



Board of Behavioral Sciences
 1625 North Market Blvd., Suite S200, Sacramento, CA 95834
 Telephone: (916) 574-7830 TTY: (800) 326-2297
www.bbs.ca.gov



LICENSED CLINICAL SOCIAL WORKER REQUEST FOR INITIAL LICENSE ISSUANCE

CORRECT FEE MUST ACCOMPANY THIS FORM

Make check payable to - Behavioral Sciences Fund

ALLOW 30 WORKING DAYS FOR THE ISSUANCE OF A LICENSE

Note: Any incomplete/incorrect item will delay processing

For Office Use Only
 Cashiering No.

Type or print clearly in ink

1. Initial License Fee: (See Chart on page 4) \$	2. Date of Birth (mm/dd/yyyy):	3. SSN or ITIN*:	
4. Legal name**: Last		First	Middle
Maiden name and any other AKA			
5. Address of Record***: Number and Street			
City		State	Zip Code
6. Is this a new address? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, we will update our records accordingly			
7. Business Telephone:	8. Residence telephone:	9. E-Mail Address (OPTIONAL):	

* You may provide either your Social Security Number, your Federal Employer Identification Number, or Individual Taxpayer Identification Number, as applicable.

** 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 provide is public information and will be placed on the Internet pursuant to Business and Professions Code section 27. If you don't want your home or work address to be public, use an alternate mailing address such as a post office box.

Applicant Name: Last	First	Middle
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BACKGROUND QUESTIONS

If you answer YES to questions A, B, C or D below, complete and submit a [Background Statement](#). Please be aware that your processing time will be longer than normal and will also be dependent on your providing all information required by the Board.

SINCE YOU FILED YOUR LAST APPLICATION OR REQUEST FORM:

<p>A. Have you been convicted of, pled guilty to, or pled nolo contendere to any misdemeanor or felony in the United States, its territories, or a foreign country? Convictions dismissed under sections 1203.4, 1203.4a, or 1203.41 of the Penal Code (or equivalent non-California law) must be disclosed. If you have obtained a dismissal of such a conviction, submit a certified copy of the court order.</p> <p>DO NOT INCLUDE:</p> <ul style="list-style-type: none"> • Convictions prior to your 18th birthday, unless you were charged as an adult; • Charges dismissed under section 1000.3 of the Penal Code; • Convictions under sections 11357(b), (c), (d), (e) or section 11360(b) of the Health and Safety Code which are two (2) years or older; • Traffic violations for which a fine of \$500 or less was imposed; or • Infractions 	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>If YES, you must complete Part A of the Background Statement form, available on the Board's website.</i></p> <p><i>You must disclose convictions even if previously reported to the Board. However, it is not necessary for you to resubmit documentation previously on file. Instead, provide a written statement indicating that you believe the information is already on file.</i></p>
<p>B. Is any criminal action pending against you, or are you currently awaiting judgment and sentencing following entry of a plea or jury verdict?</p> <p>DO NOT INCLUDE:</p> <ul style="list-style-type: none"> • Traffic violations for which a fine of \$500 or less was imposed; or • Infractions 	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>If YES, you must complete Part B of the Background Statement form, available on the Board's website.</i></p>

Applicant Name: Last	First	Middle
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<p>C. Have you ever been denied a professional license (“license” includes registrations, certificates, or other means to engage in practice) OR had a professional license 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?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>If YES, you must complete Part C of the Background Statement form, available on the Board’s website.</i></p> <p><i>Disclosure is required even if previously reported to the Board. However, it is not necessary for you to resubmit documentation previously on file. Instead, provide a written statement indicating that you believe the information is already on file.</i></p>
<p>D. Does your current use of chemical substances in any way impair or limit your ability to interact safely with the public while engaging in the practice of clinical social work?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p><i>If YES, you must complete Part D of the Background Statement form, available on the Board’s website.</i></p>

NOTE: Knowingly providing false information or omitting pertinent information may be grounds for denial of this application. The board has the right to refuse to issue any registration or license, or may suspend or revoke the license or registration of any registrant or licensee if the applicant secures the license or registration by fraud, deceit, or misrepresentation.

Applicant Signature	Date
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LICENSE ISSUANCE

Allow 30 working days to receive your new license in the mail. Your license will be issued online prior to mailing. You may check your status on the Board’s [website](#).

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. A licensee or applicant must pay his or her state tax obligation, and his or her license or registration may be suspended if the state tax obligation is not paid.

INSTRUCTIONS FOR DETERMINING AMOUNT OF INITIAL LICENSE FEE

The amount of your Initial LCSW License Fee will be prorated and established according to the month of issuance (*month the fee is received by the Board of Behavioral Sciences*) and license expiration date (*your birth month*). Refer to the Fee Chart below to determine the amount you are required to submit. *Make your check payable to: Behavioral Sciences Fund.*

Example 1: If your birth month is March and the Board receives your *Request for Initial License Issuance* form in April, the fee required to be submitted with your request is \$100.00. Your license would be valid for approximately 24 months.

Example 2: If your birth month is April and the Board receives your *Request for Initial License Issuance* form in April, the fee required to be submitted with your request is \$54.00. Your license would be valid for approximately 13 months.

Your application shall be deemed abandoned if you fail to pay the initial license fee within one (1) year after notification by the Board of successful completion of the examination requirements.

LCSW INITIAL LICENSE FEE CHART

Birth ↓ Month ↓	→ <i>Month Initial License Fee Received by Board of Behavioral Sciences</i> →											
	<i>Jan</i>	<i>Feb</i>	<i>Mar</i>	<i>April</i>	<i>May</i>	<i>June</i>	<i>July</i>	<i>August</i>	<i>Sept</i>	<i>Oct</i>	<i>Nov</i>	<i>Dec</i>
January	\$54	\$100	\$96	\$92	\$87	\$83	\$79	\$75	\$71	\$67	\$62	\$58
February	\$58	\$54	\$100	\$96	\$92	\$87	\$83	\$79	\$75	\$71	\$67	\$62
March	\$62	\$58	\$54	\$100	\$96	\$92	\$87	\$83	\$79	\$75	\$71	\$67
April	\$67	\$62	\$58	\$54	\$100	\$96	\$92	\$87	\$83	\$79	\$75	\$71
May	\$71	\$67	\$62	\$58	\$54	\$100	\$96	\$92	\$87	\$83	\$79	\$75
June	\$75	\$71	\$67	\$62	\$58	\$54	\$100	\$96	\$92	\$87	\$83	\$79
July	\$79	\$75	\$71	\$67	\$62	\$58	\$54	\$100	\$96	\$92	\$87	\$83
August	\$83	\$79	\$75	\$71	\$67	\$62	\$58	\$54	\$100	\$96	\$92	\$87
September	\$87	\$83	\$79	\$75	\$71	\$67	\$62	\$58	\$54	\$100	\$96	\$92
October	\$92	\$87	\$83	\$79	\$75	\$71	\$67	\$62	\$58	\$54	\$100	\$96
November	\$96	\$92	\$87	\$83	\$79	\$75	\$71	\$67	\$62	\$58	\$54	\$100
December	\$100	\$96	\$92	\$87	\$83	\$79	\$75	\$71	\$67	\$62	\$58	\$54