

**LICENSED CLINICAL SOCIAL WORKER  
APPLICATION PACKET**

1800 37A-531 (REV. 8/06)

Dear Applicant:

Thank you for your interest in becoming a California Licensed Clinical Social Worker. Included in this packet are:

1. Instructions for Completing the Application
2. Application for State License as a Licensed Clinical Social Worker
3. Clinical Social Worker Experience Verification form
4. Clinical Social Worker Verification of Licensure or Registration in Another State form
5. Examination Security Notice
6. Photographs Form
7. Personal Data Card

BOARD OF BEHAVIORAL SCIENCES

## INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR STATE LICENSE AS A LICENSED CLINICAL SOCIAL WORKER

Submit a completed application to:

Board of Behavioral Sciences  
1625 North Market Blvd., Suite S200  
Sacramento, CA 95834

**Please review this checklist to ensure that all required original documents are furnished to the Board. (Please retain a copy of all documents submitted to the Board.) All items are mandatory. Failure to provide any of the requested information may result in the application being rejected as incomplete.**

- APPLICATION: Complete all sections. The application **must** be signed.
- W-2's: If employed, you shall submit copies of your W-2's for each year you are claiming experience. If W-2's are not available for this current year, attach a copy of a current pay stub. If your W-2 statement does not match the name of your employer as stated on the experience verification form, an explanation is required.
- VOLUNTEER: If you volunteered, attach a copy of the letter from your employer verifying your voluntary status.
- ONE PHOTOGRAPH: Should measure approximately 2" X 2" and be taken within 60 days of the filing of this application. Photograph must be of passport quality of your head and shoulders only. Photograph should be affixed to the enclosed Photographs Form.
- PERSONAL DATA CARD: Please type or print legibly. The address you enter on this card is public information and will be placed on the Internet pursuant to Business and Professions Code section 27. If you do not want your home or work address available to the public, please provide an alternate mailing address
- EXAMINATION SECURITY NOTICE: The notice must be completed and signed. Failure to complete the notice may affect your examination eligibility.
- FEE:
  - a. Submit a \$200.00 check or money order made payable to the Behavioral Sciences Fund. The \$200.00 fee consists of a \$100.00 application fee and a \$100.00 written examination fee. The application fee is an earned fee for evaluation of your application and is **NOT REFUNDABLE**.
  - b. Once you successfully pass the written examination, you will be required to complete an application for the written clinical vignette examination and submit it with a \$100.00 fee.
  - c. Once you have successfully passed both examinations, you will be required to submit a Request for Initial License with a fee. This fee will be prorated and established according to the month of issuance (month fee is received by the Board) and expiration date (applicant's birth month) of the license.
- VERIFICATION OF EDUCATION & REQUIRED TRAINING: Applicants must submit an official transcript verifying receipt of a master's degree from an accredited school of social work. Official transcripts (in a sealed envelope from the university) need to be submitted for all applicants who have never registered with the Board. Approved school of social work means a school that is accredited by the Commission on Accreditation of the Council on Social Work Education.

ALL TRAINING VERIFICATIONS SHOULD BE INCLUDED WITH YOUR APPLICATION unless the training is identified on your transcripts previously submitted for associate registration. You are not required to resubmit official transcripts.

  - a. Child Abuse Assessment and Reporting (Section 4996.2(h) of Business and Professions Code; Section 1807.2 of Title 16, California Code of Regulations) - 7 contact hours of training or coursework.
  - b. Human Sexuality (Section 4996.2(g) of Business and Professions Code; Section 1807 of Title 16, California Code of Regulations)- 10 contact hours of training or coursework.
  - c. Alcoholism and Chemical Substance Dependency (Section 4996.2(e) of the Business and Professions Code; Section 1810 of Title 16, California Code of Regulations)- 1 semester unit course with no less than 15 hours of classroom training.

- d. Spousal or Partner Abuse Assessment, Detection, and Intervention Strategies (Sections 4996.2(f) and 4996.17 of the Business and Professions Code). **This coursework is required for those applicants who began graduate training on or after January 1, 1995. For those who began graduate training on or after January 1, 2004 and for out-of-state applicants (regardless of when graduate training began) this coursework must be 15 contact hours.**
- e. Aging and Long-term Care (Section 4996.25 of the Business and Professions Code)- 10 contact hours of coursework. **This applies to applicants who began graduate training on or after January 1, 2004.**

VERIFICATION OF EDUCATION RECEIVED OUT-OF-COUNTRY: If you have an out-of-country degree, you **must** have your education evaluated to determine equivalency of a master's degree in social work in California. You must provide the board with a comprehensive evaluation of the degree and any other documentation the board deems necessary. The board has the authority to make the final determination as to whether a degree meets all requirements, including, but not limited to, course requirements regardless of evaluation or accreditation. Please submit this original evaluation with your application for registration.

EXPERIENCE VERIFICATION FORMS: Experience verification form(s) are certified statement(s) verifying at least **two years** (104 weeks) of supervised post-master's degree experience. The supervised experience must have been obtained within the six years immediately preceding the date on which your application for licensure was filed. The experience verification form may be reproduced if additional forms are needed. The forms must have the original signature of the verifying party.

- a. If your employer did not employ your supervisor, attach a copy of the signed written agreement as required by Business and Professions Code Sections 4996.21(i) and 4996.23(m).

RESPONSIBILITY STATEMENTS: Submit original statements from each supervisor from whom you are claiming supervised experience.

SUPERVISORY PLAN: Submit initial original supervisory plan from each initial supervisor that you are claiming experience.

OUT-OF-STATE APPLICANTS:

- a. Include certified statement(s) from each state where you or your supervisor hold or have held a license to practice Social Work. This form may be reproduced if additional forms are needed. The board may issue a license to any person who, at the time of application, has held a valid license, issued by a board of clinical social work examiners or corresponding authority of any state, for two years if the education and supervised experience requirements are substantially the equivalent and the person successfully completes the licensing examinations administered in this state and pays the required fees.
- b. The Board requires a Department of Justice (DOJ) and Federal Bureau of Investigation (FBI) criminal history background check on all out-of-state applicants. Please download the **Request For Live Scan Service Applicant Submission form (Form BCII 8016)** from our web site. The second copy of this form, with box 6 completed, must be submitted with your application.

DOCUMENTS OR LETTERS EXPLAINING PRIOR CONVICTION(S) OR DISCIPLINARY ACTION(S) AND ATTESTING TO YOUR REHABILITATION, IF APPLICABLE: Please refer to the REPORTING PRIOR CONVICTION(S) or REPORTING DISCIPLINE AGAINST LICENSE(S) sections of these instructions.

#### I. INFORMATION:

##### 1. GENERAL:

All applicants are advised that any or all information furnished herein is subject to investigation; further, that this application and all papers and documents pertinent thereto are the property of the State of California and will not be returned; further, that **ANY FALSE, DISHONEST OR MISLEADING STATEMENTS IN THIS APPLICATION OR THE ATTACHMENTS ARE GROUNDS FOR DENIAL OR SUBSEQUENT REVOCATION OR SUSPENSION OF THE REGISTRATION OR LICENSE FOR WHICH APPLICATION IS BEING MADE.**

2. **ADDRESS and CHANGE OF ADDRESS:**  
The address you enter on any Board form is public information and will be placed on the Internet pursuant to Business and Professions Code section 27. If you do not want your home or work address available to the public, please provide an alternate mailing address. Title 16, California Code of Regulations Section 1804, states that all persons regulated by the Board shall maintain a current mailing address with the Board and shall notify the Board within 30 days concerning any change of address giving both the old and new addresses. **CHANGES OF ADDRESS MUST BE RECEIVED IN WRITING.**
3. **ABANDONMENT OF LICENSURE APPLICATION:**  
Title 16, California Code of Regulations Section 1806 provides, in part, that an application shall be deemed abandoned if the applicant does not submit evidence that he or she has removed the deficiencies specified in the deficiency letter within one (1) year from the date of the deficiency letter; or the applicant fails to sit for examination within one (1) year after being notified of eligibility; the applicant fails to pay the initial license fee within one (1) year after notification by the board of successful completion of examination requirements. An application submitted subsequent to the abandonment of a prior application shall be treated as a new application.
4. **LAWS AND REGULATIONS:**  
To obtain a copy of the *Laws and Regulations*, **please submit a written request** (type or print clearly your name and address), **or you may download the information from our Web site.**
5. **DUPLICATION OF BOARD FORMS:**  
Applicants are granted permission to reproduce any form provided by the Board. **However, only those forms having original signatures will be accepted as part of any application.**
6. **EXAMINATION:**  
Applicants will be sent notice of eligibility for examination or notice of application deficiency within 60 days following the Board's receipt of a completed application. Written examinations contain objective multiple-choice questions and are given in various locations throughout California. It is the responsibility of the applicant to call the test administrator and arrange a time and place to take the examination. (*Further information regarding the written examination is provided in the LCSW written exam Candidate Handbook, which applicants receive as their "Notice of Eligibility".*) Business and Professions Code Section 4996.4 states, "An applicant who fails any written or oral examination may within one year from the notification date of failure, retake that examination as regularly scheduled, without further application, upon payment of the required examination fees. Thereafter, the applicant shall not be eligible for further examination until he or she files a new application, meets all current requirements, and pays all fees required."
7. **REQUEST FOR ACCOMMODATION:**  
All examination sites will be physically accessible to individuals with disabilities. Pursuant to Title II of the Americans with Disabilities Act (ADA) and California law, the Board will provide reasonable accommodations to qualified candidates with mental disabilities, physical disabilities, or medical conditions. However, the Board will not provide accommodations that fundamentally alter the measurement of the skills or knowledge the examination is intended to test.

Accommodations will not be provided at the examination site unless prior approval by the board has been granted. **A candidate who seeks an accommodation has the responsibility to make the request and provide documentation substantiating the need for accommodation at the time of submission of the application for the examination.** The information supplied to substantiate a candidate's request for an accommodation will be kept confidential to the extent provided by law. Any request for accommodation (except for accommodations requiring a physically accessible examination site) must be submitted to the Board on the forms prescribed by the Board. If you wish to submit a request for accommodation, please contact the Board and request a Request for Accommodation package.

The Board does not discriminate on the basis of disability in employment or in the admission and access to its programs or activities. The Executive Officer of the Board has been designated to coordinate and carry out this agency's compliance with the nondiscrimination requirements of Title II of the ADA. Information concerning the provisions of the ADA, and the rights provided hereunder, are available from the ADA coordinator.

## II. REPORTING PRIOR CONVICTION(S):

California Code of Regulations, Title 16, Section 1813 states: "When considering the denial of a license or registration under Section 480 of the Code, the board, in evaluating the rehabilitation of the applicant and his or her present eligibility for a license or registration shall consider the following criteria:

- (a) The nature and severity of the act(s) or crime(s) under consideration as grounds for denial.
- (b) Evidence of any act(s) committed subsequent to the act(s) or crime(s) under consideration as grounds for denial which also could be considered as grounds for denial under Section 480 of the Code.
- (c) The time that has elapsed since commission of the act(s) or crime(s) referred to in Section 480 of the Code.
- (d) The extent to which the applicant has complied with any terms of probation, parole, restitution, or any other sanctions lawfully imposed against the applicant.
- (e) Evidence, if any, of rehabilitation submitted by the applicant."

Submit the following information with your application if you report that you have pled guilty or nolo contendere to a misdemeanor or felony conviction (*including any convictions dismissed under Section 1203.4 of the Penal Code*):

- 1. A certified copy of the conviction and disposition of your case from the Court Clerk of the court in which convicted and any police reports.
- 2. A letter from you describing the underlying circumstances of the conviction. If convicted under a different name, please give that name.
- 3. A letter from you describing rehabilitation efforts or changes you have made to prevent future problems. It is your responsibility to present sufficient evidence of rehabilitation to demonstrate your fitness for licensure. The evidence of rehabilitation may include, but is not limited to:
  - a. Proof of completion of probation if it was required.
  - b. Letters of reference from employers, instructors, professional counselors, probation, or parole officers on official letterhead.
- 4. You must disclose **all** convictions even if they have been previously reported to the Board. However, it is not necessary for you to re-submit documentation previously on file, you may simply provide a written statement indicating that you believe the information is already on file.

## III. REPORTING DISCIPLINE AGAINST LICENSE(S):

Submit the following information with your application if you report any disciplinary action you received against a professional license:

- 1. A certified copy of the determination made by the licensing entity. This document should include date and location of the incident, specific violation, date of disciplinary action, and sanctions or penalties imposed and completion dates.
- 2. A letter from you describing the underlying circumstances of the incident. If disciplinary action occurred under a different name, please give that name.
- 3. A letter from you describing rehabilitation efforts or changes you have made to prevent future problems. It is your responsibility to present sufficient evidence of rehabilitation to demonstrate your fitness for licensure. The evidence of rehabilitation may include, but is not limited to:
  - a. Proof of completion of probation if it was required.
  - b. Letters of reference from employers, instructors, professional counselors, probation or parole officers on official letterhead.

4. You must disclose **all** disciplines against licenses even if they have been previously reported to the Board. However, it is not necessary for you to re-submit documentation previously on file, you may simply provide a written statement indicating that you believe the information is already on file.

#### IV. 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 Sections 4996.2, 4996.17, 4996.21, 4996.23, and Article 2 of Chapter 14 (commencing with section 4992), and Title 16 of California Code of Regulations Sections 1805 and 1806. The Board uses this information principally to identify and evaluate licenses and enforce licensing standards set by law and regulation.

**Mandatory Submission.** Submission of the requested information is mandatory. The Board cannot consider your application for licensure or renewal unless you provide all of the requested information.

**Access to Personal Information.** You may review the records maintained by the Board of Behavioral Sciences that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

**Possible Disclosure of Personal Information.** We make every effort to protect the personal information you provide us. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code Section 6250 and following), as allowed by the Information Practices Act (Civil Code Section 1798 and following);
- To another government agency as required by state or federal law; or
- In response to a court or administrative order, a subpoena, or a search warrant.

**Contact Information.** For questions about this notice or access to your records, you may contact the Board of Behavioral Sciences at 1625 North Market Blvd., Suite S200, Sacramento, CA 95834, (916) 574-7830 or email [BBSWebMaster@bbs.ca.gov](mailto:BBSWebMaster@bbs.ca.gov). For questions about the Department of Consumer Affairs' privacy policy or the Information Practices Act, you may contact the Office of Privacy Protection in the Department of Consumer Affairs, 1625 North Market Blvd., Sacramento, CA 95834, (866) 785-9663 or email [privacy@dca.ca.gov](mailto:privacy@dca.ca.gov).

**APPLICATION FOR STATE LICENSE AS A  
LICENSED CLINICAL SOCIAL WORKER**

1800 37A-200 (REV. 12/05)

*For Office Use Only:*Cashiering No.  
\_\_\_\_\_APPROPRIATE FEE MUST ACCOMPANY THIS FORM  
Make check payable to - Behavioral Sciences Fund*(Please type or print clearly in ink)*

1. LEGAL NAME: \* Last First Middle

Maiden name and any other AKA

2. ADDRESS OF RECORD:\*\* Number and Street

City

State

Zip Code

3. BUSINESS TELEPHONE:

4. RESIDENCE TELEPHONE:

5. BIRTH DATE: mo/day/yr

6. SOCIAL SECURITY NUMBER:\*\*\*

7. SEX:

8. EDUCATION: *(Qualifying Degree)*

9. NAME OF SCHOOL, COLLEGE OR UNIVERSITY:

*If coursework or training was not identified on transcripts, please submit copy of certificate of completion.*10. CHILD ABUSE ASSESSMENT AND REPORTING TRAINING:  Yes  No11. HUMAN SEXUALITY TRAINING:  Yes  No12. ALCOHOLISM AND OTHER CHEMICAL DEPENDENCY:  Yes  No13. SPOUSAL OR PARTNER ABUSE ASSESSMENT, DETECTION AND INTERVENTION:  Yes  No14. I WAS A PAID EMPLOYEE FOR ALL OR A PORTION OF MY SUPERVISED EXPERIENCE?  Yes  No*If Yes, attach copies of your W-2's for each year and a current pay stub for the current year.*15. I WAS A VOLUNTEER FOR ALL OR A PORTION OF MY SUPERVISED EXPERIENCE?  Yes  No*If Yes, attach copy of the letter from your employer verifying your voluntary status.*

16. HAVE YOU BEEN LICENSED TO PRACTICE CLINICAL SOCIAL WORK IN ANOTHER STATE OR FOREIGN COUNTRY?

YES  NO *If YES, complete the following: (Submit verification of licensure in another state for each state listed.)*

STATE/COUNTRY	LICENSE NUMBER	DATE ISSUED	CURRENT STATUS

17. HAVE YOU EVER BEEN DENIED A PROFESSIONAL LICENSE, HAD A PROFESSIONAL LICENSE PRIVILEGE SUSPENDED, REVOKED, OR OTHERWISE DISCIPLINED, or HAVE YOU EVER VOLUNTARILY SURRENDERED ANY SUCH LICENSE IN CALIFORNIA OR ANY OTHER STATE OR TERRITORY OF THE UNITED STATES, OR BY ANY OTHER GOVERNMENTAL AGENCY? YES  NO *If YES, attach your explanation and related documents as described in the REPORTING DISCIPLINE AGAINST LICENSE(S) section of the instructions.*

18. HAVE YOU EVER BEEN CONVICTED OF, PLED GUILTY TO, OR PLED NOLO CONTENDERE TO ANY MISDEMEANOR OR FELONY?

(Convictions dismissed under Section 1203.4 of the Penal Code must be disclosed. You need not include offenses prior to your 18<sup>th</sup> birthday or any traffic violations for which a fine of \$500 or less was imposed.)

YES  NO

If YES, attach your explanation and related documents as described in the REPORTING PRIOR CONVICTION(S) section of the instructions. You must disclose all convictions even if previously reported to the Board. However, it is not necessary for you to re-submit documentation previously on file, you may simply provide a written statement indicating that you believe the information is already on file.

**I declare under penalty of perjury under the laws of the State of California that all the information submitted on this form and on any accompanying attachments submitted is true and correct.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\*Business and Professions Code section 4982(b) gives the board 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 on any application for licensure or registration submitted to the board.

\*\*The address you enter on this application is public information and will be placed on the Internet pursuant to Business and Professions Code section 27. If you do not want your home or work address available to the public, please provide an alternate mailing address.

\*\*\*Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405 (c) (2) (c)) authorizes collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security number your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

**CLINICAL SOCIAL WORKER  
EXPERIENCE VERIFICATION**

1800 37A-201 (REV. 8/06)

*The supervisor must complete this form. Use a separate form for each person verifying hours of supervised experience in a clinical setting for licensure as a clinical social worker and for each employment setting. **Make certain that the form is complete and correct prior to signing. Any change should be initialed by the supervisor and is subject to verification. Experience verification forms are to be submitted by the applicant with his or her application for licensure.***

APPLICANT NAME: \_\_\_\_\_

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

1. SUPERVISOR NAME: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

2. ADDRESS: Number and Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

3. BUSINESS TELEPHONE: \_\_\_\_\_

4. NAME OF APPLICANT'S EMPLOYER: \_\_\_\_\_

5. ADDRESS: Number and Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

6. BUSINESS TELEPHONE: \_\_\_\_\_

7. Experience was gained in a setting that lawfully and regularly provides clinical social work, mental health counseling, or psychotherapy? Yes  No

8. Experience was gained in a setting that provided oversight to ensure that the associate's work meets the experience and supervision requirements and is within the scope of practice for the profession? Yes  No

9. Dates the experience is being claimed: From \_\_\_\_\_ To \_\_\_\_\_  
Mo Day Yr Mo Day Yr

10. Total number of supervised weeks worked: (minimum 104) \_\_\_\_\_  
a. Total number of hours in individual supervision: a. \_\_\_\_\_  
b. Total number of hours in group supervision: b. \_\_\_\_\_

11. Total number of hours worked per week (maximum hours 40): \_\_\_\_\_

12. Total number of hours in clinical psychosocial diagnosis, assessment, including individual or group psychotherapy/counseling: (minimum hours required 2,000) A. \_\_\_\_\_  
Total number of face-to-face individual or group psychotherapy/counseling: A1. \_\_\_\_\_  
(minimum hours required 750)  
Total number of hours in client-centered advocacy, consultation, evaluation, and research: (maximum hours 1,200) B. \_\_\_\_\_  
Total number of hours of experience: (minimum hours required 3,200) A + B = C C. \_\_\_\_\_

13. One hour of face-to-face individual or two hours of face-to-face group supervision was given for every week in which more than 10 hours of face-to-face psychotherapy was performed? Yes  No

14. SUPERVISOR: \_\_\_\_\_  
Type of License License Number State of License Date Originally Licensed

If M.D., were you certified in Psychiatry by the American Board of Psychiatry and Neurology during the entire period of supervision?

Yes  No  Date Board Certified: \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**CLINICAL SOCIAL WORKER VERIFICATION OF  
LICENSURE/REGISTRATION/CERTIFICATION  
IN ANOTHER STATE**

1800 37A-526 (REV. 12/05)

(Please type or print)

**California Applicant's Name:** \_\_\_\_\_ **Verification For:**  myself  my supervisor

**Applicant's SSN:** \_\_\_\_\_

Complete this section authorizing release of information by another state licensing program. Mail this form and any necessary fees to that licensing agency.

Name of Individual to be Verified: \_\_\_\_\_ License/Reg./Cert. No. \_\_\_\_\_

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**To be completed by the state in which the above individual is licensed, registered, or certified:**

1. The above individual is  licensed  registered  certified as a (title) \_\_\_\_\_  
in the state of \_\_\_\_\_

2. The name of the licensee/registrant/certified individual, as shown in your records:  
\_\_\_\_\_

3. The license/registration/certificate is:  current  temporary  canceled  lapsed  
Issue date: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Any complaints or disciplinary actions?  Yes  No (If Yes, attach an explanation).

4. At the time of licensure/registration/certification this individual met the following requirements:

**Required Education:** Degree \_\_\_\_\_

Accredited by the Council on Social Worker education? \_\_\_\_\_

**Experience Submitted:** Number of years \_\_\_\_\_

Number of direct client contact hours \_\_\_\_\_

Total hours of experience \_\_\_\_\_

Number of direct supervisor contact hours per week \_\_\_\_\_

Supervisor credentials required \_\_\_\_\_

**Required Examination:**  Yes  No. If yes, list examination(s), type, and title \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Completing Form and Official Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed or Typed Name and Title

\_\_\_\_\_  
Agency/Organization Name

\_\_\_\_\_  
Address

Affix Board

Seal Here

**Please return form to:**

Board of Behavioral Sciences  
1625 North Market Blvd., Suite S200  
Sacramento, CA 95834

California statutes authorize state agencies to maintain the security of their licensing examinations. Section 123 of the Business and Professions Code states:

*“It is a misdemeanor for any person to engage in any conduct which subverts or attempts to subvert any licensing examination or the administration of an examination...”*

Conduct that subverts or attempts to subvert a licensing examination includes:

- removal of examination materials from the examination room;
- unauthorized reproduction of any and all portions of a licensing examination;
- acquisition of examination materials before, during, or after the examination;
- preparation or instruction of applicants for the examination with the aid of examination material;
- paying or using professional examination takers to reconstruct any portions of a licensing examination;
- buying, selling, or receiving future, current, or previously administered examination materials;
- communicating with other candidates during the examination or permitting one’s answers to be copied by another candidate;
- impersonating another candidate or having another person take the examination on one’s behalf.

A person found guilty of any of these acts is liable for damages sustained by the agency administering the examination in an amount not to exceed \$10,000, plus the costs of litigation. In addition, a board may deny, suspend, revoke, or otherwise restrict the license of an applicant or a licensee who has violated the above.

**COMPLETE THIS SECTION**

*I have read and fully understand the above requirements and hereby certify that I am the person named below who applied for licensure with the Board of Behavioral Sciences.*

LICENSE APPLICATION TYPE      LCSW       MFT       LEP

CANDIDATE’S NAME (print) \_\_\_\_\_

BBS FILE NO. \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

CANDIDATE’S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

---

Complete and submit this form. Please type or print clearly in ink. Attach the photograph(s) to the spot(s) indicated below.

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TYPE OF APPLICATION FILING:

- |                                                           |                          |                          |
|-----------------------------------------------------------|--------------------------|--------------------------|
| a. Registration as an Associate Clinical Social Worker    | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Registration as a Marriage and Family Therapist Intern | <input type="checkbox"/> | <input type="checkbox"/> |
| c. State License as a Licensed Clinical Social Worker     | <input type="checkbox"/> | <input type="checkbox"/> |
| d. State License as a Marriage and Family Therapist       | <input type="checkbox"/> | <input type="checkbox"/> |
| e. State License as an Educational Psychologist           | <input type="checkbox"/> | <input type="checkbox"/> |

NAME (as it appears on license or registration)		SOCIAL SECURITY NUMBER		
ADDRESS:	NUMBER AND STREET	CITY	STATE	ZIP CODE
BUSINESS TELEPHONE (       )		RESIDENCE TELEPHONE (       )		

PHOTOGRAPH(S):

Attach **ONE** 2" x 2" photograph  
taken of you within the last 60 days.

(Head and Shoulders Only)



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

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Applicant

The Board of Behavioral Sciences does not discriminate on the basis of disability in employment or in the admission and access to its programs or activities.

The Executive Officer of the Board has been designated to coordinate and carry out this agency's compliance with the nondiscrimination requirements of Title II of the ADA. Information concerning the provisions of the ADA, and the rights provided hereunder, are available from the ADA Coordinator.

Receipt No.

Regis. No.

TYPE OR PRINT

NAME \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
(CITY) (STATE) (ZIP)

Date Received

SOCIAL SECURITY #:

DATE OF BIRTH:

**PERSONAL DATA CARD**  
STATE OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
BOARD OF BEHAVIORAL SCIENCES  
**THIS CARD MUST ACCOMPANY YOUR APPLICATION**