



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



Information for Subsequent Registration Applicants Associate Professional Clinical Counselor

1. *Private Practice Restriction:* Associate Professional Clinical Counselors issued a subsequent registration are prohibited from working in a private practice per Business and Professions Code (BPC) section 4999.45(b). There are no exceptions.
2. *You MUST PASS the LPCC California Law and Ethics Exam BEFORE the Board can Issue Your Subsequent Registration:* There are no exceptions to this requirement, which is mandated by BPC section 4999.45(b). Exam applications are available on the Board's [website](#). If you do not pass, you can retake the exam in 90 days.
3. *Name Changes:* If you have changed your legal name and have not yet notified the Board, submit a [Notification of Name Change](#) form with your application along with the required documentation.
4. *Application Requirements:* Applicants must meet all requirements for associate registration that are in effect at the time the subsequent registration application is submitted. Use the scenarios below as a guide to determine the steps needed to complete your application. For questions please contact the Board at (916) 574-7830 or bbs.apcc@dca.ca.gov.

Scenario A: Applicant's associate number has been cancelled (met its 6-year limit), and the Board has approved the applicant's supervised experience. The following are required:

- Subsequent Registration Number Application
- 2x2 passport size photo
- \$75.00 Application Fee

Scenario B: Applicant has a current and valid associate number that is due to cancel or has been cancelled for no longer than 30 days from the date the Board receives the attached application. The following are required:

- Subsequent Registration Number Application
- 2x2 passport size photo
- \$75.00 Application Fee

Scenario C: Applicant's associate number has been cancelled for over 30 days, and the applicant's supervised experience has not yet been approved by the Board. The following are required:

- Subsequent Registration Number Application
- Official Transcripts
- 2x2 passport size photo
- \$75.00 Application Fee
- Live Scan Fingerprints

5. **Background Questions:** 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.
6. **Expedited Processing:** The Board is required to expedite the licensure process for the following applicants who meet criteria specified in the Business and Professions Code:
- **Honorably Discharged Veteran** - Download the request form from the Board's [website](#) and include it ON TOP OF your application.
 - **Spouse or Partner of Person on Active Military Duty** - Download the request form from the Board's [website](#) and include it ON TOP OF your application.

Frequently Asked Questions Subsequent Associate Registration Applicants

1. **If I apply for a subsequent number, will I lose all of my hours because they were gained under my first number?**

Not necessarily, but all hours of experience must be gained within the most recent six (6) years from the time the Board receives your *Application for Licensure and Examination*. Hours older than six (6) years from the time you apply will not count.

For example: The Board receives Susan's *Application for Licensure and Examination*, postmarked on 4/27/2018. All of the hours she gained (under all registration numbers) between 4/27/2012 and 4/27/2018 will be acceptable.

2. **Can I work in a private practice setting under my subsequent associate registration number?**

No. An applicant issued a subsequent associate number is prohibited from working in a private practice setting. All other work settings are permissible.

3. **My supervised experience hours have been approved. Do I need a current associate number to continue testing?**

Once your hours have been approved, the Board no longer requires you to retain an associate registration if you are working in an "exempt" setting (defined as a school, a government agency, or an institution that is both nonprofit and charitable). You are required to maintain an active and current registration if you are continuing to gain hours of supervised experience or are working in a setting that is not "exempt" as defined above. Also, be sure to check with your employer to see if they require you to remain registered.

4. **Where can I get more information about the required Law and Ethics exam?**

See the Board's [website](#) for information about the LPCC California Law and Ethics exam and how to apply.



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**APPLICATION FOR REGISTRATION AS AN
 ASSOCIATE PROFESSIONAL CLINICAL COUNSELOR
 SUBSEQUENT REGISTRATION NUMBER
 (INITIAL APPLICATION)**

\$100 FEE MUST ACCOMPANY THIS FORM

Make check payable to Behavioral Sciences Fund

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

12. Is this your first time applying for a subsequent associate registration number? Yes No

Applicant Name: Last	First	Middle
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13. Have you passed the LPCC California Law and Ethics Exam? Yes No

Applicants must pass this exam before a subsequent number can be issued.

14. 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	License, Registration or Certificate Number	Date Issued	Status

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.

Applicant Name: Last	First	Middle
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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
- Infractions

Yes No

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

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, your 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.*