



**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



## **MARRIAGE AND FAMILY THERAPIST INTERN REGISTRATION**

### **OUT-OF-STATE APPLICANT**

#### **Applicants with an Out-of-State degree or license ONLY**

Dear Out-of-State Applicant:

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

1. Application Instructions
2. Guide to Out-of-State Applicant Requirements
3. Important Information for Applicants
4. Out-of-State Application for Registration as a Marriage and Family Therapist Intern
5. Out-of-State Degree Program Certification Form
6. Out-of-State License or Registration Verification Form
7. Instructions for Live Scan Fingerprinting
8. Request for Live Scan Service Form

BOARD OF BEHAVIORAL SCIENCES



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**APPLICATION INSTRUCTIONS**  
**MARRIAGE AND FAMILY THERAPIST**  
**INTERN REGISTRATION**  
**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 specified. 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>) Intern registration, use the *Subsequent MFT Intern Registration* application.

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).
- 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* 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 LICENSURE OR REGISTRATION IN ANOTHER STATE**

Include certified statement(s) from each state where you hold or have held a license or registration to practice marital and family therapy. This verification may be sent to the Board directly from the other state, or enclosed with the application. Either way, this form must be IN AN ENVELOPE SEALED BY THE STATE LICENSING AGENCY.

**F. VERIFICATION OF DEGREE**

1) TRANSCRIPTS

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

2) DEGREE PROGRAM CERTIFICATION

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

3) 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 that is 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 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 #1 above.

**G. 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 60 semester units or 90 quarter units. If you are short units, up to 12 semester units or 18 quarter units can be remediated outside of your degree program to reach this total. Units must be remediated before the Board can approve your *Application for Licensure and Examination*, and can be gained while registered as an intern.

## 2) PRACTICUM:

A minimum of 6 semester units or 9 quarter units of supervised clinical practicum, which included at least 225 hours of face-to-face counseling experience is required (may include up to 75 hours of client-centered advocacy experience) as indicated on the following page:

- Unlicensed applicants:

Degree program must contain a minimum of 6 semester or 9 quarter units of practicum and meet the 225 hour requirement as described above, or the 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 225 hours of experience as described above, you may remediate the deficit by gaining supervised experience while registered as an intern. 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) MARRIAGE, FAMILY AND CHILD COUNSELING/MARITAL AND FAMILY SYSTEMS APPROACH

The degree program must contain 12 semester units or 18 quarter units in this area, as indicated by your school on the *Degree Program Certification* form, or the degree will not qualify for California licensure.

## 4) REMEDIATION AND ACCEPTABLE COURSE PROVIDERS

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

**H. CALIFORNIA LAW AND ETHICS COURSE (REQUIRED FOR INTERN REGISTRATION)**

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

- If your degree contains a 2 semester unit or 3 quarter unit course on Law and Ethics: You must take an 18-hour California course. See [Business and Professions Code \(BPC\) section 4980.78/.79\(b\)\(2\)](#) for course content requirements.
  - This 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 approved continuing education (CE) provider.
- If your degree does NOT contain a 2 semester unit or 3 quarter unit course on Law and Ethics: You must take 2 semester unit or 3 quarter unit California course. See [BPC section 4980.81\(a\)\(7\)](#) for course content requirements.
  - This 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.

**I. ADDITIONAL COURSEWORK (NOT REQUIRED FOR INTERN REGISTRATION)**

The following courses are NOT required for intern registration. However, they are required prior to your application for licensure. If you have already completed a course, you may submit documentation of completion now rather than with a future application if you wish.

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 approved continuing education (CE) provider. Undergraduate coursework cannot be accepted.

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

**ADDITIONAL COURSEWORK  
REQUIRED PRIOR TO APPLICATION FOR LICENSURE**  
*Note: 1 semester unit 15 hours; 1 quarter unit 10 hours*

Course	Length	Content Required
<b>a) Child Abuse Assessment and Reporting in California</b>	7 hours	See <a href="#">Business and Professions Code (BPC) section 28 and Title 16, California Code of Regulations (CCR) section 1807.2</a>
<b>b) California Cultures, and the Social and Psychological Implications of Socioeconomic Position</b>	15 hours	BPC sections 4980.78(b)(4)(B) / 4980.79(b)(4)(B)
<b>c) Mental Health Recovery Oriented Care and Methods of Service Delivery</b>	45 hours	BPC sections 4980.78(b)(4)(A) / 4980.79(b)(4)(A)
<b>d) Diagnosis, Assessment, Prognosis and Treatment of Mental Disorders</b>	30 hours	Per BPC section 4980.81(a)(1), must include: Diagnosis, assessment, prognosis and treatment of mental disorders, including: <ul style="list-style-type: none"> <li>• Severe mental disorders</li> <li>• Promising mental health practices</li> <li>• Evidence-based practices</li> </ul>
<b>e) Psychological Testing</b>	15 hours	BPC section 4980.81(a)(2)
<b>f) Psychopharmacology</b>	15 hours	BPC section 4980.81(a)(2)
<b>g) Developmental Issues From Infancy to Old Age</b>	15 hours	Per BPC section 4980.81(a)(3), must include: <ul style="list-style-type: none"> <li>• The effects of developmental issues on individuals, couples and family relationships.</li> <li>• The psychological, psychotherapeutic, and health implications of developmental issues and their effects.</li> <li>• The understanding of the impact that personal and social insecurity, social stress, low educational levels, inadequate housing and malnutrition have on human development.</li> </ul>

*Continued on next page*

**ADDITIONAL COURSEWORK  
REQUIRED PRIOR TO APPLICATION FOR LICENSURE (continued)**

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

Course	Length	Content Required
<b>h) Aging, Long Term Care and Elder/Dependent Adult Abuse</b>	10 hours	BPC section 4980.81(a)(4)(A)(ii)
<b>i) Spousal/Partner Abuse Assessment, Detection and Intervention</b>	15 hours	BPC section 4980.81(a)(4)(A)(iii)
<b>j) Multicultural Development and Cross-Cultural Interaction</b>	15 hours	BPC section 4980.81(a)(5)
<b>k) Human Sexuality</b>	10 hours	BPC section 4980.81(a)(6)
<b>l) Substance Use Disorders</b>	15 hours	BPC section 4980.81(a)(7)
<b>m) Co-Occurring Disorders and Addiction</b>	15 hours	BPC section 4980.81(a)(7)
<b>n) Miscellaneous Content Required</b> <ul style="list-style-type: none"> <li>• Childbirth, child rearing, parenting and step-parenting</li> <li>• Marriage, divorce and blended families</li> <li>• Cultural factors relevant to abuse of partners and family members</li> <li>• Poverty and deprivation</li> <li>• Financial and social stress</li> <li>• Effects of trauma</li> <li>• The psychological, psychotherapeutic, community and health implications of the matters and life events that arise in marriage and family relationships within a variety of California cultures</li> </ul>	No specific number of hours required, but content must be adequately covered within applicant's coursework	BPC sections 4980.81(a)(4)(A)(iv-ix)



**J. 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 LMFT OUT-OF-STATE APPLICANT REQUIREMENTS**

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The Board of Behavioral Sciences 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 Licensed Marriage and Family Therapist (LMFT) 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.

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

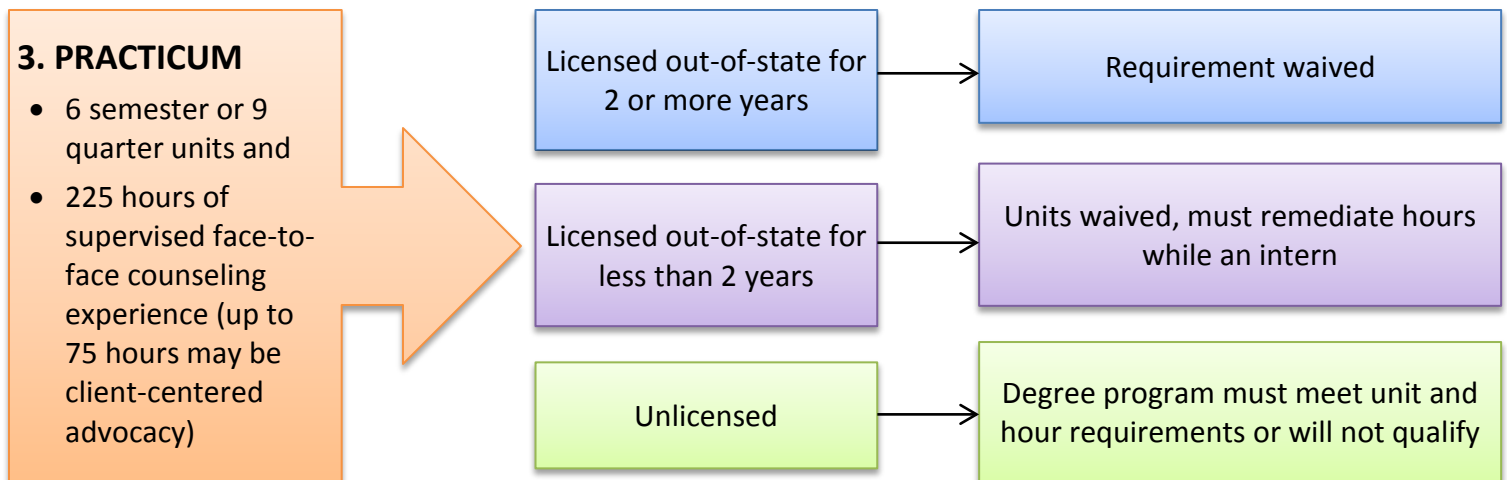
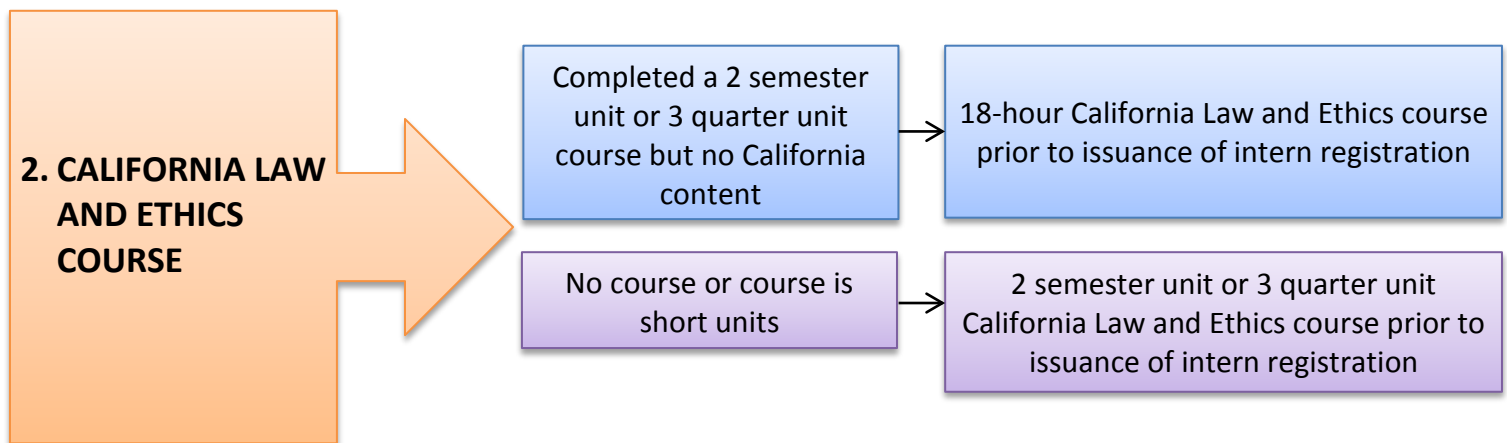
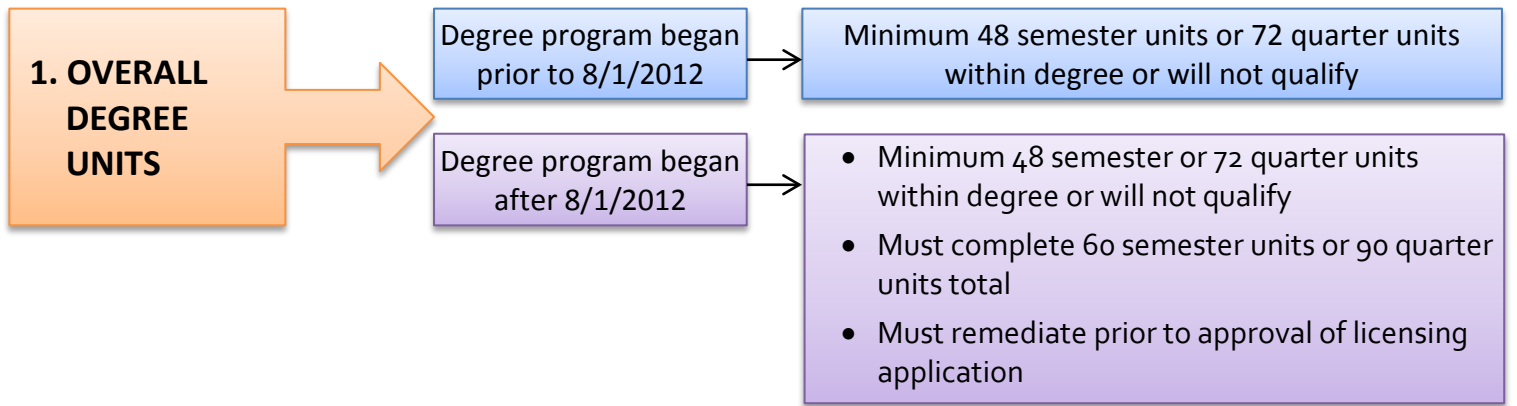
For questions about **educational** requirements, contact: [bbs.imf@dca.ca.gov](mailto:bbs.imf@dca.ca.gov)

For questions about supervised **experience** requirements, contact: [bbs.lmft@dca.ca.gov](mailto:bbs.lmft@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 LMFT 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 MFT Intern.
- You will be required to pass the LMFT 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 California LMFT Clinical Exam. See application instructions for more information.

# BBS Summary of LMFT Out-of-State Education Requirements



**4. MARITAL AND FAMILY COUNSELING/SYSTEMS APPROACH**  
12 semester units or 18 quarter units within degree or will not qualify

**5. ADDITIONAL COURSEWORK**  
Must remediate prior to approval of licensing application



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## **IMPORTANT INFORMATION FOR MARRIAGE AND FAMILY THERAPIST INTERN 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 intern 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 [Examination News](#) page 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 intern 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 intern 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, 1806, 1870 and 1870.1; 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).



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**MARRIAGE AND FAMILY THERAPIST**  
**OUT-OF-STATE**  
**INTERN REGISTRATION APPLICATION**

**Applicants with an out-of-state degree or license ONLY**

**\$75 FEE MUST ACCOMPANY THIS FORM**

Make check payable to - Behavioral Sciences Fund

For Office Use Only:

Cashiering No.

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

13. **CALIFORNIA LAW & ETHICS COURSE:** 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.*

14. **ADDITIONAL COURSEWORK:** The following courses are NOT required for intern registration. However, they are required prior to your application for licensure. If you have already completed a course, you may mark the box below and submit documentation of completion now rather than with a future application. *See application instructions for information on course requirements.*

**Completed?**

a) *Child Abuse Assessment and Reporting in California*

Course Title(s): \_\_\_\_\_

School Name(s): \_\_\_\_\_

b) *California Cultures, and the Social and Psychological Implications of Socioeconomic Position*

Course Title(s): \_\_\_\_\_

School Name(s): \_\_\_\_\_

Applicant Name: Last	First	Middle
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**ADDITIONAL COURSEWORK (continued):**

**Completed?**

c) *Mental Health Recovery Oriented Care and Methods of Service Delivery*   
 Course Title(s): \_\_\_\_\_  
 School Name(s): \_\_\_\_\_

d) *Diagnosis, Assessment, Prognosis and Treatment of Mental Disorders*   
 Course Title(s): \_\_\_\_\_  
 School Name(s): \_\_\_\_\_

e) *Psychological Testing*   
 Course Title(s): \_\_\_\_\_  
 School Name(s): \_\_\_\_\_

f) *Psychopharmacology*   
 Course Title(s): \_\_\_\_\_  
 School Name(s): \_\_\_\_\_

g) *Developmental Issues from Infancy to Old Age*   
 Course Title(s): \_\_\_\_\_  
 School Name(s): \_\_\_\_\_

h) *Aging, Long Term Care and Elder/Dependent Adult Abuse*   
 Course Title(s): \_\_\_\_\_  
 School Name(s): \_\_\_\_\_

i) *Spousal or Partner Abuse Assessment, Detection and Intervention*   
 Course Title(s): \_\_\_\_\_  
 School Name(s): \_\_\_\_\_

j) *Multicultural Development and Cross-Cultural Interaction*   
 Course Title(s): \_\_\_\_\_  
 School Name(s): \_\_\_\_\_

Applicant Name: Last	First	Middle
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**ADDITIONAL COURSEWORK (continued):**

**Completed?**

k) *Human Sexuality*

Course Title(s): \_\_\_\_\_

School Name(s): \_\_\_\_\_

l) *Substance Use Disorders*

Course Title(s): \_\_\_\_\_

School Name(s): \_\_\_\_\_

m) *Co-Occurring Disorders and Addiction*

Course Title(s): \_\_\_\_\_

School Name(s): \_\_\_\_\_

n) *Miscellaneous Content (see application instructions section I.12)*

Course Title(s): \_\_\_\_\_

School Name(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:**

- Offenses 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 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.*



**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)



**MARRIAGE AND FAMILY THERAPIST  
 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. 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, and provide the applicant with the original IN A SEALED ENVELOPE. The full legal text of the educational requirements is located in the California Business and Professions Code (BPC), available on the Board's website under [Statutes and Regulations](#).

1. Number of units in degree: \_\_\_\_\_ Semester units  Quarter Units

2. Yes  No  The degree program contained no less than six (6) semester or nine (9) quarter units of practicum, and 225 hours of experience that included the following:

- At least 150 hours providing face-to-face counseling to individuals, couples, families or groups AND
- At least 75 additional hours providing either face-to-face counseling and/or client-centered advocacy

Number of units: \_\_\_\_\_ Number of counseling experience hours: \_\_\_\_\_

Number of client-centered advocacy hours: \_\_\_\_\_

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

Applicant Name: Last	First	Middle
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3. Yes  No  The degree program included 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, including all of the following:

- Theories, principles, and methods of a variety of psychotherapeutic orientations directly related to marriage and family therapy, and marital and family systems approaches to treatment.
- How these theories can be applied therapeutically with couples, families, adults, elder adults, children, adolescents and groups to improve, restore, or maintain healthy relationships.

Number of units: \_\_\_\_\_ Course number(s)/Term(s): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Yes  No  The applicant has completed coursework in the diagnosis, assessment, prognosis, and treatment of mental disorders, including severe mental disorders, evidence-based practices, and promising mental health practices that are evaluated in peer reviewed literature.

Number of units: \_\_\_\_\_ Course number(s)/Term(s): \_\_\_\_\_  
 \_\_\_\_\_

<b><u>CERTIFICATION</u></b>	
<i><b>I hereby certify that all of the foregoing is true and correct</b></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 MARRIAGE AND FAMILY THERAPIST OUT-OF-STATE LICENSE OR REGISTRATION VERIFICATION

**APPLICANT:** Complete this section authorizing release of information by another state board or 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 IMF Number
------	-------	--------	-------------------------------

Name of Individual to be Verified:

Last	First	Middle	License Number
------	-------	--------	----------------

***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 actions?  No  Yes (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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## 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.

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