



**Board of Behavioral Sciences**  
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**PROFESSIONAL CLINICAL COUNSELOR  
 DEGREE PROGRAM CERTIFICATION  
OUT-OF-STATE DEGREE**

**This form is for use by all applicants with an Out-of-State Degree**

*Type or print clearly in ink*

Applicant Name: Last	First	Middle
SSN or Individual Taxpayer ID Number:	Enrollment Date:	Degree Award Date:

**APPLICANT:** The purpose of this form is for your school to verify the specifics of a degree program completed outside of California. Enclose it with your application in an envelope that has been sealed by your school. Submit a copy of the syllabus for all coursework as indicated in the application instructions. The Board may require additional information to verify course content.

**SCHOOL:** The applicant named above is applying for licensure in California. Please complete this form, including the certification at the end, and provide the applicant with the original IN A SEALED ENVELOPE. The full legal text of the educational requirements can be found in the California Business and Professions Code, available on the Board's website under [Statutes and Regulations](#).

A. Number of units in degree: \_\_\_\_\_ Semester units  Quarter Units

B. At the time the degree was conferred, was the program CACREP accredited? Yes  No   
*If YES, attach documentation of accreditation.*

C. CORE CONTENT AREAS: The applicant has completed coursework that is the equivalent of at least **three (3) semester or four and one-half (4.5) quarter units** in each of the following areas:

1. Yes  No  Counseling and psychotherapeutic theories and techniques, including the counseling process in a multicultural society, an orientation to wellness and prevention, counseling theories to assist in selection of appropriate counseling interventions, models of counseling consistent with current professional research and practice, development of a personal model of counseling, and multidisciplinary responses to crises, emergencies, and disasters.

*Number of units:* \_\_\_\_\_ *Course number(s)/Term(s):* \_\_\_\_\_

Applicant Name:	Last	First	Middle
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2. Yes  No  Human growth and development across the lifespan, including normal and abnormal behavior and an understanding of developmental crises, disability, psychopathology, and situational and environmental factors that affect both normal and abnormal behavior.

*Number of units:* \_\_\_\_\_ *Course number(s)/Term(s):* \_\_\_\_\_

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3. Yes  No  Career development theories and techniques, including career development decision-making models and interrelationships among and between work, family, and other life roles and factors, including the role of multicultural issues in career development.

*Number of units:* \_\_\_\_\_ *Course number(s)/Term(s):* \_\_\_\_\_

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4. Yes  No  Group counseling theories and techniques, including principles of group dynamics, group process components, developmental stage theories, therapeutic factors of group work, group leadership styles and approaches, pertinent research and literature, group counseling methods, and evaluation of effectiveness.

*Number of units:* \_\_\_\_\_ *Course number(s)/Term(s):* \_\_\_\_\_

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5. Yes  No  Assessment, appraisal, and testing of individuals, including basic concepts of standardized and non-standardized testing and other assessment techniques, norm-referenced and criterion-referenced assessment, statistical concepts, social and cultural factors related to assessment and evaluation of individuals and groups, and ethical strategies for selecting, administering, and interpreting assessment instruments and techniques in counseling. *(NOTE: Course must be within degree program, or degree will not qualify)*

*Number of units:* \_\_\_\_\_ *Course number(s)/Term(s):* \_\_\_\_\_

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6. Yes  No  Multicultural counseling theories and techniques, including counselors' roles in developing cultural self-awareness, identity development, promoting cultural social justice, individual and community strategies for working with and advocating for diverse populations, and counselors' roles in eliminating biases and prejudices, and processes of intentional and unintentional oppression and discrimination.

*Number of units:* \_\_\_\_\_ *Course number(s)/Term(s):* \_\_\_\_\_

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Applicant Name:	Last	First	Middle
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7. Yes  No

Principles of the diagnostic process, including differential diagnosis, and the use of current diagnostic tools, such as the current edition of the Diagnostic and Statistical Manual, the impact of co-occurring substance use disorders or medical psychological disorders, established diagnostic criteria for mental or emotional disorders, and the treatment modalities and placement criteria within the continuum of care. (NOTE: Course must be within degree program, or degree will not qualify)

Number of units: \_\_\_\_\_ Course number(s)/Term(s): \_\_\_\_\_

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8. Yes  No

Research and evaluation, including studies that provide an understanding of research methods, statistical analysis, the use of research to inform evidence-based practice, the importance of research in advancing the profession of counseling, and statistical methods used in conducting research, needs assessment, and program evaluation.

Number of units: \_\_\_\_\_ Course number(s)/Term(s): \_\_\_\_\_

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9. Yes  No

Professional orientation, ethics, and law in counseling, including professional ethical standards and legal considerations, licensing law and process, regulatory laws that delineate the profession's scope of practice, counselor-client privilege, confidentiality, the client dangerous to self or others, treatment of minors with or without parental consent, relationship between practitioner's sense of self and human values, functions and relationships with other human service providers, strategies for collaboration, and advocacy processes needed to address institutional and social barriers that impede access, equity, and success for clients.

Number of units: \_\_\_\_\_ Course number(s)/Term(s): \_\_\_\_\_

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10. Yes  No

Psychopharmacology, including the biological bases of behavior, basic classifications, indications, and contraindications of commonly prescribed psychopharmacological medications so that appropriate referrals can be made for medication evaluations and so that the side effects of those medications can be identified.

Number of units: \_\_\_\_\_ Course number(s)/Term(s): \_\_\_\_\_

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11. Yes  No

Addictions counseling, including substance abuse, co-occurring disorders, and addiction, major approaches to identification, evaluation, treatment, and prevention of substance abuse and addiction, legal and medical aspects of substance abuse, populations at risk, the role of support persons, support systems, and community resources.

Number of units: \_\_\_\_\_ Course number(s)/Term(s): \_\_\_\_\_

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Applicant Name: Last	First	Middle
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12. Yes  No  Crisis or trauma counseling, including crisis theory; multidisciplinary responses to crises, emergencies, or disasters; cognitive, affective, behavioral, and neurological effects associated with trauma; brief, intermediate, and long-term approaches; and assessment strategies for clients in crisis and principles of intervention for individuals with mental or emotional disorders during times of crisis, emergency, or disaster.

Number of units: \_\_\_\_\_ Course number(s)/Term(s): \_\_\_\_\_

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13. Yes  No  Advanced counseling and psychotherapeutic theories and techniques, including the application of counseling constructs, assessment and treatment planning, clinical interventions, therapeutic relationships, psychopathology, or other clinical topics.

Number of units: \_\_\_\_\_ Course number(s)/Term(s): \_\_\_\_\_

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D. Yes  No  **ADVANCED COURSEWORK:** In addition to the course requirements listed in #C.1 – 13 above, the applicant's degree contains 15 semester units or 22.5 quarter units that develop knowledge of specific treatment issues or special populations.

Number of units: \_\_\_\_\_ Course number(s)/Term(s): \_\_\_\_\_

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E. Yes  No  **PRACTICUM:** The applicant's degree program contained 6 semester or 9 quarter units of practicum or field study that included at least 280 hours of face-to-face supervised clinical experience counseling individuals, families, or groups.

Number of units: \_\_\_\_\_ Number of Hours: \_\_\_\_\_

Course number(s)/Term(s): \_\_\_\_\_

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**CERTIFICATION**

***I hereby certify that all of the foregoing is true and correct***

\_\_\_\_\_  
Signature of Chief Academic Officer or  
Authorized Designee

\_\_\_\_\_  
Name of Institution

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Institution Accredited or Approved by

\_\_\_\_\_  
Date Signed