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
OUT-OF-STATE LICENSE OR REGISTRATION VERIFICATION

APPLICANT: Complete this section authorizing release of information by another state board or licensing agency. Mail this form and any necessary fees to that state board/licensing agency.

Verification For: ☐ **Applicant** ☐ **Applicant's Supervisor**

Name of California Applicant:

Last	First	Middle	Date of Birth

Name of Individual to be Verified:

Last	First	Middle	License Number

I hereby authorize the release of my information to the California Board of Behavioral Sciences

Signature of individual to be verified: _____ Date:_____

STATE BOARD/LICENSING AGENCY: Please return the completed form to the above address.

1. Full name as shown in your records: _____
2. License or Registration Title: _____
3. License or Registration Status: _____

   Issue Date: _____ Expiration Date: _____
4. Any complaints or disciplinary action? ☐ Yes ☐ No If YES, attach an explanation.
5. Experience:
   A. Total hours of supervised experience: _____
   B. Total years of supervised experience: _____
   C. Number of direct client contact hours: _____

_____
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