervisor's Daytime Telephone Number:	

As the supervisor:

- 1) I am licensed in California and have been so licensed for at least two years prior to commencing this supervision. (16 CCR § 1821)(b)(1) and Business and Professions Code (BPC) § 4999.12(h)(1))

A. The license I hold is:

Licensed Professional Clinical Counselor

_____	_____
<i>License #</i>	<i>Issue Date</i>

Marriage and Family Therapist

_____	_____
<i>License #</i>	<i>Issue Date</i>

Licensed Clinical Social Worker

_____	_____
<i>License #</i>	<i>Issue Date</i>

*Licensed Clinical Psychologist

_____	_____
<i>License #</i>	<i>Issue Date</i>

*Licensed Physician and Surgeon who is certified in psychiatry by the American Board of Psychiatry and Neurology

_____	_____
<i>License #</i>	<i>Issue Date</i>

- **B. I have had sufficient experience, training, and education in professional clinical counseling to competently practice professional clinical counseling in California. (16 CCR§ 1821(b)(2))

- C. I will keep myself informed about developments in professional clinical counseling and in California law governing the practice of professional clinical counseling. (16 CCR § 1821(b)(3))

- 2) I have and maintain a current and valid license in good standing and will immediately notify any intern under my supervision of any disciplinary action taken against my license, including revocation or suspension, even if stayed, probation terms, inactive license status, or any lapse in licensure, that affects my ability or right to supervise. (16 CCR § 1821(b)(4))
- 3) I have practiced psychotherapy or provided direct supervision of trainees, interns, or associate clinical social workers who perform psychotherapy for at least two (2) years within the five (5) year period immediately preceding this supervision. (16 CCR § 1821(b)(5))
- 4) I have had sufficient experience, training, and education in the area of clinical supervision to competently supervise interns. (16 CCR § 1821(b)(6))
- 5) I have completed six (6) hours of supervision training or coursework within the two-year period immediately preceding this supervision, and must complete such coursework in each renewal period while supervising. If I have not completed such training or coursework, I will complete a minimum of six (6) hours of supervision training or coursework within sixty (60) days of the commencement of this supervision, and in each renewal period while providing supervision. (16 CCR § 1821(b)(6)(A) and (B))
- 6) I know and understand the laws and regulations pertaining to both the supervision of interns and the experience required for licensure as a licensed professional clinical counselor. (16 CCR § 1821(b)(7))

- 7) I shall ensure that the extent, kind, and quality of counseling performed is consistent with the education, training, and experience of the intern. (16 CCR § 1821(b)(8))
- 8) I shall monitor and evaluate the extent, kind, and quality of counseling performed by the intern by direct observation, review of audio or video tapes of therapy, review of progress and process notes and other treatment records, or by any other means deemed appropriate. (16 CCR § 1821(b)(9))
- 9) I shall address with the intern the manner in which emergencies will be handled. (16 CCR § 1821(b)(10))
- 10) I agree not to provide supervision to an intern unless the intern is a volunteer or employed in a setting that meets both of the following: (A) lawfully and regularly provides mental health counseling or psychotherapy; (B) provides oversight to ensure that the intern's work at the setting meets the experience and supervision requirements and is within the scope of practice for the profession as defined in BPC Section 4999.20. (BPC § 4999.44)
- 11) If I am to provide supervision on a voluntary basis in a setting which is not a private practice, a written agreement will be executed between myself and the organization in which the employer acknowledges that they are aware of the licensing requirements that must be met by the intern, they agree not to interfere with my legal and ethical obligations to ensure compliance with these requirements, and they agree to provide me with access to clinical records of the clients counseled by the intern. (16 CCR § 1820(e)(3))
- 12) I shall give at least (1) one week's prior written notice to an intern of my intent not to sign for any further hours of experience for such person. If I have not provided such notice, I shall sign for hours of experience obtained in good faith where I actually provided the required supervision. (16 CCR § 1821(d))
- 13) I shall obtain from each intern for whom supervision will be provided, the name, address, and telephone number of the intern's most recent supervisor and employer. (16 CCR § 1821(e))
- 14) In any setting that is not a private practice, I shall evaluate the site(s) where an intern will be gaining hours of experience toward licensure and shall determine that: (1) the site(s) provides experience which is within the scope of practice of a licensed professional clinical counselor; and (2) the experience is in compliance with the requirements set forth in 16 CCR Section 1820 and 4999.44 of the Code. (16 CCR § 1821(f))
- 15) Upon written request of the Board, I shall provide to the board any documentation which verifies my compliance with the requirements set forth in 16 CCR Section 1821. (16 CCR § 1821(g))
- 16) I shall provide the intern with the original of this signed statement prior to the commencement of any counseling or supervision. (16 CCR § 1821(c))

I declare under penalty of perjury under the laws of the State of California that I have read and understand the foregoing and that I meet all criteria stated herein and that the information submitted on this form is true and correct.

Printed Name of Qualified Supervisor

Signature of Qualified Supervisor

Date

Mailing Address: Number and Street

City

State

Zip Code

The supervisor shall provide the intern being supervised with the original of this signed statement prior to the commencement of any counseling or supervision.

The intern shall submit this form to the board upon application for examination eligibility.

* Licensed Clinical Psychologists and Physicians certified in psychiatry are not required to comply with #5.

** Applies only to supervisors NOT licensed as a Licensed Professional Clinical Counselor.



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RESPONSIBILITY STATEMENT FOR SUPERVISORS
OF A MARRIAGE AND FAMILY THERAPIST TRAINEE OR INTERN

Title 16, California Code of Regulations (16 CCR) Section 1833.1 requires any qualified licensed mental health professional who assumes responsibility for providing supervision to those working toward a Marriage and Family Therapist license to complete and sign, under penalty of perjury, the following statement prior to the commencement of any counseling or supervision.

Table with 3 columns: Name of MFT Trainee/Intern (Last, First, Middle), Name of Qualified Supervisor, Qualified Supervisor's Daytime Telephone Number.

As the supervisor:

1) I am licensed in California and have been so licensed for at least two years prior to commencing this supervision. (16 CCR § 1833.1(a)(1) and Business and Professions Code (BPC) § 4999.12 (h))

A. The license I hold is:

Marriage and Family Therapist

License # Issue Date

Licensed Clinical Social Worker

License # Issue Date

Licensed Professional Clinical Counselor

License # Issue Date

*Psychologist

License # Issue Date

*Physician certified in psychiatry by the American Board of Psychiatry and Neurology

License # Issue Date

**B. I have had sufficient experience, training, and education in marriage and family therapy to competently practice marriage and family therapy in California. (16 CCR § 1833.1(a)(2))

C. I will keep myself informed about developments in marriage and family therapy and in California law governing the practice of marriage and family therapy. (16 CCR § 1833.1(a)(3))

- 2) I have and maintain a current and valid license in good standing and will immediately notify any trainee or intern under my supervision of any disciplinary action taken against my license...
3) I have practiced psychotherapy or provided direct supervision of trainees, interns, or associate clinical social workers, or professional clinical counselor interns who perform psychotherapy for at least two (2) years within the five (5) year period immediately preceding this supervision.
4) I have had sufficient experience, training, and education in the area of clinical supervision to competently supervise trainees or interns.
5) I have completed six (6) hours of supervision training or coursework within the renewal period immediately preceding this supervision...
6) I know and understand the laws and regulations pertaining to both the supervision of trainees and interns and the experience required for licensure as a marriage and family therapist.
7) I shall ensure that the extent, kind, and quality of counseling performed is consistent with the education, training, and experience of the trainee or intern.

- 8) I shall monitor and evaluate the extent, kind, and quality of counseling performed by the trainee or intern by direct observation, review of audio or video tapes of therapy, review of progress and process notes and other treatment records, or by any other means deemed appropriate. (16 CCR § 1833.1(a)(9))
- 9) I shall address with the trainee or intern the manner in which emergencies will be handled. (16 CCR § 1833.1(a)(10))
- 10) I agree not to provide supervision to a TRAINEE unless the trainee is a volunteer or employed in a setting that meets all of the following: (A) lawfully and regularly provides mental health counseling or psychotherapy; (B) provides oversight to ensure that the trainee's work at the setting meets the experience and supervision requirements and is within the scope of practice for the profession as defined in BPC Section 4980.02; (C) is not a private practice owned by a licensed marriage and family therapist, a licensed psychologist, a licensed clinical social worker, a licensed physician and surgeon, or a professional corporation of any of those licensed professions. (BPC § 4980.43(d)(1))
- 11) I agree not to provide supervision to an INTERN unless the intern is a volunteer or employed in a setting that meets both of the following: (A) lawfully and regularly provides mental health counseling or psychotherapy; (B) provides oversight to ensure that the intern's work at the setting meets the experience and supervision requirements and is within the scope of practice for the profession as defined in BPC Section 4980.02. (BPC § 4980.43(e)(1))
- 12) If I am to provide supervision on a voluntary basis in a setting which is not a private practice, a written agreement will be executed between myself and the organization in which the employer acknowledges that they are aware of the licensing requirements that must be met by the intern or trainee, they agree not to interfere with my legal and ethical obligations to ensure compliance with these requirements, and they agree to provide me with access to clinical records of the clients counseled by the intern or trainee. (16 CCR § 1833(b)(4))
- 13) I shall give at least (1) one week's prior written notice to a trainee or intern of my intent not to sign for any further hours of experience for such person. If I have not provided such notice, I shall sign for hours of experience obtained in good faith where I actually provided the required supervision. (16 CCR § 1833.1(c))
- 14) I shall obtain from each trainee or intern for whom supervision will be provided, the name, address, and telephone number of the trainee's or intern's most recent supervisor and employer. (16 CCR § 1833.1(d))
- 15) In any setting that is not a private practice, I shall evaluate the site(s) where a trainee or intern will be gaining hours of experience toward licensure and shall determine that: (1) the site(s) provides experience which is within the scope of practice of a marriage and family therapist; and (2) the experience is in compliance with the requirements set forth in 16 CCR Section 1833 and Section 4980.43 of the Code. (16 CCR § 1833.1(e))
- 16) Upon written request of the Board, I shall provide to the board any documentation which verifies my compliance with the requirements set forth in 16 CCR Section 1833.1. (16 CCR § 1833.1(f))
- 17) I shall provide the intern or trainee with the original of this signed statement prior to the commencement of any counseling or supervision. (16 CCR § 1833.1(b))

I declare under penalty of perjury under the laws of the State of California that I have read and understand the foregoing and that I meet all criteria stated herein and that the information submitted on this form is true and correct.

Printed Name of Qualified Supervisor

Signature of Qualified Supervisor

Date

Mailing Address: Number and Street

City

State

Zip Code

The supervisor shall provide the intern or trainee being supervised with the original of this signed statement prior to the commencement of any counseling or supervision.

The trainee or intern shall submit this form to the board upon application for examination eligibility.

* Psychologists and Physicians certified in psychiatry are not required to comply with #5.

** Applies only to supervisors NOT licensed as a Marriage and Family Therapist.



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WEEKLY SUMMARY OF EXPERIENCE HOURS FOR PROFESSIONAL CLINICAL COUNSELOR INTERNS

THIS FORM SHALL BE COMPLETED PURSUANT TO TITLE 16, CALIFORNIA CODE OF REGULATIONS SECTION 1820(e) Use a separate log for each supervised work setting.

(Please type or print clearly in ink)

Name of PCC Intern: Last	First	Middle
Name of Supervisor:		BBS File No (if known)
Name of Work Setting:	Address of Work Setting: Number and Street	City, State, Zip
Indicate the status of the hours logged: <input type="checkbox"/> Registered PCC Intern (PCC Intern No. _____) <input type="checkbox"/> Post-Degree with Application Pending for Intern		Is this setting a hospital or community mental health setting? <input type="checkbox"/> Yes <input type="checkbox"/> No

Note: Child counseling can be logged in any appropriate category as specified by your supervisor

YEAR:	WEEK OF:													Total Hours
Individual Psychotherapy (performed by you)														
Group Therapy or Counseling (max. 500)														
Telephone Counseling (max. 250)														
Administering & evaluating psych. tests, writing clinical reports, writing progress or process notes (max. 250)*														
Workshops, seminars, training sessions, or conferences directly related professional clinical counseling* (max. 250)*														
Client Centered Advocacy (CCA)*														
Supervision, Individual Face-to-Face *														
Supervision, Group *														
Total Per Week														
		Signature of Supervisor												
		Signature of Supervisor	Signature of Supervisor	Signature of Supervisor	Signature of Supervisor	Signature of Supervisor	Signature of Supervisor	Signature of Supervisor	Signature of Supervisor	Signature of Supervisor	Signature of Supervisor	Signature of Supervisor	Signature of Supervisor	
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*When combined, these categories shall not exceed 1,250 hours of experience (BPC Section 4999.46 (b)(6))