



*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



## **ASSOCIATE MARRIAGE AND FAMILY THERAPIST REGISTRATION**

### **IN-STATE APPLICATION**

#### **FOR USE BY APPLICANTS WITH A CALIFORNIA DEGREE**

Dear In-State Applicant:

Thank you for your interest in becoming an Associate Marriage and Family Therapist. Included in this packet are the following forms and documents:

1. Application Instructions
2. Important Information for Applicants
3. In-State Application for Registration as an Associate Marriage and Family Therapist
4. In-State Degree Program Certification – Form A
5. In-State Degree Program Certification – Form B
6. Important Live Scan Information and Instructions
7. Request for Live Scan Service Form

*Note: Do not submit your pre-degree hours of experience with this application. You will submit your hours after ALL experience has been completed.*

BOARD OF BEHAVIORAL SCIENCES



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## APPLICATION INSTRUCTIONS

### ASSOCIATE MARRIAGE AND FAMILY THERAPIST REGISTRATION

#### IN-STATE APPLICANTS

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.**

**NOTE:** If you are applying for a subsequent (2<sup>nd</sup> or 3<sup>rd</sup>) registration, use the *Subsequent Associate Marriage and Family Therapist Registration* application.

#### 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).
- 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. The 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 \$75.00 check or money order made payable to the Behavioral Sciences Fund. The fee is NOT REFUNDABLE.

**D. FINGERPRINTS**

The Board requires a Department of Justice (DOJ) and Federal Bureau of Investigation (FBI) criminal history background check on all applicants.

**If you currently reside in California:** Download the *Request for Live Scan Service Applicant Submission form* (Form BCII 8016) 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](mailto: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.

**E. VERIFICATION OF EDUCATION**

1) 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.

2) DEGREE PROGRAM CERTIFICATION:

Provide one of the following *Degree Program Certification* forms, completed and signed by your school's Chief Academic Officer or authorized designee IN AN ENVELOPE SEALED BY THE EDUCATIONAL INSTITUTION as described below.

- **FORM A** – Have your school complete the *In-State Degree Program Certification, Form A* if you began graduate study BEFORE August 1, 2012, AND completed that study on or before December 31, 2018 (and your degree program does not meet the new “2012” requirements stipulated in Business and Professions Code (BPC) section 4980.36).
- **FORM B** – Have your school complete the *In-State Degree Program Certification, Form B* if either of the following apply to you:
  - You began graduate study on or after August 1, 2012 OR
  - You began graduate study before August 1, 2012, AND you graduated from a degree program that meets the requirements of BPC section 4980.36

**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 ASSOCIATE MARRIAGE AND FAMILY THERAPIST APPLICANTS**

### **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 partner or partner by way of another legal union, is an active duty member of the U.S. Armed Forces and meets other criteria pursuant to Business and Professions Code section 115.5. Please 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. EXAM REQUIREMENT FOR RENEWAL OF REGISTRATION**

#### **Registrants Must Take a California Law and Ethics Exam to Renew:**

After your Associate registration is issued, you will be required to take the LMFT California Law and Ethics Exam. A registration will not be renewable until the exam has been taken. You will be given instructions on applying for this exam once your registration has been issued.

#### **About the California Law and Ethics Exam**

The California Law and Ethics Exam is designed to assess an applicant's knowledge of and ability to apply legal and ethical standards relating to clinical practice. See the Board's [website](#) for more information.

## 5. **MAXIMUM RENEWALS AND ISSUANCE OF SUBSEQUENT REGISTRATIONS**

Your registration can be renewed five (5) times, for a total six (6)-year length. If you need to retain a registration after this time, you will need to apply for a subsequent registration number. A subsequent registration can only be issued to applicants who have passed the LMFT California Law and Ethics Exam.

## 6. **POST-DEGREE EXPERIENCE**

Post-degree hours of experience will only begin accruing from the issuance date of your Associate registration, unless you applied for registration within 90 days from the date your qualifying degree was conferred, as posted on your transcript.

## 7. **ABANDONMENT OF APPLICATION**

In accordance with Title 16, California Code of Regulations section 1806, an application shall be deemed abandoned in either of the following circumstances:

- Applicant does not submit evidence that he or she has cleared the deficiencies specified in the deficiency letter within one (1) year from the date of the initial deficiency letter **OR**
- Applicant does not complete the application within one (1) year after it has been filed.

To re-open an abandoned application, you must submit a new application, fee and all required documentation, as well as meet all current registration requirements in effect at the time the new application is submitted.

## 8. **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.

## 9. **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.

## **10. AMERICANS WITH DISABILITIES ACT**

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 ADA. Information concerning the provisions of the ADA, and the rights provided thereunder, are available from the Board's ADA coordinator.

## **11. 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.

## **12. 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.

**13. 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 registrant does not pay his or her state tax obligation, the associate registration may be suspended.

**14. NOTICE OF COLLECTION OF PERSONAL INFORMATION:**

The Board of Behavioral Sciences of the Department of Consumer Affairs collects the personal information requested on this form as authorized by Business and Professions Code sections 27, 30, 114.5, 480, 4980.36, 4980.37, 4980.40, 4980.41, 4980.43, 4980.44, 4980.72, 4980.74, 4980.78, 4980.79, 4980.81, 4982, 4982.25 and 4990.38; 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, 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.

**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 [BBSWebMaster@dca.ca.gov](mailto:BBSWebMaster@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).





Applicant Name: Last	First	Middle
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12. Have you ever applied for or been issued a license, registration or certificate to practice marriage and family therapy 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 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

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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<p>B. Is any criminal action pending against you, or are you currently awaiting judgment and sentencing following entry of a plea or jury verdict?</p> <p>DO NOT INCLUDE:</p> <ul style="list-style-type: none"> <li>• Traffic violations for which a fine of \$500 or less was imposed; or</li> <li>• Infractions</li> </ul>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>If YES, you must complete Part B of the <a href="#">Background Statement</a> form, available on the Board's website.</i></p>
<p>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?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>If YES, you must complete Part C of the <a href="#">Background Statement</a> 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.</i></p>
<p>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 marriage and family therapy?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p><i>If YES, you must complete Part D of the <a href="#">Background Statement</a> form, available on the Board's website.</i></p>

**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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## ASSOCIATE MARRIAGE AND FAMILY THERAPIST IN-STATE DEGREE PROGRAM CERTIFICATION FORM A

**This form is for use by the following individuals:**

- You began graduate study before August 1, 2012 and completed that study on or before December 31, 2018 **AND**
- Your degree program is NOT designed to meet the “2012” educational requirements

**Please contact your school if you have questions about completing the appropriate form**

*Type or print clearly in ink*

Applicant Name: Last	First	Middle
SSN or Individual Taxpayer ID Number:	Enrollment Date mm/dd/yyyy	

**APPLICANT:** The purpose of this form is for your school to verify the specifics of a degree earned in California. Enclose it with your application in an envelope that has been sealed by your school.

**SCHOOL:** The applicant named above is applying for licensure or registration. Please complete this form including the certification on the next page, and provide the applicant with the original IN A SEALED ENVELOPE.

The full legal text of the “pre-2012” educational requirements is located in Business and Professions Code (BPC) sections 4980.37 and 4980.41, available on the Board’s website under [Statutes and Regulations](#).

Yes  No  1. The student was notified by means of public documents or otherwise in writing that the degree program is designed to meet the requirements of BPC sections 4980.37 and 4980.41(a)(4)&(5).

Yes  No  2. The degree program is a single integrated program primarily designed to train marriage and family therapists and contains no less than 48 semester or 72 quarter units of instruction.

*If NO, number of units in degree: \_\_\_\_\_ Semester units      Quarter units*

Applicant Name: Last	First	Middle
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Yes  No  3. The degree program includes no less than 12 semester or 18 quarter units of coursework in the areas of marriage, family, and child counseling and marital and family systems approaches to treatment as specified in BPC section 4980.37(b). This coursework shall include all of the following areas:

- The salient theories of a variety of psychotherapeutic orientations directly related to marriage and family therapy, and marital and family systems approaches to treatment
- Theories of marriage and family therapy and how they can be utilized in order to intervene therapeutically with couples, families, adults, children, and groups
- Developmental issues and life events from infancy to old age and their effect upon individuals, couples and family relationships
- A variety of approaches to the treatment of children.

Course numbers: \_\_\_\_\_

\_\_\_\_\_

Yes  No  4. The degree program contains no less than six (6) semester or nine (9) quarter units of supervised practicum as defined in BPC section 4980.37(c)(1).

Course number(s): \_\_\_\_\_

Yes  No  5. The practicum includes a minimum of 150 hours of face-to-face experience counseling individuals, couples, families or groups.

If NO, please specify number of hours completed: \_\_\_\_\_

Yes  No  6. The applicant has completed coursework in diagnosis, assessment, prognosis, and treatment of mental disorders (Psychopathology) as specified in BPC section 4980.37(e)(1).

Course number(s): \_\_\_\_\_

Yes  No  7. The degree program prepares students to be familiar with cross-cultural mores and values, including a wide range of racial and ethnic backgrounds as specified in BPC section 4980.37(e)(7).

Course number(s): \_\_\_\_\_

Yes  No  8. The applicant has completed specific instruction in alcoholism and other chemical substance dependency as required by BPC section 4980.41(a)(4).

Course number(s): \_\_\_\_\_

Applicant Name: Last	First	Middle
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Yes  No  9. The applicant has completed coursework in spousal or partner abuse assessment detection, and intervention as specified in BPC section 4980.41(a)(5). If the degree program commenced on or after January 1, 2004, this instruction shall be a minimum of 15 hours.

Course number(s): \_\_\_\_\_

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



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## ASSOCIATE MARRIAGE AND FAMILY THERAPIST IN-STATE DEGREE PROGRAM CERTIFICATION FORM B

**This form is for use by the following applicants:**

- 1) You began graduate study on or after August 1, 2012 **OR**
- 2) You began graduate study before August 1, 2012, AND did not complete the degree on or before December 31, 2018.

**Contact your school if you have questions about which form to use**

*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 completion of a degree program that complies with California law. Enclose it with your application in an envelope that has been sealed by your school.

**SCHOOL:** This applicant is applying for a MFT license or registration. Please complete this form including the certification on the next page, and provide applicant with the original form **IN A SEALED ENVELOPE**.

The full legal text of the educational requirements can be found in the Business and Professions Code (BPC), available on the Board's website under [Statutes and Regulations](#).

1. Has this specific degree program been reviewed and accepted by the Board? ..Yes  No 
  - *If NO, contact the Board for information on how to proceed.*
  - *If YES, answer the questions below and indicate in question #5 how the applicant's program differs from the Board-accepted program.*
  
2. Did this student complete the program as accepted by the Board? .....Yes  No 
  - *If NO, contact the Board for information on how to proceed.*
  - *If YES, answer the questions below and indicate in question #5 how the applicant's program differs from the Board-accepted program.*



Applicant Name: Last	First	Middle
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3. Was the student notified by means of public documents or otherwise in writing that the degree program was designed to meet the requirements of BPC section 4980.36? Yes  No
4. The degree program contained:
- a. TOTAL UNITS: At least 60 semester or 90 quarter units of instruction: ..... Yes  No
- b. MFT COURSEWORK: 12 semester or 18 quarter units as specified in BPC section 4980.36(d)(1)(A): ..... Yes  No
- c. PRACTICUM: At least 6 semester or 9 quarter units that included a minimum of 225 hours as defined in BPC section 4980.36(d)(1)(B): ..... Yes  No
- d. ALL OTHER CONTENT: as required by BPC section 4980.36(c), (d) & (e)..... Yes  No
5. If you answered NO to any of the prior questions, mark the area where the program differed and specify how it differed:
- Total Units: \_\_\_\_\_
- MFT Coursework: \_\_\_\_\_
- Practicum: \_\_\_\_\_
- All Other Content required by BPC section 4980.36(c), (d) & (e): \_\_\_\_\_
- \_\_\_\_\_
- Other (explain): \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

<b><u>CERTIFICATION</u></b>	
<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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## INSTRUCTIONS FOR LIVE SCAN FINGERPRINTING

Live Scan Fingerprinting is available only in California. Live Scan fingerprint results will be submitted to the **Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI)** electronically.

If you need to have your fingerprints taken in another state, you must use the "hard card" fingerprint method. To request hard cards and instructions, send an email to [BBS.Fingerprint@dca.ca.gov](mailto:BBS.Fingerprint@dca.ca.gov) with "Fingerprint Hard Cards" in the subject line, and include your mailing address. Please be advised that the DOJ processing time for hard card fingerprints is a minimum of 8 to 12 weeks, or longer. In order to avoid processing delays and additional costs that result from invalid fingerprint cards, fingerprints must be taken at a law enforcement agency in the state of residence.

### **Fingerprint Fees - Paid to Live Scan Site**

If you have your prints taken via Live Scan, you must pay the fingerprint fees below **directly to the site** where you have your Live Scan fingerprints taken:

DOJ FINGERPRINT PROCESSING FEE: \$32.00

FBI FINGERPRINT PROCESSING FEE: \$17.00

**In addition to these processing fees, there may be a service charge associated with the Live Scan site you visit.** The Live Scan service site will collect the above fees at the time you are fingerprinted. The Live Scan service charge may vary from location to location.

### **Complete the Request for Live Scan Service Form**

You must complete and submit the attached *Request for Live Scan Service* form at the Live Scan site. Make sure that the information provided in Section 3 of the form matches the information on your application. Once your fingerprints have been scanned, the Live Scan Operator will complete Box 6 of this form and return the second and third copies to you.

**The second copy of this form, with Box 6 completed by the Live Scan Operator, must be MAILED to the BBS in order to retrieve your fingerprint results from the DOJ.** Retain the third copy for your records as a proof of payment.

## **Live Scan Fingerprint Locations**

You must visit an approved Live Scan Service Site. Most local Police and Sheriff Departments offer the Live Scan fingerprinting service. Some large school districts, passport services, and stores with generalized fingerprinting expertise may also offer Live Scan. A current listing of Live Scan sites is available on the DOJ website at <http://ag.ca.gov/fingerprints/publications/contact.php>

**Consider calling the Live Scan service provider for hours of operation, fees, and appointment times if necessary.** You must present valid photo identification (i.e., driver's license, military ID, or passport) at the Live Scan site.

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## **Filling Out Your Live Scan Form**

To facilitate prompt and accurate processing, please **TYPE or print legibly**

### **SECTION 1: Job Title or Type of License, Certification or Permit:**

Check the box for the applicable license, or registration you are applying for with the BBS. If you are a Licensee with multiple licenses, only check your most used license type. Your fingerprint results will be put towards ALL licenses you hold. You will not need to pay and/or be fingerprinted for each individual BBS license you hold. **CHECK THE BOX FOR ONLY ONE LICENSE TYPE.**

**SECTION 2:** This section is already completed.

### **SECTION 3:**

Name of Applicant: Enter your full name

Alias: Indicate all other names used

Date of Birth: Indicate your month/day/year of birth

Sex: Place an "X" in the appropriate box

Height: Indicate your height in feet and inches

Weight: Indicate your weight in pounds (lbs.)

Eye Color: Indicate eye color abbreviation:

<b>BLK</b> - Black	<b>GRY</b> - Gray	<b>MAR</b> - Maroon	<b>BLU</b> - Blue	<b>GRN</b> - Green
<b>PNK</b> - Pink	<b>BRO</b> - Brown	<b>HAZ</b> - Hazel	<b>MUL</b> - Multicolor	

Hair Color: Indicate hair color abbreviation:

<b>BAL</b> - Bald	<b>BRO</b> - Brown	<b>SDY</b> - Sandy	<b>BLK</b> - Black
<b>GRY</b> - Gray	<b>WHI</b> - White	<b>BLN</b> - Blonde	<b>RED</b> - Red

Place of Birth: Indicate the state or country of birth

Social Security Number: Enter your SSN or individual taxpayer ID number. Must match the number provided on your application.

Driver's License No: Enter your Driver's license number if you have one

Address: Enter a mailing address of your choice. You may use a business address, your home address, or any current address. This address will not be viewable by the public, and will be used solely for the BBS' records.

**SECTION 4:**

Your number:

Enter your current BBS license or registration number. Enter all that apply. If you are a brand new applicant and do not currently hold an identifying number, leave this line blank.

If resubmission, list the Original ATI No.

This is only used for a second fingerprinting due to a prior fingerprint rejection. The ATI No. allows you to be re-fingerprinted without paying the DOJ and FBI processing fee (service charges may still apply.)

**SECTION 5:** Leave this section blank.

**SECTION 6:** To be completed by the Live Scan operator.

# APPLICANT

**SECTION 1**

ORI: A0462  
(Code assigned by DOJ)

Type of Application: LIC/CERT/PERMIT

Job Title or Type of License, Certification or Permit: **(Only One Title)**

**Marriage and Family Therapist**

**Clinical Social Worker**

**Educational Psychologist**

**Professional Clinical Counselor**

**SECTION 2**

Agency Address Set Contributing Agency

Mail Code: 01484

**Board of Behavioral Sciences**  
**1625 North Market Blvd. Suite S-200**  
**Sacramento, CA 95834**

Contact Name: Fingerprint Unit

Contact Phone: (916) 574-7859

**SECTION 3**

Name of Applicant: \_\_\_\_\_  
(Please print) Last First MI

Alias: \_\_\_\_\_ Driver's License No: \_\_\_\_\_  
Last First

Date of Birth: \_\_\_\_\_ SEX:  Male  Female Misc. No. BIL: **APPLICANT MUST PAY**  
Agency Billing Number

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Address: \_\_\_\_\_  
Street No.

Place of Birth: \_\_\_\_\_ City State Zip

Social Security Number: \_\_\_\_\_

**SECTION 4**

Your Number \_\_\_\_\_  
BBS File Number (Example: 103123)

BBS Applicant: Please mail a copy of this form to the address in Box 2 upon completion.

If resubmission, list Original ATI No. \_\_\_\_\_ Level of Service  DOJ  FBI

**SECTION 5**

Employer: (Additional response for agencies specified by statute)

**LEAVE THIS SECTION BLANK**

Employer Name \_\_\_\_\_

Street No. Street or PO Box \_\_\_\_\_

Mail Code (assigned by DOJ) \_\_\_\_\_

City State Zip Code \_\_\_\_\_

Agency Telephone No. (optional) \_\_\_\_\_

**SECTION 6**

Live Scan Transmission Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Transmitting Agency \_\_\_\_\_ ATI No. \_\_\_\_\_ Amount Collected/Billed \_\_\_\_\_

ORIGINAL- Live Scan Operator SECOND COPY- Requesting Agency THIRD COPY- Applicant

# APPLICANT

**SECTION 1**

ORI: A0462  
(Code assigned by DOJ)

Type of Application: LIC/CERT/PERMIT

Job Title or Type of License, Certification or Permit: **(Only One Title)**

**Marriage and Family Therapist**

**Clinical Social Worker**

**Educational Psychologist**

**Professional Clinical Counselor**

**SECTION 2**

Agency Address Set Contributing Agency

Mail Code: 01484

**Board of Behavioral Sciences**  
**1625 North Market Blvd. Suite S-200**  
**Sacramento, CA 95834**

Contact Name: Fingerprint Unit  
Contact Phone: (916) 574-7859

**SECTION 3**

Name of Applicant: \_\_\_\_\_  
(Please print) Last First MI

Alias: \_\_\_\_\_ Driver's License No: \_\_\_\_\_  
Last First

Date of Birth: \_\_\_\_\_ SEX:  Male  Female Misc. No. BIL: **APPLICANT MUST PAY**  
Agency Billing Number

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Address: \_\_\_\_\_  
Street No.

Place of Birth: \_\_\_\_\_ City State Zip

Social Security Number: \_\_\_\_\_

**SECTION 4**

Your Number \_\_\_\_\_  
BBS File Number (Example: 103123)

BBS Applicant: Please mail a copy of this form to the address in Box 2 upon completion.

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Employer: (Additional response for agencies specified by statute)

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Employer Name \_\_\_\_\_

Street No. Street or PO Box \_\_\_\_\_

Mail Code (assigned by DOJ) \_\_\_\_\_

City State Zip Code \_\_\_\_\_

Agency Telephone No. (optional) \_\_\_\_\_

**SECTION 6**

Live Scan Transmission Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Transmitting Agency \_\_\_\_\_ ATI No. \_\_\_\_\_ Amount Collected/Billed \_\_\_\_\_

ORIGINAL- Live Scan Operator SECOND COPY- Requesting Agency THIRD COPY- Applicant

# APPLICANT

**SECTION 1**

ORI: **A0462**  
(Code assigned by DOJ)

Type of Application: **LIC/CERT/PERMIT**

Job Title or Type of License, Certification or Permit: **(Only One Title)**

**Marriage and Family Therapist**

**Clinical Social Worker**

**Educational Psychologist**

**Professional Clinical Counselor**

**SECTION 2**

Agency Address Set Contributing Agency

Mail Code: **01484**

**Board of Behavioral Sciences**  
**1625 North Market Blvd. Suite S-200**  
**Sacramento, CA 95834**

Contact Name: **Fingerprint Unit**

Contact Phone: **(916) 574-7859**

**SECTION 3**

Name of Applicant: \_\_\_\_\_  
(Please print) Last First MI

Alias: \_\_\_\_\_ Driver's License No: \_\_\_\_\_  
Last First

Date of Birth: \_\_\_\_\_ SEX:  Male  Female Misc. No. BIL: **APPLICANT MUST PAY**  
Agency Billing Number

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Address: \_\_\_\_\_  
Street No.

Place of Birth: \_\_\_\_\_ City State Zip

Social Security Number: \_\_\_\_\_

**SECTION 4**

Your Number \_\_\_\_\_  
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Mail Code (assigned by DOJ) \_\_\_\_\_

City State Zip Code \_\_\_\_\_

Agency Telephone No. (optional) \_\_\_\_\_

**SECTION 6**

Live Scan Transmission Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Transmitting Agency \_\_\_\_\_ ATI No. \_\_\_\_\_ Amount Collected/Billed \_\_\_\_\_

ORIGINAL- Live Scan Operator SECOND COPY- Requesting Agency THIRD COPY- Applicant