



**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**  
**IN-STATE APPLICATION**  
**FOR LICENSURE AND EXAMINATION**

Please note:

- This application is for individuals who need their hours of supervised experience to be evaluated in order to qualify for the National Clinical Mental Health Counselor (NCMHCE) Examination.
- Your hours of experience must be gained within the six (6) years prior to the postmark date of this application
- This application can be submitted before you pass the LPCC Law and Ethics Examination

Dear In-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. Important Information for Applicants
3. In-State Application for LPCC Licensure and Examination
4. In-State Experience Verification form, Option 1\*
5. In-State Experience Verification form, Option 2\*
6. Examination Security Agreement

BOARD OF BEHAVIORAL SCIENCES

\*If you have out-of-state hours, submit an [Out-of-State Experience Verification](#) form



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**APPLICATION INSTRUCTIONS**  
**LICENSED PROFESSIONAL CLINICAL COUNSELOR**  
**IN-STATE**  
**APPLICATION FOR LICENSURE AND EXAMINATION**

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. Any omission may result in the application being deficient or delayed.**

- 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 \$180.00 check or money order made payable to the Behavioral Sciences Fund. This is an application fee for evaluating your experience 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. VERIFICATION OF EXPERIENCE**

Supervised experience must total at least two (2) years (104 supervised weeks) and 3,000 hours, obtained within the six (6) years immediately preceding the date on which your *Application for Licensure and Examination* is received by the Board. You must comply with all of the following:

1. **EXPERIENCE VERIFICATION FORMS:** Each supervisor must complete an *In-State Experience Verification* form in order to verify your hours of experience. Applicants must fully qualify under Option 1 OR Option 2. There is no “mixing and matching” between the two options when calculating hours.

Older form versions that have already been signed will continue to be accepted for either option. 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. 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 must be recorded on any version of the *Experience Verification* form that contains multiple categories.

“Weekly Summary” forms CANNOT be accepted in place of the *Experience Verification* form. Do not submit unless specifically requested by the Board.

2. **WORKSHOPS, SEMINARS, TRAINING AND CONFERENCES:** If you completed any of these activities as part of your supervised experience, the hours must be included on the *Experience Verification* form. Do not submit proof of completion.
3. **W-2 FORMS:** If you were employed, 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 the *Experience Verification* form, an explanation is required.
4. **VOLUNTEER LETTER:** If you volunteered, a letter from the employer is required indicating your voluntary status during the dates reported on your *Experience Verification* form. A sample letter is available on the Board's [website](#).

5. SUPERVISOR RESPONSIBILITY STATEMENT: Submit the original *Supervisor Responsibility Statement* signed by each of your supervisors.
6. SUPERVISORY PLAN: Submit the original *Supervisory Plan* signed by each of your supervisors.

**F. 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.



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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](mailto: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](mailto:dca@dca.ca.gov).



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**LICENSED PROFESSIONAL CLINICAL COUNSELOR  
 IN-STATE APPLICATION  
 FOR LICENSURE AND EXAMINATION**

**For applicants with a California degree  
 and who hold a PCI registration**

**\$180 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):			ATTACH A PHOTOGRAPH TAKEN WITHIN 60 DAYS OF FILING THIS APPLICATION (Head and Shoulders Only)
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. Enter your Professional Clinical Counselor Intern registration number: <u>PCI</u> _____			

Applicant Name: Last	First	Middle
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12. Have you ever served in the United States Armed Forces or the California National Guard? **(OPTIONAL)** Yes, Currently  No   
Yes, Previously

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. 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.*

Applicant Name: Last	First	Middle
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**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.

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.*

DO NOT INCLUDE:

- Convictions prior to your 18<sup>th</sup> 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

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

Yes  No

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

DO NOT INCLUDE:

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

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 mailed 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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**LICENSED PROFESSIONAL CLINICAL COUNSELOR**  
**IN-STATE EXPERIENCE VERIFICATION**  
**OPTION 1 – NEW STREAMLINED METHOD**

This form is to be completed by the applicant's California 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 NEW streamlined method
- Use separate forms for each supervisor and each employment setting
- Ensure that the form is complete and correct prior to signing. Have the supervisor initial any changes.
- Do not submit your *Weekly Summary* forms unless specifically requested by the Board

**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: \_\_\_\_\_

- LPCCs: If the applicant is reporting experience with couples or families, did you meet the qualifications to treat couples and families, as specified in California law?

N/A  No  Yes: Date you met the qualifications: \_\_\_\_\_

**APPLICANT'S EMPLOYER INFORMATION:**

Name of Applicant's Employer			Business Phone*	
Address:	Number and Street	City	State	Zip Code

Applicant: Last	First	Middle
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**APPLICANT'S EMPLOYER INFORMATION (continued):**

1. Was this experience gained in a setting that lawfully and regularly provides mental health counseling or psychotherapy?  Yes  No
2. Was this experience gained in a private practice setting?  Yes  No
3. Was this experience gained in a hospital or community mental health setting?  Yes  No  
*(Minimum 150 hours required overall)*
4. Was this experience gained in a setting that provided oversight to ensure that the applicant's work meets the experience and supervision requirements and is within the scope of practice?  Yes  No
5. Was the applicant receiving pay? *If YES, attach a copy of the applicant's W-2 statement for each year experience is claimed. If a W-2 has not yet issued for this year, attach a copy of the current paystub. If applicant volunteered, submit a letter from the employer verifying volunteer status for these dates.*  Yes  No

**EXPERIENCE INFORMATION:**

1. How many weeks of supervised experience are being claimed? _____ weeks		
2. Hours of Experience:		<b>Logged Hours</b>
a. Total Direct Counseling Experience <i>(Minimum 1,750 hours overall)</i>		
<ul style="list-style-type: none"> <li>• Of the above hours, how many were gained while working with Couples, Families or Children?</li> </ul>		
b. Total Non-Clinical Experience <i>(Maximum 1,250 hours overall)</i>		
<ul style="list-style-type: none"> <li>• Of the above hours, how many were Face-to-Face Supervision?</li> </ul>		<b>Hours Per Week</b>
o Individual		<b>Logged Hours</b>
o Group (group contained no more than 8 persons)		
<p><b>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.</b></p> <p>Signature of Supervisor: _____ Date: _____</p> <p style="text-align: center;">ORIGINAL SIGNATURE REQUIRED</p>		





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**LICENSED PROFESSIONAL CLINICAL COUNSELOR  
IN-STATE EXPERIENCE VERIFICATION  
 OPTION 2 – PRE-EXISTING MULTIPLE CATEGORY METHOD**

This form is to be completed by the applicant's California 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 PRE-EXISTING method (multiple categories)
- Use separate forms for each supervisor and each employment setting
- Ensure that the form is complete and correct prior to signing. Have the supervisor initial any changes.
- Do not submit your *Weekly Summary* forms unless specifically requested by the Board
- 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: \_\_\_\_\_

- LPCCs: If the applicant is reporting experience with couples or families, did you meet the qualifications to treat couples and families, as specified in California law?

N/A  No  Yes: Date you met the qualifications: \_\_\_\_\_

**APPLICANT'S EMPLOYER INFORMATION:**

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

Applicant:	Last	First	Middle
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1. Was this experience gained in a setting that lawfully and regularly provides mental health counseling or psychotherapy?  Yes  No
2. Was this experience gained in a private practice setting?  Yes  No
3. Was this experience gained in a hospital or community mental health setting?  Yes  No  
(Minimum 150 hours required overall)
4. Was this experience gained in a setting that provided oversight to ensure that the applicant's work meets the experience and supervision requirements and is within the scope of practice?  Yes  No
5. Was the applicant receiving pay? *If YES, attach a copy of the applicant's W-2 statement for each year experience is claimed. If a W-2 has not yet issued for this year, attach a copy of the current paystub. If applicant volunteered, submit a letter from the employer verifying volunteer status for these dates.*  Yes  No  
 Volunteer

**EXPERIENCE INFORMATION:**

1. How many weeks of supervised experience are being claimed? _____ weeks		
2. Hours of Experience:		<b>Logged Hours</b>
a. Direct Counseling with Individuals, Groups, Couples or Families (Minimum 1,750 hours overall)		
<ul style="list-style-type: none"> <li>• Of the hours recorded on line "a.", how many hours were gained while working with Couples, Families or Children?</li> </ul>		
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:		<b>Hours Per Week</b>
a. Individual		
b. Group (group contained no more than 8 persons)		
<p><b><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></b></p> <p>Signature of Supervisor: _____ Date: _____</p> <p style="text-align: center;"><b>ORIGINAL SIGNATURE REQUIRED</b></p>		



**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 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 \_\_\_\_\_