



**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](http://www.bbs.ca.gov)



**RE: LICENSED EDUCATIONAL PSYCHOLOGIST APPLICATION**

Dear Applicant:

Thank you for your interest in becoming a California Licensed Educational Psychologist. Included in this packet are:

1. Instructions for Completing the Application
2. Important Live Scan Information and Instruction
3. Request for Live Scan Service Form
3. Licensed Educational Psychologist Examination Eligibility Application
4. Educational Psychologist Experience Verification forms
5. Examination Security Notice
6. Photographs Form
7. Personal Data Card
8. Mandatory Reporter

**BOARD OF BEHAVIORAL SCIENCES**



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## INSTRUCTIONS FOR COMPLETING THE LICENSED EDUCATIONAL PSYCHOLOGIST EXAMINATION ELIGIBILITY APPLICATION

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.
- ONE PHOTOGRAPH: Should measure approximately 2" X 2" and be taken within 60 days of the filing of this application. The photograph must be of passport quality of your head and shoulders only. The 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 (BPC) 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 \$100.00 written examination fee. The \$100.00 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 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:
- a. Official transcript(s) verifying your master's degree and completion of a minimum of 60 semester hours of postgraduate work (after bachelor's degree) in pupil personnel services. (BPC Sections 4986.20(a) and (d)). OFFICIAL TRANSCRIPT(S) verifying your education should be sent to you in a SEALED ENVELOPE from the educational institution(s) you attended. Enclose the sealed envelope(s) with your application.
  - b. Copy of the **original** State Pupil Personnel Credential showing specialization in school psychology. Copies must be submitted to provide information as to original issuance and current expiration dates. If out-of-state experience is claimed, a copy of your **original** out-of-state credential must be submitted. (BPC Section 4986.20(d)).
- EXPERIENCE VERIFICATION FORMS: Experience verification form(s) must have the original signature of the verifying party. The experience verification form may be reproduced if additional forms are needed. Applicants must complete three years of full time experience (or the equivalent to three years of experience) working as a school psychologist. The three years of required experience may be satisfied as follows:
1. Two years of full time (or equivalent) experience as a credentialed school psychologist in public schools. This experience can be unsupervised and needs to be obtained in the most recent six years from the time a person applies for licensure.
- AND**
2. A. One year of supervised professional experience in an accredited school psychology program; **or**,  
 B. One year of full time (or equivalent) experience as a credentialed school psychologist in public schools obtained under the direction of a licensed educational psychologist or a licensed psychologist.

**The experience in 2A and 2B can be older than six years from the time a person applies for licensure.**

- DOCUMENTS AND/OR LETTERS EXPLAINING PRIOR CONVICTION(S) AND/OR DISCIPLINARY ACTION(S) AND ATTESTING TO YOUR REHABILITATION, IF APPLICABLE: Please refer to the REPORTING PRIOR CONVICTION(S) and/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. EXAMINATION:

The electronic administration of the LEP written exam implemented on April 1, 1999, is facilitated and coordinated by the Department of Consumer Affairs Office of Examination Resources. The maximum amount of time needed for evaluation of an Application for State License and clearance of fees and fingerprint cards is 90 days. Applicants will be sent a notice of eligibility for examination or notice of application deficiency within 90 days following the Board's receipt of a completed application and accompanying documentation. 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 LEP written exam Candidate Handbook, which applicants receive with their "Notice of Eligibility").*

3. REQUESTS FOR ACCOMODATION:

All examination sites are 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.

4. 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 BPC 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.**

5. ABANDONMENT OF LICENSURE APPLICATION:

Title 16, California Code of Regulations Section 1806 provides 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.

6. LAWS AND REGULATIONS:

To obtain a copy of the *Laws and Regulations*, **please submit a written request to the Board** (type or print clearly your name and address), or **you may download the information from our web site.**

7. 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.**

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 (*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 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. STATE TAX OBLIGATION – EFFECTIVE JULY 1, 2012:

Pursuant to Business and Professions Code section 31(e), the State Board of Equalization and the Franchise Tax Board may share taxpayer information with a board. A licensee must pay his or her state tax obligation and his or her license may be suspended if the state tax obligation is not paid.

#### V. 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 4986.20, 4986.40, 4986.70 and Article 5 of Chapter 13 (commencing with section 4986), and Title 16 of California Code of Regulations Sections 1805, 1806, 1855, 1856, 1857 and 1858. 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@dca.ca.gov](mailto:BBSWebMaster@dca.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 [dca@dca.ca.gov](mailto:dca@dca.ca.gov).

## INSTRUCTIONS FOR LIVE SCAN FINGERPRINTING

Live Scan Fingerprinting is meant for anyone living within California. Live Scan fingerprint results will be submitted to the **Department of Justice (DOJ)** and the **Federal Bureau of Investigation (FBI)** electronically.

### **Fingerprint Fees**

DOJ FINGERPRINT PROCESSING FEE: \$32.00  
FBI FINGERPRINT PROCESSING FEE: \$19.00

**In addition to these processing fees, there may be a service charge associated with the Live Scan site you visit.** The Live Scan service site will collect the above fees at the time you are fingerprinted. Be aware that the Live Scan service charge may vary from location to location.

### **Complete the Request for Live Scan Service Form**

You must complete and submit the enclosed *Request for Live Scan Service* form at the Live Scan site. Once your fingerprints have been scanned, the Live Scan Operator will complete Box 6 of this form and return the second and third copies to you.

**The second copy of this form, with Box 6 completed by the Live Scan Operator, must be MAILED to the BBS in order to retrieve your fingerprint results from DOJ.**

Retain the third copy for your records as a proof of payment.

### **Live Scan Fingerprint Locations**

You must visit an approved Live Scan Service Site. Most local Police and Sheriff Departments offer the Live Scan fingerprinting service. Some large school districts, passport services, and stores with generalized fingerprinting expertise may offer Live Scan also. A current listing of Live Scan sites is available on the DOJ website at <http://ag.ca.gov/fingerprints/publications/contact.php>

**Consider calling the Live Scan service provider for hours of operation, fees, and appointment times if necessary.** You must present valid photo identification (i.e., driver's license, military ID, or passport) at the Live Scan site.

# Filling Out Your Live Scan Form

To facilitate prompt and accurate processing, please **TYPE** or **print legibly**

## **SECTION 1:**

### Job Title or Type of License, Certification or Permit

Check the box for the applicable license, or registration you are applying for with the BBS. If you are a Licensee with multiple licenses, only check your most used license type. Your fingerprint results will be put towards ALL licenses you hold. You will not need to pay and/or be fingerprinted for each individual license you hold. **CHECK THE BOX FOR ONLY ONE LICENSE TYPE.**

**SECTION 2:** This section is already completed.

## **SECTION 3:**

Name of Applicant: Enter your full name

Alias: Indicate all other names used

Date of Birth: Indicate your month/day/year of birth

Sex: Place an "X" in the appropriate box

Height: Indicate your height in feet and inches

Weight: Indicate your weight in pounds (lbs.)

Eye Color: Indicate eye color abbreviation:

<b>BLK</b> - Black	<b>GRY</b> - Gray	<b>MAR</b> - Maroon	<b>BLU</b> - Blue	<b>GRN</b> - Green
<b>PNK</b> - Pink	<b>BRO</b> - Brown	<b>HAZ</b> - Hazel	<b>MUL</b> - Multicolor	

Hair Color: Indicate hair color abbreviation:

<b>BAL</b> - Bald	<b>BRO</b> - Brown	<b>SDY</b> - Sandy	<b>BLK</b> - Black
<b>GRY</b> - Gray	<b>WHI</b> - White	<b>BLN</b> - Blonde	<b>RED</b> - Red

Place of Birth: Indicate the state or country of birth

Social Security Number: Enter your social security number

Driver's License No: Enter your Driver's license number if you have one

### Address

Enter a mailing address of your choice. You may use a business address, your home address, or any current address. This address will not be viewable by the public, and will be used solely for the BBS' records.

**SECTION 4:**

*Your number:*

Enter your current BBS license or registration number. Enter all that apply. If you are a brand new applicant and do not currently hold an identifying number, leave this line blank.

*If resubmission, list the Original ATI No.*

This is only used for a second fingerprinting due to a prior fingerprint rejection. The ATI No. allows you to be re-fingerprinted without paying the DOJ and FBI processing fee (service charges may still apply.)

**SECTION 5:** Leave this section blank.

**SECTION 6:** To be completed by the Live Scan operator.

# APPLICANT

**SECTION 1**

ORI: A0462 Type of Application: LIC/CERT/PERMIT RENEWAL  
(Code assigned by DOJ)

Job Title or Type of License, Certification or Permit: **(Only One Title)**

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Marriage and Family Therapist</b> | <input type="checkbox"/> <b>Clinical Social Worker</b>          |
| <input type="checkbox"/> <b>Educational Psychologist</b>      | <input type="checkbox"/> <b>Professional Clinical Counselor</b> |

**SECTION 2**

Agency Address Set Contributing Agency

Mail Code: 01484

**Board of Behavioral Sciences**  
**1625 North Market Blvd. Suite S-200**  
**Sacramento, CA 95834**

Contact Name: Fingerprint Unit  
Contact Phone: (916) 574-7859

**SECTION 3**

Name of Applicant: \_\_\_\_\_  
(Please print) Last First MI

Alias: \_\_\_\_\_ Driver's License No: \_\_\_\_\_  
Last First

Date of Birth: \_\_\_\_\_ SEX:  Male  Female Misc. No. BIL: **APPLICANT MUST PAY**  
Agency Billing Number

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Address: \_\_\_\_\_  
Street No.

Place of Birth: \_\_\_\_\_ City State Zip

Social Security Number: \_\_\_\_\_

**SECTION 4**

Your Number \_\_\_\_\_  
BBS File Number (Example: 103123)

BBS Applicant: Please mail a copy of this form to the address in Box 2 upon completion.

If resubmission, list Original ATI No. \_\_\_\_\_ Level of Service  DOJ  FBI

**SECTION 5**

Employer: (Additional response for agencies specified by statute)

**LEAVE THIS SECTION BLANK**

Employer Name \_\_\_\_\_

Street No. Street or PO Box \_\_\_\_\_

Mail Code (assigned by DOJ) \_\_\_\_\_

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

Agency Telephone No. (optional) \_\_\_\_\_

**SECTION 6**

Live Scan Transmission Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Transmitting Agency \_\_\_\_\_ ATI No. \_\_\_\_\_ Amount Collected/Billed \_\_\_\_\_

ORIGINAL- Live Scan Operator SECOND COPY- Requesting Agency THIRD COPY- Applicant

# APPLICANT

**SECTION 1**

ORI: A0462 Type of Application: LIC/CERT/PERMIT RENEWAL  
(Code assigned by DOJ)

Job Title or Type of License, Certification or Permit: **(Only One Title)**

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Marriage and Family Therapist</b> | <input type="checkbox"/> <b>Clinical Social Worker</b>          |
| <input type="checkbox"/> <b>Educational Psychologist</b>      | <input type="checkbox"/> <b>Professional Clinical Counselor</b> |

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Mail Code: 01484

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**1625 North Market Blvd. Suite S-200**  
**Sacramento, CA 95834**

Contact Name: Fingerprint Unit  
Contact Phone: (916) 574-7859

**SECTION 3**

Name of Applicant: \_\_\_\_\_  
(Please print) Last First MI

Alias: \_\_\_\_\_ Driver's License No: \_\_\_\_\_  
Last First

Date of Birth: \_\_\_\_\_ SEX:  Male  Female Misc. No. BIL: **APPLICANT MUST PAY**  
Agency Billing Number

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Address: \_\_\_\_\_  
Street No.

Place of Birth: \_\_\_\_\_ City State Zip

Social Security Number: \_\_\_\_\_

**SECTION 4**

Your Number \_\_\_\_\_  
BBS File Number (Example: 103123)

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If resubmission, list Original ATI No. \_\_\_\_\_ Level of Service  DOJ  FBI

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**LEAVE THIS SECTION BLANK**

Employer Name \_\_\_\_\_

Street No. Street or PO Box \_\_\_\_\_

Mail Code (assigned by DOJ) \_\_\_\_\_

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

Agency Telephone No. (optional) \_\_\_\_\_

**SECTION 6**

Live Scan Transmission Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Transmitting Agency \_\_\_\_\_ ATI No. \_\_\_\_\_ Amount Collected/Billed \_\_\_\_\_

ORIGINAL- Live Scan Operator SECOND COPY- Requesting Agency THIRD COPY- Applicant

# APPLICANT

**SECTION 1**

ORI: A0462 Type of Application: LIC/CERT/PERMIT RENEWAL  
(Code assigned by DOJ)

Job Title or Type of License, Certification or Permit: **(Only One Title)**

- Marriage and Family Therapist**  **Clinical Social Worker**  
 **Educational Psychologist**  **Professional Clinical Counselor**

**SECTION 2**

Agency Address Set Contributing Agency

Mail Code: 01484

**Board of Behavioral Sciences**  
**1625 North Market Blvd. Suite S-200**  
**Sacramento, CA 95834**

Contact Name: Fingerprint Unit  
Contact Phone: (916) 574-7859

**SECTION 3**

Name of Applicant: \_\_\_\_\_  
(Please print) Last First MI

Alias: \_\_\_\_\_ Driver's License No: \_\_\_\_\_  
Last First

Date of Birth: \_\_\_\_\_ SEX:  Male  Female Misc. No. BIL: **APPLICANT MUST PAY**  
Agency Billing Number

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Address: \_\_\_\_\_  
Street No.

Place of Birth: \_\_\_\_\_ City State Zip

Social Security Number: \_\_\_\_\_

**SECTION 4**

Your Number \_\_\_\_\_  
BBS File Number (Example: 103123)

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**LEAVE THIS SECTION BLANK**

Employer Name \_\_\_\_\_

Street No. Street or PO Box \_\_\_\_\_

Mail Code (assigned by DOJ) \_\_\_\_\_

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

Agency Telephone No. (optional) \_\_\_\_\_

**SECTION 6**

Live Scan Transmission Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Transmitting Agency \_\_\_\_\_ ATI No. \_\_\_\_\_ Amount Collected/Billed \_\_\_\_\_

ORIGINAL- Live Scan Operator SECOND COPY- Requesting Agency THIRD COPY- Applicant

LICENSED EDUCATIONAL PSYCHOLOGIST
EXAMINATION ELIGIBILITY APPLICATION
37A-500 (REV. 1/11)

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. E-MAIL ADDRESS:

6. BIRTH DATE: mo/day/yr 7. SOCIAL SECURITY NUMBER:\*\*\* 8. SEX:

9. EDUCATION: (Qualifying Degree) 10. NAME OF SCHOOL, COLLEGE OR UNIVERSITY:

Table with 4 columns: NAME OF INSTITUTION, COURSE OF STUDY, DEGREE, DATE AWARDED

Table with 4 columns: PROFESSIONAL LICENSE OR CERTIFICATION, LICENSE NUMBER, STATE ISSUING LICENSE, DATE ISSUED

13. 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

14. 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 18th birthday or any traffic violations for which a fine of \$500 or less was imposed.) YES NO

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 498 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

**CREDENTIALLED SCHOOL PSYCHOLOGIST  
EXPERIENCE VERIFICATION**

37A-501 (REV. 1/11)

*Please type or print in ink. No erasures or corrections may be made. If any error has been made, complete a new form. Make certain the form is complete and correct. **This form is to be submitted by the applicant with his or her application for licensure.***

I, \_\_\_\_\_, of \_\_\_\_\_  
Number and Street

\_\_\_\_\_ have personally known  
City State Zip Code

\_\_\_\_\_  
Applicant

who has made application to the Board of Behavioral Sciences of the State of California for a license as an educational psychologist, and have personal knowledge that said applicant was employed in the public school system as a **credentialed school psychologist**.

Name of applicant's employer: \_\_\_\_\_

Dates of applicant's employment: From \_\_\_\_\_ To \_\_\_\_\_

Position occupied by applicant: \_\_\_\_\_

Number of hours worked per week: \_\_\_\_\_

Describe duties performed by applicant *(use reverse side if necessary)*:

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone Number

**SUPERVISED PROFESSIONAL EXPERIENCE  
VERIFICATION**

37A-502 (REV. 1/11)

*Please type or print in ink. No erasures or corrections may be made. If any error has been made, complete a new form. Make certain the form is complete and correct. **This form is to be submitted by the applicant with his or her application for licensure.***

The following information is provided concerning:

\_\_\_\_\_ Applicant \_\_\_\_\_

who has made application to the Board of Behavioral Sciences of the State of California for a license as an educational psychologist. I am the supervisor of \_\_\_\_\_ and have personal knowledge that said applicant has had **supervised professional experience**.

Name of applicant's employer: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of applicant's employment: From \_\_\_\_\_ To \_\_\_\_\_

Total number of hours worked per week: \_\_\_\_\_

Name & Title of applicant's **immediate** supervisor: \_\_\_\_\_

Was this experience gained in an accredited school psychology program? NO  YES

If Yes, list course title(s): \_\_\_\_\_

If No, was immediate supervisor licensed as a psychologist or educational psychologist? NO  YES

If Yes,

_____	_____	_____	_____
Type of License	License Number	State of License	Date Issued

Describe duties performed by applicant (*use reverse side if necessary*):

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

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

\_\_\_\_\_ Title

\_\_\_\_\_ Telephone Number



**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](http://www.bbs.ca.gov)



## EXAMINATION SECURITY NOTICE

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.

<b>COMPLETE THIS SECTION</b>
------------------------------

***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       LPCC

Candidate's Name (print) \_\_\_\_\_  
Last First Middle

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.

TYPE OF APPLICATION FILING:

- a. Registration as an Associate Clinical Social Worker
- b. Registration as a Marriage and Family Therapist Intern
- c. Licensed Clinical Social Worker Examination Eligibility Application
- d. Marriage and Family Therapist Examination Eligibility Application
- e. Licensed Educational Psychologist Examination Eligibility Application

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**

**Board of Behavioral Sciences**

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Telephone: (916) 574-7830 TTY: (800) 326-2297

[www.bbs.ca.gov](http://www.bbs.ca.gov)**IMPORTANT INFORMATION – PLEASE READ****MANDATORY REPORTER**

Under California law each person licensed by the Board of Behavioral Sciences is a “mandated reporter” for both child, elder and/or dependent adult abuse or neglect purposes. California Penal Code section 11166 and Welfare and Institutions Code section 15630 require that all mandated reporters make a report to an agency specified [generally law enforcement, state, and/or county adult protective services agencies, etc... ] in Penal Code section 11165.9 and Welfare and Institutions Code section 15630(b)(1) whenever the mandated reporter, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a child, elder and/or dependent adult whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or elder abuse or neglect.

The mandated reporter must make a report of such abuse or neglect immediately, or as soon as practically possible, in the manner specified in Penal Code Section 11166 (for child abuse or neglect) or in Welfare and Institutions Code Section 15630 (for elder or dependent adult abuse or neglect).

Failure to comply with the requirements of Section 11166 and Section 15630 is a misdemeanor, punishable by up to six months in a county jail, by a fine of one thousand dollars (\$1,000), or by both that imprisonment and fine.

For further details about these requirements, consult Penal Code sections 11164 and Welfare and Institutions Code section 15630, and subsequent sections.