



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 PROFESSIONAL CLINICAL COUNSELOR
APPLICATION FOR LICENSURE AND EXAMINATION
OUT-OF-STATE APPLICANT**

For applicants with an Out-of-State degree or license ONLY

Dear Out-of-State Applicant:

Thank you for your interest in becoming a California Licensed Professional Clinical Counselor (LPCC). Included in this packet are the following forms and documents:

1. Application Instructions
2. Guide to LPCC Out-of-State Applicant Requirements
3. Important Information for Applicants
4. Out-of-State Application for LPCC Licensure and Examination
5. Out-of-State Degree Program Certification Form
6. Out-of-State Experience Verification form (*for Unlicensed Applicants*), Option 1
7. Out-of-State Experience Verification form (*for Unlicensed Applicants*), Option 2
8. Out-of-State License or Registration Verification Form
9. Examination Security Agreement

BOARD OF BEHAVIORAL SCIENCES



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

LICENSED PROFESSIONAL CLINICAL COUNSELOR

APPLICATION FOR LICENSURE AND EXAMINATION

OUT-OF-STATE APPLICANT

Submit a completed application to: Board of Behavioral Sciences
1625 North Market Blvd., Suite S200
Sacramento, CA 95834

Carefully read the following instructions to ensure an accurate and complete application package and that all required original documents are furnished to the Board. *All items are mandatory unless otherwise indicated.* Any omission may result in the application being deficient or delayed.

Be sure to read the [Information for Out-of-State Applicants](#) on the Board's website for more information about requirements.

A. APPLICATION

- Complete all sections of the application in ink.
- The application must have your original signature.
- You must use your legal name. Your “legal name” is the name established legally by your birth certificate, marriage or domestic partnership certificate, or divorce decree (for example).
- **Name Change:** If you have registered with the Board previously and have changed your legal name without notifying the Board, submit a [Notification of Name Change](#) form with your application packet along with the required documentation.
- **Email Address:** Though providing your email address is optional, the Board strongly recommends submission to facilitate communication.

**B. 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. Attach the photograph to the application in the space provided.

**C. FEE**

Submit a \$280.00 check or money order made payable to the Behavioral Sciences Fund. The \$280.00 fee consists of a \$180.00 application fee and a \$100.00 exam fee. The application fee is an earned fee for evaluation of your application and is NOT REFUNDABLE.

**D. EXAMINATION SECURITY AGREEMENT**

The *Examination Security Agreement* must be completed and signed in ink. Failure to complete this agreement will delay your eligibility to take the examination.

**E. FINGERPRINTS**

Disregard this section if you are or were previously registered as a California Professional Clinical Counselor (PCC) intern. The Board requires a Department of Justice (DOJ) and Federal Bureau of Investigation (FBI) criminal history background check on all applicants, as follows:

If you currently reside in California: Download the *Request for Live Scan Service Applicant Submission* from our web site. The information on this form must match the information you provide on your application. The second copy of this form, with box 6 completed, must be submitted with your application. DO NOT COMPLETE FINGERPRINTS MORE THAN 60 DAYS PRIOR TO SUBMITTING YOUR APPLICATION. Fingerprint results without an application on file will only be held for 6 months.

If you currently reside out of state: You must use the "hard card" fingerprint method unless you can access a California Live Scan Service operator. To request fingerprint hard cards, send an email to BBS.Fingerprint@dca.ca.gov with "Fingerprint Hard Cards" in the subject line, and we will mail them to you. DO NOT SUBMIT YOUR FINGERPRINTS TO THE BOARD UNTIL YOU HAVE SUBMITTED YOUR APPLICATION – we are unable to process them until your application is received. The DOJ processing time for hard card fingerprints is a minimum of 8 to 12 weeks. To avoid processing delays and additional costs that result from invalid fingerprint cards, the Board recommends fingerprints be taken at a law enforcement agency in the state of residence.

F. VERIFICATION OF LICENSURE OR REGISTRATION IN ANOTHER STATE

Disregard this section if previously registered as a California Professional Clinical Counselor (PCC) intern. Include certified statement(s) from each state where you hold or have held a license or registration to practice professional clinical counseling. This verification may be sent to the Board directly from the other state, or enclosed with the application. Either way, the verification must be **IN AN ENVELOPE SEALED BY THE STATE BOARD/LICENSING AGENCY.**

G. VERIFICATION OF EXPERIENCE

1) Applicants Currently Licensed in Another State:

You do not need to submit verification of experience if you are currently licensed in a state that requires at least 3,000 hours of supervised experience. If your state requires less than 3,000 hours, you may be able to make up the deficit using time actively licensed as described in the attached *Guide to Out-of-State LPCC Applicant Requirements* (maximum 1,200 hours). You do not need to submit verification of this experience. If additional hours are needed and will be gained in California, you must be registered as a PCC intern while gaining those hours.

2) Unlicensed Applicants:

Supervised experience must total at least two (2) years (104 supervised weeks) and 3,000 hours (including a minimum of 1,750 hours of “direct counseling” experience), obtained within the six (6) years immediately preceding the date on which your *Application for Licensure and Examination* is received by the Board. There are two options for qualifying as described below. Applicants must fully qualify under Option 1 OR Option 2. There is no “mixing and matching” between the two options when calculating hours.

Experience Gained OUTSIDE of California:

Verification should be provided by having your supervisor complete an *Out-of-State Experience Verification* form. Your supervisor’s license may be verified using the *Verification of Licensure in Another State* form. Additional documentation of out-of-state experience (such as W-2 forms, Supervisor Responsibility Statements, etc.) are not required. Use separate *Experience Verification* forms for each supervisor and each employer as follows:

- Use the “OPTION 1” form if you wish to submit all of your hours under the streamlined method/ categories. The Board will accept all versions of the *Experience Verification* forms under this method.
- Use the “OPTION 2” form if you wish to submit hours under the multiple category method. All hours may be recorded on any version of the *Experience Verification* form that contains multiple categories.

Experience Gained WITHIN California:

If you gained supervised experience while registered as a PCC intern in California, you must comply with all of the following:

a) EXPERIENCE VERIFICATION:

Each supervisor must verify your experience. An *In-State Experience Verification* form is available on the Board's [website](#) for this purpose. Use separate forms for each supervisor and each employer, as follows:

- Use the "OPTION 1" form if you wish to submit hours under the new streamlined method/ categories OR if you are remediating Practicum hours (see Section I.2 for requirements). The Board will accept all versions of the *Experience Verification* forms under this method.
- Use the "OPTION 2" form if you wish to submit hours under the pre-existing method (multiple categories). All hours may be recorded on any version of the *Experience Verification* form that contains multiple categories.

Note: "Weekly Summary" forms CANNOT be accepted in place of an experience verification. Do not submit "Weekly Summary" forms unless specifically requested by the Board.

- b) W-2 FORMS: If you were employed while gaining hours, you must submit copies of your W-2s for each year you are claiming and for each employer. If W-2s are not available for the current year, attach a copy of a current pay stub. If your W-2 does not match the name of your employer listed on your verification of experience, an explanation is required.
- c) VOLUNTEER LETTER: If you volunteered, a letter from your employer is required indicating your voluntary status. A sample letter is available on the Board's [website](#). Be sure that the letter states the time frame (date range) during which you volunteered.
- d) SUPERVISOR RESPONSIBILITY STATEMENT: Submit the original *Supervisor Responsibility Statement* signed by each of your supervisors.
- e) SUPERVISORY PLAN: Submit the original *Supervisory Plan* signed by each of your supervisors.

H. VERIFICATION OF DEGREE

1) Applicants previously registered with the Board as a PCC Intern:

You have already met the requirements of this section as you were required to submit these documents with your intern application - skip to Section I.

2) Applicants who have **never** registered with the Board as a PCC Intern:

All of the following items are required:

a) TRANSCRIPTS:

Provide official transcript(s) verifying your master's or doctoral degree with degree title and date of conferral posted. TRANSCRIPTS MUST BE IN AN ENVELOPE SEALED BY THE EDUCATIONAL INSTITUTION.

b) DEGREE PROGRAM CERTIFICATION:

Provide an *Out-of-State Degree Program Certification* completed and signed by your school's Chief Academic Officer or authorized designee IN AN ENVELOPE SEALED BY THE EDUCATIONAL INSTITUTION.

c) COURSE SYLLABI:

Submit a copy of the syllabus for all courses listed on the *Out-of-State Degree Program Certification*. If your degree program was accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP), AND your degree was conferred in 1983 or later, then it is not necessary to submit course syllabi at this time EXCEPT for coursework listed by your school as meeting the following core content areas:

- Principles of the Diagnostic Process
- Psychopharmacology
- Addictions Counseling
- Crisis or Trauma Counseling
- Advanced Counseling and Psychotherapeutic Theories and Techniques

The Board may require submission of additional syllabi after evaluating your application.

d) DEGREE EARNED OUTSIDE OF THE UNITED STATES:

If you have a degree or other education gained outside of the United States, you must have your education evaluated by a foreign credential evaluation service which must be a member of the [National Association of Credential Evaluation Services](#) in order to determine equivalency.

Provide the board with the results of this comprehensive evaluation and any other documentation the board deems necessary IN AN ENVELOPE THAT HAS BEEN SEALED BY THE EVALUATING AGENCY. 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. In addition to the evaluation, a transcript is required as stated in #2a above.



I. DEGREE REQUIREMENTS AND REMEDIATION

1) OVERALL UNITS:

- Your degree **MUST** contain a minimum of 48 semester units or 72 quarter units. There are no exceptions.
- If you entered a degree program AFTER August 1, 2012: You are required to complete a total of 60 semester units or 90 quarter units. A maximum of 12 semester units or 18 quarter units can be remediated outside of your degree program. Units must be remediated before the Board can approve your *Application for Licensure and Examination* and can be gained while registered as an intern.
- If you were required to remediate overall units and did not provide documentation previously, provide an official transcript IN AN ENVELOPE SEALED BY THE EDUCATIONAL INSTITUTION.

2) PRACTICUM:

A minimum of 6 semester units or 9 quarter units of practicum, which included at least 280 hours of face-to-face supervised clinical experience counseling individuals, families or groups, is required for the following applicants:

- Unlicensed applicants:
Your degree program must contain a minimum of 6 semester units or 9 quarter units of practicum and meet the 280-hour requirement described above, or your degree will not qualify for California licensure.
- Applicants licensed in another state for LESS THAN 2 years (and who hold a current license):
The practicum unit requirement is waived. If your practicum did not include 280 hours of experience as described above, you may remediate the deficit by gaining supervised experience while registered as an intern.

- Provide verification of remediated practicum hours by submitting a signed *Experience Verification, Form 1* (see Section G.2). Note: If you are required to remediate practicum, these hours must be in addition to the required 3,000 hours of experience.
- Applicants licensed in another state for MORE THAN 2 years (and who hold a current license):

Both unit and hour practicum requirements are waived.

3) CORE CONTENT AREAS:

- Your degree program must have contained a minimum of 3 semester or 4.5 quarter units of coursework in the “Assessment” core content area, or your degree will not qualify for California licensure.
- Your degree program must have contained a minimum of 3 semester or 4.5 quarter units of coursework in the “Principles of the diagnostic process” core content area, or your degree will not qualify for California licensure.
- Your degree program must have contained a minimum of seven (7) of the 13 required core content areas (3 semester units or 4.5 quarter units in each area), or your degree will not qualify for California licensure.

All core content areas must be fulfilled. If you are missing six (6) or fewer core content areas, you must remediate the missing areas as follows:

- Unlicensed applicants:
Missing areas must be remediated before the Board can approve your *Application for Licensure and Examination*. All 13 core content areas must be fulfilled.
- Applicants licensed in another state (and who hold a current license):
Core content areas must be remediated before the Board can approve your *Application for Licensure and Examination*. All 13 core content areas must be fulfilled, and may be remediated while registered as an intern (except for the California Law and Ethics course which must be remediated prior to intern registration).
- If you were required to remediate core content units and did not provide documentation previously, provide an official transcript **IN AN ENVELOPE SEALED BY THE EDUCATIONAL INSTITUTION.**

4) **ADVANCED COURSEWORK:**

“Advanced Coursework” is defined as “*courses that develop knowledge of specific treatment issues or special populations.*” A total of 15 semester units or 22.5 quarter units of Advanced Coursework is required in addition to “core content area” courses, and will be identified by your school on the *Out-of-State Degree Program Certification* form.

Additional units must be gained at the graduate level from a school that holds a regional or national institutional accreditation recognized by the U.S. Department of Education, or a school approved by the California BPPE. If you completed Advanced Coursework outside of your degree program, submit documentation of completion by submitting an official transcript **IN AN ENVELOPE SEALED BY THE EDUCATIONAL INSTITUTION.**

5) **REMEDATION AND ACCEPTABLE COURSE PROVIDERS:**

For areas where remediation is permitted, missing courses must be taken at the graduate level from a school that holds a regional or national institutional accreditation recognized by the U.S. Department of Education, or a school approved by the California Bureau for Private Postsecondary Education (BPPE).

J. CALIFORNIA LAW AND ETHICS COURSE

1) Applicants previously registered with the Board as a PCC Intern:

You have already met the requirements of this section - skip to Section K.

2) Applicants who never registered with the Board as a PCC Intern:

Submit documentation of completion of a California Law and Ethics course with your application as described below:

- If your degree contains a 3 semester unit or 4.5 quarter unit course on law and ethics: You must take an 18-hour California course. [See Business and Professions Code \(BPC\) sections 4999.62/.63\(b\)\(1\)\(D\)\(ii/iii\) for course content requirements.](#)
 - The required course may be taken from a school that holds a regional or national institutional accreditation recognized by the U.S. Department of Education, a school approved by the California BPPE, or an acceptable continuing education (CE) provider.
- If your degree does NOT contain a 3 semester unit or 4.5 quarter unit course on law and ethics: You must take a 3 semester unit or 4.5 quarter unit California course. [See BPC section 4999.33\(c\)\(1\)\(I\) for course content requirements.](#)

- The required course may be taken from a school that holds a regional or national institutional accreditation recognized by the U.S. Department of Education, or a school approved by the California BPPE.

K. ADDITIONAL COURSEWORK

Submit proof of completion of all courses listed on the following page. If you submitted documentation of completion with a prior application, it is not necessary for you to resubmit this information.

These courses may be taken from a school that holds a regional or national institutional accreditation recognized by the U.S. Department of Education, a school approved by the California BPPE, or an acceptable continuing education (CE) provider. Undergraduate coursework cannot be accepted.

See the Board's [Statutes and Regulations](#) for required content.

ADDITIONAL COURSEWORK

Note: 1 semester unit = 15 hours; 1 quarter unit = 10 hours

Course	Length	Content Required
1. Child Abuse Assessment and Reporting in California	7 hours	See BPC sections 4999.62(b)(3)(A)(iii), 4999.63(b)(3)(C) and Title 16, California Code of Regulations (CCR) section 1807.2
2. Human Sexuality	10 hours	See BPC sections 25, 4999.62(b)(3)(A)(i) and 4999.63(b)(3)(A)
3. Spousal/Partner Abuse Assessment, Detection and Intervention	15 hours	See BPC sections 4999.62(b)(3)(A)(ii) and 4999.63(b)(3)(B)
4. Aging, Long Term Care and Elder/Dependent Adult Abuse Assessment and Reporting	10 hours	See BPC sections 4999.62(b)(3)(A)(iv), 4999.63(b)(3)(D)
5. Mental Health Recovery Oriented Care and Methods of Service Delivery	45 hours	See BPC sections 4999.62/.63(b)(4)(A)
6. California Cultures and the Social/Psychological Implications of Socioeconomic Status	15 hours	See BPC sections 4999.62/.63(b)(4)(B)

L. NATIONAL CLINICAL MENTAL HEALTH COUNSELOR EXAMINATION (NCMHCE)

If you already took the NCMHCE for another state and passed, enclose an official score verification with your application. Your score verification must arrive in an envelope that has been SEALED by the [National Board for Certified Counselors](#). If you have not yet taken this exam, see the “Examination” section of the attached *Important Information for LPCC Applicants*.

M. BACKGROUND QUESTIONS (A - D)

If you answered YES to application questions A, B, C or D, complete the *Background Statement*, available on the Board’s [website](#). Please be aware that your processing time will be delayed and will also be dependent on your providing all information required by the Board.

BBS GUIDE TO LPCC OUT-OF-STATE APPLICANT REQUIREMENTS

The Board of Behavioral Sciences (BBS) does not have reciprocity with any other state licensing board. Any applicant, whether licensed or unlicensed, will need to meet all requirements mandated by California law prior to being issued a LPCC license. The application process for an out-of-state applicant, as well as the qualifications required, may differ depending on the following:

1. Whether you are licensed in another state, and for how long.
2. The amount of supervised experience you have completed and whether it is substantially equivalent to California's requirements.
3. Your degree and other coursework you have completed.
4. Whether you have passed the National Clinical Mental Health Counselor's Exam.

The information in this document is a summary and is provided only as a general guide. For additional details and instructions, see the "Application Instructions" section of the *LPCC Application for Licensure and Examination*. For more information about requirements pertaining to LPCC licensure, see the Board's [Statutes and Regulations](#).

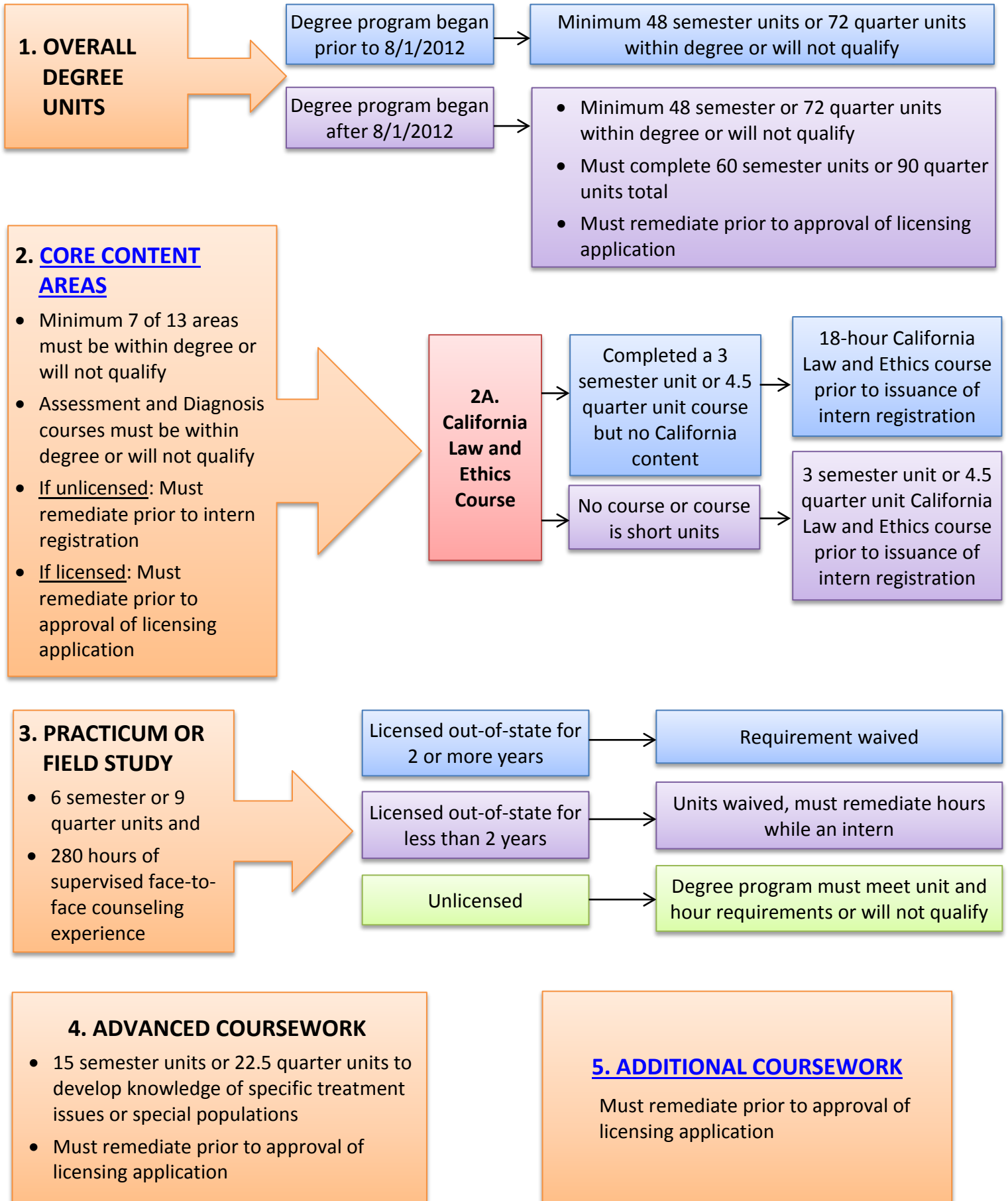
For questions about **educational** requirements, contact: bbs.pcci@dca.ca.gov

For questions about supervised **experience** requirements, contact: bbs.lpcc@dca.ca.gov

Education, Supervised Experience and Examinations

- If you are unsure whether your degree or other coursework qualifies (or is deficient), submit your intern or licensure application and fee, and we will provide you with the results of the evaluation.
- Regardless of whether you are licensed, you must meet California's supervised experience requirement of 3,000 hours gained over a minimum two-year period.
- *Credit for Time Actively Licensed:* If you hold a LPCC license in another state and need additional experience to meet California's requirements, you may count up to 100 hours for every month licensed toward the supervised experience requirement, for a maximum of 1,200 hours. These hours do not need to be verified.
- Any supervised experience in California must be gained while registered as a PCC Intern.
- You will be required to pass the LPCC California Law and Ethics examination. You may take this examination upon registration as an intern or upon approval of your licensing application. After passing the Law and Ethics exam, you will be required to pass the National Clinical Mental Health Counselor's Exam (NCMHCE).

BBS Summary of LPCCC Out-of-State Education Requirements





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IMPORTANT INFORMATION FOR APPLICANTS

SUBMITTING AN LPCC APPLICATION

FOR LICENSURE AND EXAMINATION

1. VETERANS HONORABLY DISCHARGED RECEIVE EXPEDITED REVIEW

The Board is required to expedite the licensure process for an applicant who is a honorably discharged veteran of the U.S. Armed Forces. Download the request form from the Board's [website](#) and include it ON TOP OF your application.

2. SPOUSES OR PARTNERS OF PERSONS ON ACTIVE MILITARY DUTY RECEIVE EXPEDITED REVIEW

The Board is required to expedite the licensure process for an applicant whose spouse or domestic partner or partner by way of another legal union, is an active duty member of the U.S. Armed Forces and meets other criteria. Download the request form from the Board's [website](#) and include it ON TOP OF your application.

3. RECEIPT OF APPLICATION

If you would like to know whether the Board has received your application, the Board recommends that you mail your application in a manner that includes tracking. You can also check with the bank to see if your check or money order has been cashed. Another option is to include a self-addressed stamped postcard or envelope ON TOP OF your application, which will be mailed back to you upon receipt.

4. ABANDONMENT OF LICENSURE APPLICATION

An application shall be deemed abandoned in any of the circumstances described below. Abandonment could have major consequences, including the loss of any experience hours more than six (6) years old at the time of application. Per Title 16, California Code of Regulations Section 1806, an application shall be deemed abandoned when:

- 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 initial deficiency letter.
- Applicant fails to sit for examination within one (1) year after being notified of eligibility.
- Applicant fails to pay the initial license fee within one (1) year after notification by the board of successful completion of examination requirements.

To re-open an abandoned application, you must submit a new application, fee and all

required documentation, as well as meet all current licensure requirements in effect at the time the new application is submitted.

5. EXAMINATION

Once the Board evaluates your application, you will receive one of the following:

- A notice describing any deficiencies in your application OR
- A notice of eligibility to take the examination.
 - You will not be eligible to take the National Clinical Mental Health Counselor Examination (NCMHCE) until you have passed the LPCC California Law and Ethics Exam. You will receive information on registering for each exam upon approval of your application.

The examinations contain objective multiple-choice questions and are offered at locations throughout California and in other states. Upon receipt of your notice of eligibility, it is your responsibility to contact the testing administrator to schedule your examination. Further information about the examination process is provided on the Board's [website](#).

6. REQUESTS FOR TESTING ACCOMMODATIONS

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 other qualifying medical conditions which limit a major life activity or a major bodily function.

Accommodations may be made to the regular testing environment, and auxiliary aids and services may be provided that allow applicants with disabilities to demonstrate their true aptitude. However, the Board will not provide accommodations that fundamentally alter the measurement of the skills or knowledge the examination is intended to test.

- Candidates do NOT need to request an accommodation for a physically accessible exam site, as all sites are physically accessible.
- A testing accommodation CANNOT be provided at the examination site unless prior approval has been granted. DO NOT SCHEDULE YOUR EXAMINATION UNTIL YOUR ACCOMMODATION HAS BEEN APPROVED. Otherwise, the testing vendor will be unable to provide your requested accommodation.
- A candidate who seeks an accommodation is responsible for submitting the request and providing reasonable documentation to substantiate the need for accommodation. Refer to the *Candidate Request for Testing Accommodation* packet, available on the Board's [website](#), for instructions on how to submit your request, or contact the Board directly to request the packet be mailed to you.

PROCESSING TIME WILL VARY DEPENDING ON THE VOLUME OF REQUESTS RECEIVED FROM APPLICANTS.

7. NONDISCRIMINATION AND ADA COORDINATOR

The Executive Officer of the Board has been designated to coordinate and carry out the Board's compliance with the nondiscrimination requirements of Title II of the Americans with Disabilities Act (ADA). Information concerning the provisions of the ADA, and the rights provided hereunder, are available from the ADA coordinator.

8. EXAM REQUIREMENT FOR RENEWAL OF INTERN REGISTRATION

If you continue to hold an intern registration after submitting your licensure application, you will be required to take the LPCC California Law and Ethics Exam in order to renew. A registration will not be renewable until the exam has been taken. For more information, see [Examination News](#) on the Board's website.

9. SCOPE OF PRACTICE – TREATMENT OF COUPLES AND FAMILIES

Licensed Professional Clinical Counselors may not assess or treat couples or families unless the LPCC has completed additional training and education. In addition, effective January 1, 2017, an LPCC **must** obtain written confirmation from the Board stating that he or she meets the requirements to assess and treat couples and families **prior to** assessing or treating a couple or family client, and **provide a copy** of this written confirmation to couple or family clients and to certain types of supervisees.

More information, including the *Request for Confirmation of Qualifications to Assess and Treat Couples and Families* form, is available on the Board's [website](#).

10. INITIAL LICENSE APPLICATION AND FEE

Once you have passed both examinations, you will be required to submit a *Request for Initial License* form, along with the fee indicated on the form, in order to have your license issued. This form is available on the Board's [website](#), or you may request one be mailed to you.

11. PUBLIC 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, use an alternate mailing address, such as a post office box. California law requires all persons regulated by the Board to [notify the Board in writing](#) within 30 days of any change of address.

12. STATUTES AND REGULATIONS

To obtain a copy of the Board's *Statutes and Regulations*, please access it from the Board's [website](#) or submit a written request to the Board.

13. 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 Penal Code Section 11166 or Welfare and Institutions Code 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 imprisonment and fine. For further details about these requirements, consult Penal Code sections 11164 and Welfare and Institutions Code section 15630, and subsequent sections.

14. SOCIAL SECURITY NUMBER OR OTHER TAXPAYER IDENTIFICATION NUMBER

Disclosure of your tax identification number on your application is mandatory. You may provide either your Social Security Number, Federal Employer Identification Number, or Individual Taxpayer Identification Number, as applicable. section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405 (c) (2) (c)) authorizes collection of these tax identification numbers. Your tax identification number will not be deemed a public record and shall not be open to the public. Your tax identification 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 tax identification 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.

15. 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 the Board. If a licensee or registrant does not pay his or her state tax obligation, the individual’s license or registration may be suspended.

16. NOTICE OF COLLECTION OF PERSONAL INFORMATION:

The Board of Behavioral Sciences of the Department of Consumer Affairs collects the personal information requested in the *LPCC Application for Licensure and Examination* packet as authorized by Business and Professions Code sections 27, 30, 114.5, 480, 4990.38, 4999.32, 4999.33, 4999.42, 4999.46, 4999.50, 4999.51, 4999.60, 4999.61, 4999.62, 4999.90 and 4999.91; Title 16 of the California Code of Regulations sections 1805 and 1806; and the Information Practices Act. The Board uses this information principally to identify and evaluate applicants for licensure, issue and renew licenses/registrations, and enforce licensing standards set by statutes and regulations.

Mandatory Submission. Submission of the requested information is mandatory. The Board cannot consider your application for registration, licensure or renewal unless you provide all of the requested information (unless requested information is identified as voluntary or optional).

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 at (916) 574-7830 or by email at BBS.info@dca.ca.gov. For questions about the Department of Consumer Affairs' privacy policy or the Information Practices Act, you may contact the Department of Consumer Affairs, 1625 North Market Blvd., Sacramento, CA 95834, (800) 952-5210 or email dca@dca.ca.gov.



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LICENSED PROFESSIONAL CLINICAL COUNSELOR
OUT-OF-STATE APPLICATION
FOR LICENSURE AND EXAMINATION

For applicants with an Out-of-State degree or license ONLY

\$280 FEE MUST ACCOMPANY THIS FORM
 Make check payable to - Behavioral Sciences Fund

For Office Use Only: P1, PA

Cashiering No:

QM: 1-S

Type or print clearly in ink

1. Legal Name* Last		First		Middle	
2. If you have ever been known by another name, list the full name(s) and dates of use below (attach additional names and dates):					
Full Name			Dates of Use (to/from)		
Full Name			Dates of Use (to/from):		
3. Address of Public Record** Number and Street					
City		State		Zip Code	
4. Business Telephone					
5. Residence Telephone					
6. E-Mail Address (OPTIONAL)				7. Birth Date: mm/dd/yyyy	
8. SSN or ITIN***		9. Qualifying Degree Title		10. Name of School	
11. If you registered as a Professional Clinical Counselor Intern in California, enter your registration number: <u>PCI</u> _____					

ATTACH A
 PHOTOGRAPH TAKEN
 WITHIN 60 DAYS
 OF FILING
 THIS APPLICATION

 (Head and
 Shoulders Only)

12. Have you ever served in the United States Armed Forces or the California National Guard? (OPTIONAL) Yes, Currently No
 Yes, Previously

Applicant Name: Last	First	Middle
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13. Have you ever applied for or been issued a license, registration or certificate to practice professional clinical counseling or any other healing art in California or any other state? Yes No

If YES, provide the information requested below (continue on an additional sheet if needed):

State	Type of License, Registration or Certificate	Approximate Application Date	License, Registration or Certificate Number	Date Issued	Status

14. Have you passed the National Clinical Mental Health Counselor’s Exam (NCMHCE)? *If YES, provide documentation as described in the application instructions.* Yes No

15. Under which method are you requesting your supervised experience hours be evaluated? Option 1 (New Method) Option 2 (Pre-existing Method)

Note: *You must fully qualify under either Option 1 or Option 2. There is no “mixing and matching between the two options. See application instructions for more information.*

EDUCATION:

16. QUALIFYING DEGREE: Did your degree program fully contain all of the following minimum requirements? Yes No

- 48 semester or 72 quarter units overall (*depending on the date your degree was earned, 60 semester or 90 quarter units may be required*)
- 6 semester or 9 quarter units of practicum or field study which included at least 280 hours of face-to-face supervised clinical experience counseling individuals, families or groups
- 7 of the 13 required [core content areas](#) (*all 13 must be completed*)
- 3 semester or 4.5 quarter units that meet the “Assessment, appraisal and testing of individuals” core content area
- 3 semester or 4.5 quarter units that meet the “Principles of the diagnostic process” core content area

If NO, see application instructions section I for a full description of requirements and to determine whether it is possible for your degree to qualify for California licensure.

Applicant Name: Last	First	Middle
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17. Were you required to remediate Overall Units for your degree program as described in the application instructions? Yes No

If YES, attach documentation of completion, unless previously submitted.

18. Were you required to remediate Advanced Coursework for your degree program as described in the application instructions? Yes No

If YES, attach documentation of completion, unless previously submitted.

19. Were you required to remediate Core Content Area(s) for your degree program as described in the application instructions? Yes No

If YES, attach documentation of completion, unless previously submitted.

20. Have you completed the required course in California Law and Ethics as described in the application instructions? Yes No

If YES, submit documentation of completion, unless previously submitted.

21. ADDITIONAL COURSEWORK: Mark the box for each of the courses you have completed. See application instructions for specific requirements. *Submit documentation of completion, unless previously submitted.*

Completed?

a) Child Abuse Assessment and Reporting in California
School Name/Course Title(s): _____

b) Human Sexuality
School Name/Course Title(s): _____

c) Spousal or Partner Abuse Assessment, Detection and Intervention
School Name/Course Title(s): _____

d) Aging, Long Term Care and Elder/Dependent Adult Abuse
School Name/Course Title(s): _____

Applicant Name: Last	First	Middle
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e) Mental Health Recovery Oriented Care and Methods of Service Delivery

School Name/Course Title(s): _____

f) California Cultures/Social and Psychological Implications of Socioeconomic Position

School Name/Course Title(s): _____

BACKGROUND QUESTIONS

A. Have you been convicted of, pled guilty to, or pled nolo contendere to any misdemeanor or felony in the United States, its territories, or a foreign country? Convictions dismissed under sections 1203.4, 1203.4a, or 1203.41 of the Penal Code (or equivalent non-California law) must be disclosed. If you have obtained a dismissal of such a conviction, submit a certified copy of the court order.

DO NOT INCLUDE:

- Convictions prior to your 18th birthday, unless you were charged as an adult;
- Charges dismissed under section 1000.3 of the Penal Code;
- Convictions under sections 11357(b), (c), (d), (e) or section 11360(b) of the Health and Safety Code which are two (2) years or older;
- Traffic violations for which a fine of \$500 or less was imposed; or
- Infractions

Yes No

If YES, you must complete Part A of the [Background Statement](#) form, available on the Board's website. You must disclose convictions even if previously reported to the Board. However, it is not necessary for you to resubmit documentation previously on file. Instead, provide a written statement indicating that you believe the information is already on file.

B. Is any criminal action pending against you, or are you currently awaiting judgment and sentencing following entry of a plea or jury verdict?

DO NOT INCLUDE:

- Traffic violations for which a fine of \$500 or less was imposed; or
- Infractions

Yes No

If YES, you must complete Part B of the [Background Statement](#) form, available on the Board's website.

Applicant Name: Last	First	Middle
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C. Have you ever been denied a professional license ("license" includes registrations, certificates, or other means to engage in practice) OR had a professional license privilege suspended, revoked, or otherwise disciplined, OR voluntarily surrendered any such license in California or any other state or territory of the United States, or by any other governmental agency or a foreign country?

Yes No

If YES, you must complete Part C of the [Background Statement](#) form, available on the Board's website. Disclosure is required even if previously reported to the Board. However, it is not necessary for you to resubmit documentation previously on file. Instead, provide a written statement indicating that you believe the information is already on file.

D. Does your current use of chemical substances in any way impair or limit your ability to interact safely with the public while engaging in the practice of professional clinical counseling?

Yes No N/A

If YES, you must complete Part D of the [Background Statement](#) form, available on the Board's website.

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

Signature of Applicant: _____ Date: _____

* You must use your legal name. Your "legal name" is the name established legally by your birth certificate, marriage or domestic partnership certificate, or divorce decree (for example).

** 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. All correspondence from the Board will be sent to this address. If you do not want your home or work address available to the public, use an alternate mailing address such as a post office box.

**** 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. This number must match the number you provide on your fingerprint forms. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405 (c) (2) (c)) authorizes collection of these tax identification numbers. Your tax identification number will not be deemed a public record and shall not be open to the public. Your tax identification 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 tax identification 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.*



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PROFESSIONAL CLINICAL COUNSELOR
DEGREE PROGRAM CERTIFICATION
OUT-OF-STATE DEGREE

This form is for use by all applicants with an Out-of-State Degree

Type or print clearly in ink

Applicant Name: Last	First	Middle
SSN or Individual Taxpayer ID Number:	Enrollment Date:	Degree Award Date:

APPLICANT: The purpose of this form is for your school to verify the specifics of a degree program completed outside of California. Enclose it with your application in an envelope that has been sealed by your school. Submit a copy of the syllabus for all coursework as indicated in the application instructions. The Board may require additional information to verify course content.

SCHOOL: The applicant named above is applying for licensure in California. Please complete this form, including the certification at the end, and provide the applicant with the original IN A SEALED ENVELOPE. The full legal text of the educational requirements can be found in the California Business and Professions Code, available on the Board's website under [Statutes and Regulations](#).

A. Number of units in degree: _____ Semester units Quarter Units

B. At the time the degree was conferred, was the program CACREP accredited? Yes No
If YES, attach documentation of accreditation.

C. CORE CONTENT AREAS: The applicant has completed coursework that is the equivalent of at least **three (3) semester or four and one-half (4.5) quarter units** in each of the following areas:

1. Yes No Counseling and psychotherapeutic theories and techniques, including the counseling process in a multicultural society, an orientation to wellness and prevention, counseling theories to assist in selection of appropriate counseling interventions, models of counseling consistent with current professional research and practice, development of a personal model of counseling, and multidisciplinary responses to crises, emergencies, and disasters.

Number of units: _____ Course number(s)/Term(s): _____

Applicant Name: Last	First	Middle
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2. Yes No Human growth and development across the lifespan, including normal and abnormal behavior and an understanding of developmental crises, disability, psychopathology, and situational and environmental factors that affect both normal and abnormal behavior.
Number of units: _____ *Course number(s)/Term(s):* _____
-
3. Yes No Career development theories and techniques, including career development decision-making models and interrelationships among and between work, family, and other life roles and factors, including the role of multicultural issues in career development.
Number of units: _____ *Course number(s)/Term(s):* _____
-
4. Yes No Group counseling theories and techniques, including principles of group dynamics, group process components, developmental stage theories, therapeutic factors of group work, group leadership styles and approaches, pertinent research and literature, group counseling methods, and evaluation of effectiveness.
Number of units: _____ *Course number(s)/Term(s):* _____
-
5. Yes No Assessment, appraisal, and testing of individuals, including basic concepts of standardized and non-standardized testing and other assessment techniques, norm-referenced and criterion-referenced assessment, statistical concepts, social and cultural factors related to assessment and evaluation of individuals and groups, and ethical strategies for selecting, administering, and interpreting assessment instruments and techniques in counseling.
Number of units: _____ *Course number(s)/Term(s):* _____
-
6. Yes No Multicultural counseling theories and techniques, including counselors' roles in developing cultural self-awareness, identity development, promoting cultural social justice, individual and community strategies for working with and advocating for diverse populations, and counselors' roles in eliminating biases and prejudices, and processes of intentional and unintentional oppression and discrimination.
Number of units: _____ *Course number(s)/Term(s):* _____
-
7. Yes No Principles of the diagnostic process, including differential diagnosis, and the use of current diagnostic tools, such as the current edition of the Diagnostic and Statistical Manual, the impact of co-occurring substance use disorders or medical psychological disorders, established diagnostic criteria for mental or emotional disorders, and the treatment modalities and placement criteria within the continuum of care.
Number of units: _____ *Course number(s)/Term(s):* _____
-

Applicant Name: Last	First	Middle
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8. Yes No Research and evaluation, including studies that provide an understanding of research methods, statistical analysis, the use of research to inform evidence-based practice, the importance of research in advancing the profession of counseling, and statistical methods used in conducting research, needs assessment, and program evaluation.

Number of units: _____ *Course number(s)/Term(s):* _____

9. Yes No Professional orientation, ethics, and law in counseling, including professional ethical standards and legal considerations, licensing law and process, regulatory laws that delineate the profession's scope of practice, counselor-client privilege, confidentiality, the client dangerous to self or others, treatment of minors with or without parental consent, relationship between practitioner's sense of self and human values, functions and relationships with other human service providers, strategies for collaboration, and advocacy processes needed to address institutional and social barriers that impede access, equity, and success for clients.

Number of units: _____ *Course number(s)/Term(s):* _____

10. Yes No Psychopharmacology, including the biological bases of behavior, basic classifications, indications, and contraindications of commonly prescribed psychopharmacological medications so that appropriate referrals can be made for medication evaluations and so that the side effects of those medications can be identified.

Number of units: _____ *Course number(s)/Term(s):* _____

11. Yes No Addictions counseling, including substance abuse, co-occurring disorders, and addiction, major approaches to identification, evaluation, treatment, and prevention of substance abuse and addiction, legal and medical aspects of substance abuse, populations at risk, the role of support persons, support systems, and community resources.

Number of units: _____ *Course number(s)/Term(s):* _____

12. Yes No Crisis or trauma counseling, including crisis theory; multidisciplinary responses to crises, emergencies, or disasters; cognitive, affective, behavioral, and neurological effects associated with trauma; brief, intermediate, and long-term approaches; and assessment strategies for clients in crisis and principles of intervention for individuals with mental or emotional disorders during times of crisis, emergency, or disaster.

Number of units: _____ *Course number(s)/Term(s):* _____

Applicant Name: Last	First	Middle
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13. Yes No Advanced counseling and psychotherapeutic theories and techniques, including the application of counseling constructs, assessment and treatment planning, clinical interventions, therapeutic relationships, psychopathology, or other clinical topics.
Number of units: _____ *Course number(s)/Term(s):* _____

D. Yes No **ADVANCED COURSEWORK:** In addition to the course requirements listed in #1 – 13 above, the applicant's degree contains 15 semester units or 22.5 quarter units that develop knowledge of specific treatment issues or special populations.
Number of units: _____ *Course number(s)/Term(s):* _____

E. Yes No **PRACTICUM:** The applicant's degree program contained 6 semester or 9 quarter units of practicum or field study that included at least 280 hours of face-to-face supervised clinical experience counseling individuals, families, or groups.
Number of units: _____ *Number of Hours:* _____
Course number(s)/Term(s): _____

<u>CERTIFICATION</u>	
<i>I hereby certify that all of the foregoing is true and correct</i>	
Signature of Chief Academic Officer or Authorized Designee	Name of Institution
Print Name	Institution Accredited or Approved by
Date Signed	



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**LICENSED PROFESSIONAL CLINICAL COUNSELOR
 OUT-OF-STATE EXPERIENCE VERIFICATION FOR
 UNLICENSED APPLICANTS
 OPTION 1 – STREAMLINED METHOD**

This form is for unlicensed applicants. It must be completed by the applicant's supervisor and submitted by the applicant with his or her *Application for Licensure and Examination*. All information on this form is subject to verification.

- Use this "Option 1" form to report hours under the streamlined method
- Use separate forms for each supervisor and each employment setting
- Ensure that the form is complete and correct prior to signing and have the supervisor initial any changes
- Other documentation, such as W-2 forms and Supervisor Responsibility Statements are not required.

APPLICANT NAME:

Last	First	Middle	Intern Number PCI
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Dates of experience being claimed:	From: _____ mm/dd/yyyy	To: _____ mm/dd/yyyy
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SUPERVISOR INFORMATION:

Supervisor's Name		Telephone	Email Address (OPTIONAL)	
License Type	License Number	State	Date First Licensed	

- Physicians: Were you certified in Psychiatry by the American Board of Psychiatry and Neurology during the entire period of supervision?

No Yes: Date Board Certified: _____ Certification Number: _____

Applicant:	Last	First	Middle
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APPLICANT'S EMPLOYER INFORMATION:

Name of Applicant's Employer		Telephone	
Address	Number and Street	City	State Zip Code

EXPERIENCE INFORMATION:

1. How many weeks of supervised experience are being claimed? _____ weeks		
2. Hours of Experience:		Total Hours
a. Total Direct Counseling Experience (<i>Minimum 1,750 hours</i>)		
<ul style="list-style-type: none"> Of the hours recorded on line "a" how many were gained while working with Couples, Families or Children? 		
b. Total Non-Clinical Experience (<i>Maximum 1,250 hours</i>)		
<ul style="list-style-type: none"> Of the above hours, how many were Face-to-Face Supervision? 		Hours Per Week
<ul style="list-style-type: none"> o Individual 		
<ul style="list-style-type: none"> o Group 		

NOTE: Knowingly providing false information or omitting pertinent information may be grounds for denial of the application. The Board may take disciplinary action on a licensee who helps an applicant obtain a license by fraud, deceit or misrepresentation. All information on this form is subject to verification.

Signature of Supervisor: _____ Date: _____

ORIGINAL SIGNATURE REQUIRED



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LICENSED PROFESSIONAL CLINICAL COUNSELOR
OUT-OF-STATE EXPERIENCE VERIFICATION FOR
UNLICENSED APPLICANTS

OPTION 2 – MULTIPLE CATEGORY METHOD

This form is to be completed by the applicant's supervisor and submitted by the applicant with his or her *Application for Licensure and Examination*. All information on this form is subject to verification.

- Use this "Option 2" form for reporting hours under the "multiple category" method
- Use separate forms for each supervisor and each employment setting
- Ensure that the form is complete and correct prior to signing and have the supervisor initial any changes
- Other documentation, such as W-2s and Supervisor Responsibility Statements are not required
- For your hours to qualify under "Option 2," your *Application for Licensure and Examination* MUST be postmarked by December 31, 2020

APPLICANT NAME:

Last	First	Middle	Intern Number PCI
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Dates of experience being claimed:	From: _____ mm/dd/yyyy	To: _____ mm/dd/yyyy
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SUPERVISOR INFORMATION:

Supervisor's Name		Telephone	
License Type	License Number	State	Date First Licensed

- Physicians: Were you certified in Psychiatry by the American Board of Psychiatry and Neurology during the entire period of supervision?

No Yes: Date Board Certified: _____ Certification Number: _____

Applicant: Last	First	Middle
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APPLICANT'S EMPLOYER INFORMATION:

Name of Applicant's Employer		Telephone	
Address	Number and Street	City	State Zip Code

EXPERIENCE INFORMATION:

1. How many weeks of supervised experience are being claimed? _____ weeks		
2. Hours of Experience:		Logged Hours
a. Direct Counseling with Individuals, Groups, Couples or Families (Minimum 1,750 hours overall)		
<ul style="list-style-type: none"> Of the hours recorded on line "a.", how many hours were gained while working with Couples, Families or Children? 		
b. Group Therapy or Counseling (Maximum 500 hours overall)		
c. Telehealth Counseling (Maximum 375 hours overall)		
<i>NOTE: Combined Maximum for # d, e, f and # 3 below is 1,250 hours</i>		
d. Administering and evaluating psychological tests of counselees, writing clinical reports and progress or process notes (Maximum 250 hours overall)		
e. Workshops, seminars, training sessions, or conferences directly related to professional clinical counseling (Maximum 250 hours overall)		
f. Client-Centered Advocacy		
3. Face-to-face Supervision:		Hours Per Week Logged Hours
a. Individual		
b. Group (group contained no more than 8 persons)		
<p><i>NOTE: Knowingly providing false information or omitting pertinent information may be grounds for denial of the application. The Board may take disciplinary action on a licensee who helps an applicant obtain a license by fraud, deceit or misrepresentation. All information on this form is subject to verification.</i></p> <p>Signature of Supervisor: _____ Date: _____</p> <p style="text-align: center;">ORIGINAL SIGNATURE REQUIRED</p>		



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LICENSED PROFESSIONAL CLINICAL COUNSELOR OUT-OF-STATE LICENSE OR REGISTRATION VERIFICATION

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

Verification For: Applicant Applicant's Supervisor

Name of California Applicant:

Last	First	Middle	BBS File Number or PCI Number
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Name of Individual to be Verified:

Last	First	Middle	License Number
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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. Number of direct client contact hours: _____

 Signature of Person Completing Form Date

 Printed Name and Title

State Board/Licensing Agency
 Stamp Here

 State Board or Licensing Agency Name

 State Phone Number



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EXAMINATION SECURITY AGREEMENT

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 LPCC

Candidate's Name: _____
 (print) Last First Middle

Date of Birth: _____

Candidate's
 Signature: _____ Date _____