



**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)



## LICENSED PROFESSIONAL CLINICAL COUNSELOR REQUEST FOR INITIAL LICENSE ISSUANCE

### APPROPRIATE FEE MUST ACCOMPANY THIS FORM (See Reverse)

Make check payable to - Behavioral Sciences Fund

Any incomplete item will delay the processing of this application

### ALLOW 30 WORKING DAYS FOR THE ISSUANCE OF A LICENSE

Type or print clearly in ink

For Office Use Only

Cashiering No.

1. Amount of Initial License Fee: (See Chart on reverse)	2. Date of Birth (mm/dd/yyyy):	3. SSN or ITIN*:	4. BBS File Number:
5. Legal name**:	Last	First	Middle
Maiden name and any other AKA			
6. Address of Record***:	Number and Street		
City	State	Zip Code	
7. Business Telephone:	8. Residence telephone:	9. E-Mail Address (OPTIONAL):	

Is this a new address?  Yes  No If YES, we will update our records accordingly.

**NOTE: Knowingly providing false information or omitting pertinent information may be grounds for denial of this application.**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

**THIS FORM WILL ONLY BE ACCEPTED FROM APPLICANTS WHO HAVE PASSED BOTH LICENSING EXAMINATIONS.**

\* Disclosure of your tax identification number is mandatory. You may provide either your Social Security Number, Federal Employer Identification Number, or Individual Taxpayer Identification Number, as applicable.

\*\*BPC section 4999.90(b) gives the board the right to refuse to issue any registration or license, or to 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 provide is public information and will be placed on the Internet pursuant to BPC section 27. If you don't want your home/work address to be public, provide an alternate mailing address such as a post office box.

(OVER)

## INSTRUCTIONS FOR DETERMINING AMOUNT OF LPCC INITIAL LICENSE FEE

The amount of your Initial License Fee will be prorated and established according to the month of issuance (*month fee received by Board of Behavioral Sciences*) and expiration date (*candidate's birth month*) of the license. Refer to the Fee Chart below to determine the amount you are required to submit with your *Request for LPCC Initial License Issuance*.

**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 \$200.00. 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 \$108.00. 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 year after notification by the Board of successful completion of the examination requirements.**

### LPCC INITIAL LICENSE FEE CHART

↓ Birth Month ↓	→ Month Fee Received by Board of Behavioral Sciences →											
	January	February	March	April	May	June	July	August	September	October	November	December
January	\$108	\$200	\$192	\$183	\$175	\$167	\$158	\$150	\$142	\$133	\$125	\$117
February	\$117	\$108	\$200	\$192	\$183	\$175	\$167	\$158	\$150	\$142	\$133	\$125
March	\$125	\$117	\$108	\$200	\$192	\$183	\$175	\$167	\$158	\$150	\$142	\$133
April	\$133	\$125	\$117	\$108	\$200	\$192	\$183	\$175	\$167	\$158	\$150	\$142
May	\$142	\$133	\$125	\$117	\$108	\$200	\$192	\$183	\$175	\$167	\$158	\$150
June	\$150	\$142	\$133	\$125	\$117	\$108	\$200	\$192	\$183	\$175	\$167	\$158
July	\$158	\$150	\$142	\$133	\$125	\$117	\$108	\$200	\$192	\$183	\$175	\$167
August	\$167	\$158	\$150	\$142	\$133	\$125	\$117	\$108	\$200	\$192	\$183	\$175
September	\$175	\$167	\$158	\$150	\$142	\$133	\$125	\$117	\$108	\$200	\$192	\$183
October	\$183	\$175	\$167	\$158	\$150	\$142	\$133	\$125	\$117	\$108	\$200	\$192
November	\$192	\$183	\$175	\$167	\$158	\$150	\$142	\$133	\$125	\$117	\$108	\$200
December	\$200	\$192	\$183	\$175	\$167	\$158	\$150	\$142	\$133	\$125	\$117	\$108

**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.