BBS

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

REQUEST FOR LICENSE OR REGISTRATION CERTIFICATION

REQUIRED FEE MUST ACCOMPANY THIS FORM
Make check payable to - Behavioral Sciences Fund

FEE
$25 per Certificate

<table>
<tr><td>For Office Use Only</td></tr>
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1) I hereby request certification of license or registration status for the following:

☐ Associate Clinical Social Worker (ASW)
☐ Associate Marriage and Family Therapist (AMFT)
☐ Associate Professional Clinical Counselor (APCC)
☐ Licensed Clinical Social Worker (LCSW)

☐ Licensed Marriage and Family Therapist (LMFT)
☐ Licensed Educational Psychologist (LEP)
☐ Licensed Professional Clinical Counselor (LPCC)

A Certification of License will include current license status, any disciplinary action taken against the license, and renewal information.

2) Number of certifications requested ($25 per certificate requested): _____

3) Requestor Information

Please type or print clearly in ink

Name of Requester:			
Requestor Mailing Address : Number and Street	City	State	Zip Code
Requestor Telephone:	Fax Number:	Email Address:	

4) Certification requested for the following licensee/registrant:

Name of Licensee or Registrant:	License or Registration Number:

5) The certification will be mailed to the following location(s):
Attach additional addresses if necessary

Name:			
Company Name (if applicable):			
Mailing Address : Number and Street	City	State	Zip Code
Business Telephone:	Fax Number:	Email Address:	

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Name:			
Company Name (if applicable):			
Mailing Address :	Number and Street	City	State Zip Code
Business Telephone:	Fax Number:	Email Address:	

This certification is provided in good faith. If the fee does not clear the financial institution, this certification is considered invalid and the licensee will be notified immediately.

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