RE: MARRIAGE AND FAMILY THERAPIST EXAMINATION ELIGIBILITY APPLICATION

Dear Applicant:

Thank you for your interest in becoming a California Licensed Marriage and Family Therapist. Included in this packet are:

1. Instructions for Completing the Application
2. Information for Marriage and Family Therapy Out-of-State Applicants
3. Marriage and Family Therapist Examination Eligibility Application
4. Marriage and Family Therapist Experience Verification forms
5. Marriage and Family Therapist Verification of Licensure/Registration/Certification in Another State form
6. Examination Security Notice
7. Photographs Form
8. Personal Data Card
9. Mandatory Reporter

BOARD OF BEHAVIORAL SCIENCES
INSTRUCTIONS FOR COMPLETING THE MARRIAGE AND FAMILY THERAPIST EXAMINATION ELIGIBILITY APPLICATION

Please review this checklist to ensure that all required original documents are furnished to the Board. (Please retain a copy of all documents submitted to the Board). All items are mandatory. Failure to provide any of the requested information may result in the application being rejected as incomplete. Submit a completed application to the address shown above.

☐ APPLICATION:
Complete all sections. The application must be signed. Please include a self-addressed, stamped envelope with your application if you would like confirmation of receipt from the Board. NOTE: If you have registered with the Board previously and have changed your legal name since registering without submitting a name change request to the Board, please complete and submit a name changes request with your application packet along with proper documentation.

☐ ONE PHOTOGRAPH:
Should measure approximately 2" X 2" and be taken within 60 days of the filing of this application. Photograph must be of passport quality of your head and shoulders only. Photograph should be affixed to the enclosed Photographs Form.

☐ PERSONAL DATA CARD:
Please type or print legibly. The address you enter on this card 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, please provide an alternate mailing address.

☐ EXAMINATION SECURITY NOTICE:
The notice must be completed and signed. Failure to complete the notice may affect your examination eligibility.

☐ FEE:
a. Submit a $200.00 check or money order made payable to the Behavioral Sciences Fund. The $200.00 fee consists of a $100.00 application fee and a $100.00 written examination fee. The application fee is an earned fee for evaluation of your application and is NOT REFUNDABLE.

b. Once you successfully pass the written examination, you will be required to complete an application for written clinical vignette examination and submit it with a $100.00 fee. DO NOT SUBMIT THE $100.00 WRITTEN CLINICAL VIGNETTE EXAMINATION FEE AT THIS TIME.

Once you have successfully passed both examinations, you will be required to submit a Request for Initial License with a fee. This fee will be prorated and established according to the month of issuance (month fee is received by the Board) and expiration date (applicant's birth month) of the license.

☐ REQUIRED EDUCATION & TRAINING VERIFICATION:
All training verifications should be included with your application unless identified on your transcript previously submitted for intern registration.

a. Child Abuse Assessment and Reporting (Sections 28 and 4980.41(b) of the Business and Professions Code; Section 1807.2 of Title 16, California Code of Regulations)-7 contact hours of training or coursework.

b. Human Sexuality (Sections 25 and 4980.41(c) of the Business and Professions Code; Section 1807 of Title 16, California Code of Regulations)-10 contact hours of training or coursework.

c. Alcoholism and Chemical Substance Dependency (Section 4980.41(d) of the Business and Professions Code; Section 1810 of Title 16, California Code of Regulations)-1 semester unit course with no less than 15 hours of classroom training.
d. California Law and Professional Ethics (Section 4980.41(a) of the Business and Professions Code)-2 semester or 3 quarter unit course.

e. Spousal or Partner Abuse Assessment, Detection, and Intervention Strategies (Sections 4980.41(e) and 4980.90(b)(5) of the Business and Professions Code)- This coursework is required for those applicants who began graduate training on or after January 1, 1995. For those who began graduate training on or after January 1, 2004 and for out-of-state applicants (regardless of when graduate training began) this coursework must be 15 contact hours.

f. Psychological Testing (Sections 4980.41(f) and 4980.90(b)(6) of the Business and Professions Code)- 2 semester or 3 quarter unit survey course. The course is required for persons who began graduate study on or after January 1, 2001 and all out-of-state applicants regardless of when graduate training began.

g. Psychopharmacology (Sections 4980.41(g) and 4980.90(b)(7) of the Business and Professions Code)-2 semester or 3 quarter unit survey course. This course is required for persons who began graduate study on or after January 1, 2001 and all out-of-state applicants regardless of when graduate training began.

h. Aging and Long-Term Care (Section 4980.39 of the Business and Professions Code)-10 hours of coursework This coursework is required for those applicants who began graduate training on or after January 1, 2004.

☐ TRANSCRIPTS:
Official transcripts verifying your master's or doctor’s degree needs to be submitted for all applicants who have never registered with the Board as an Intern. MUST BE IN A SEALED ENVELOPE.

☐ EXPERIENCE VERIFICATION FORMS:
Experience verification form(s) are certified statement(s) from acceptable supervisor(s) verifying at least two years (3,000 hours obtained over 104 weeks) of supervised experience. The forms must have the original signature of the verifying party.

1. Document personal psychotherapy on #19 of this application. The board is no longer requiring a separate verification form.
2. For interns only, you must submit a copy of your W-2 for each employment setting in which you were paid. For the most recent year, you can submit a current pay stub in lieu of W-2. If you volunteered, a letter from the employer is required indicating your voluntary status. (This does not apply to trainees) (Section 4980.43 (b) of the Business and Professions Code)
3. The BBS advises separating pre- and post-degree experience on separate Weekly Summary of Hours of Experience and MFT Experience Verification forms.

☐ RESPONSIBILITY STATEMENTS:
Submit original statements from each supervisor from whom you are claiming supervised experience.

☐ VERIFICATION OF LICENSURE IN ANOTHER STATE FORM(S), IF APPLICABLE:
Include certified statement(s) from each state where you hold or have held a license to practice Marriage and Family Therapy. This form may be reproduced if additional forms are needed. IF VERIFICATION OF YOUR SUPERVISOR’S LICENSE OR YOUR EXPERIENCE CANNOT BE OBTAINED FROM THE APPROPRIATE LICENSING AGENCY, YOUR EXPERIENCE MAY NOT BE APPLIED TOWARD THE LICENSING REQUIREMENTS.

☐ CONVICTION AND/OR DISCIPLINARY ACTION DOCUMENTS:
Documents and/or letters explaining prior conviction(s) and/or disciplinary action(s) and attesting to your rehabilitation, if applicable: Please refer to the REPORTING PRIOR CONVICTION(S) and/or REPORTING DISCIPLINE AGAINST LICENSE(S) sections of these instructions.
I. INFORMATION:

1. GENERAL:
   All applicants are advised that any or all information furnished herein is subject to investigation; further, that this application and all papers and documents pertinent thereto are the property of the State of California and will not be returned; further, that ANY FALSE, DISHONEST OR MISLEADING STATEMENTS IN THIS APPLICATION OR THE ATTACHMENTS ARE GROUNDS FOR DENIAL OR SUBSEQUENT REVOCATION OR SUSPENSION OF THE REGISTRATION OR LICENSE FOR WHICH APPLICATION IS BEING MADE.

2. EXAMINATION:
   Applicants will be sent notice of eligibility for examination or notice of application deficiency following the Board's receipt of a completed application and accompanying documentation. Written examinations containing objective multiple-choice questions are given in various locations throughout California. It is the responsibility of the applicant to call the test administrator and arrange a time and place to take the examination. Further information regarding the written examination is provided in the MFT written exam Candidate Handbook, which applicants receive as their "Notice of Eligibility."

3. REQUESTS FOR ACCOMMODATION:
   All examination sites are physically accessible to individuals with disabilities. Pursuant to Title II of the Americans with Disabilities Act (ADA) and California law, the Board will provide reasonable accommodations to qualified candidates with mental disabilities, physical disabilities, or medical conditions. However, the Board will not provide accommodations that fundamentally alter the measurement of the skills or knowledge the examination is intended to test.

   Accommodations will not be provided at the examination site unless prior approval by the board has been granted. A candidate who seeks an accommodation has the responsibility to make the request and provide documentation substantiating the need for accommodation at the time of submission of the application for the examination. The information supplied to substantiate a candidate's request for an accommodation will be kept confidential to the extent provided by law. Any request for accommodation (except for accommodations requiring a physically accessible examination site) must be submitted to the Board on the forms prescribed by the Board. If you wish to submit a request for accommodation, please contact the Board and request a Request for Accommodation package.

   The Board does not discriminate on the basis of disability in employment or in the admission and access to its programs or activities. The Executive Officer of the Board has been designated to coordinate and carry out this agency's compliance with the nondiscrimination requirements of Title II of the ADA. Information concerning the provisions of the ADA, and the rights provided hereunder, are available from the ADA coordinator.

4. 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, please provide an alternate mailing address. Title 16, California Code of Regulations Section 1804, states that all persons regulated by the Board shall maintain a current mailing address with the Board and shall notify the Board within 30 days concerning any change of address giving both the old and new addresses. CHANGES OF ADDRESS MUST BE RECEIVED IN WRITING.

5. ABANDONMENT OF LICENSURE APPLICATION:
   In accordance with Title 16, California Code of Regulations Sections 1806 and 1833.3, an application shall be deemed abandoned if the applicant does not submit evidence that he or she has removed the deficiencies specified in the deficiency letter within one (1) year from the date of the deficiency letter; the applicant fails to sit for examination within one (1) year after being notified of eligibility; or the applicant fails to retake an examination within one (1) year from the date of failure; the applicant fails to pay the initial license fee within one (1) year after notification by the board of successful completion of examination requirements. An application submitted subsequent to the abandonment of a prior application shall be treated as a new application.

6. LAWS AND REGULATIONS:
   To obtain a copy of the Laws and Regulations, please submit a written request to the Board (type or print clearly your name and address), or you may download the information from our Web site.

7. DUPLICATION OF BOARD FORMS:
   Applicants are granted permission to reproduce any form provided by the Board. However, only those forms having original signatures will be accepted as part of any application.
8. **MANDATORY REPORTER:**
Under California law each person licensed by the Board of Behavioral Sciences is a “mandated reporter” for both child and elder 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 contact by telephone immediately or as soon as possible, to make a report to the appropriate agency or as soon as is practicably possible. The mandated reporter must prepare and send a written report thereof within two working days or 36 hours of receiving the information concerning the incident.

Failure to comply with the requirements of Section 11166 and 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 that imprisonment and fine.

For further details about these requirements, consult Penal Code sections 11164 and Welfare and Institutions Code section 15630, and subsequent sections.

II. **REPORTING PRIOR CONVICTION(S):**

California Code of Regulations, Title 16, Section 1813 states: "When considering the denial of a license or registration under Section 480 of the Code, the board, in evaluating the rehabilitation of the applicant and his or her present eligibility for a license or registration shall consider the following criteria:

(a) The nature and severity of the act(s) or crime(s) under consideration as grounds for denial.

(b) Evidence of any act(s) committed subsequent to the act(s) or crime(s) under consideration as grounds for denial which also could be considered as grounds for denial under Section 480 of the Code.

(c) The time that has elapsed since commission of the act(s) or crime(s) referred to in Section 480 of the Code.

(d) The extent to which the applicant has complied with any terms of probation, parole, restitution, or any other sanctions lawfully imposed against the applicant.

(e) Evidence, if any, of rehabilitation submitted by the applicant."

Submit the following information with your application if you report that you have pled guilty or nolo contendere to a misdemeanor or felony conviction (including any convictions dismissed under Section 1203.4 of the Penal Code):

- 1. A certified copy of the conviction and disposition of your case from the Court Clerk of the court in which convicted and any police reports.

- 2. A letter from you describing the underlying circumstances of the conviction. If convicted under a different name, please give that name.

- 3. A letter from you describing rehabilitation efforts or changes you have made to prevent future problems. It is your responsibility to present sufficient evidence of rehabilitation to demonstrate your fitness for licensure. The evidence of rehabilitation may include, but is not limited to:
  a. Proof of completion of probation if it was required.
  b. Letters of reference from employers, instructors, professional counselors, probation or parole officers on official letterhead.

- 4. You must disclose all convictions even if they have been previously reported to the Board. However, it is not necessary for you to re-submit documentation previously on file. You may simply provide a written statement indicating that you believe the information is already on file.
III. REPORTING DISCIPLINE AGAINST LICENSE(S):

Submit the following information with your application if you report any disciplinary action you received against a professional license:

☐ 1. A certified copy of the determination made by the licensing entity. This document should include date and location of the incident, specific violation, date of disciplinary action, and sanctions or penalties imposed and completion dates.

☐ 2. A letter from you describing the underlying circumstances of the incident. If disciplinary action occurred under a different name, please give that name.

☐ 3. A letter from you describing rehabilitation efforts or changes you have made to prevent future problems. It is your responsibility to present sufficient evidence of rehabilitation to demonstrate your fitness for licensure. The evidence of rehabilitation may include, but is not limited to:
   a. Proof of completion of probation if it was required.
   b. Letters of reference from employers, instructors, professional counselors, probation or parole officers on official letterhead.

☐ 4. You must disclose all disciplines against licenses even if they have been previously reported to the Board. However, it is not necessary for you to re-submit documentation previously on file. You may simply provide a written statement indicating that you believe the information is already on file.

IV. 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 a board. A licensee or applicant must pay his or her state tax obligation and his or her license or registration may be suspended if the state tax obligation is not paid.

V. 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 4980.40, 4980.41, 4980.43, 4980.44, 4980.90 and Article 2 of Chapter 13 (commencing with section 4982), and Title 16 of California Code of Regulations Sections 1805, 1806, 1833, and 1833.1. The Board uses this information principally to identify and evaluate licenses and enforce licensing standards set by law and regulation.

Mandatory Submission. Submission of the requested information is mandatory. The Board cannot consider your application for 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 574-7830 or email BBSWebMaster@dca.ca.gov. For questions about the Department of Consumer Affairs’ privacy policy or the Information Practices Act, you may contact the Office of Privacy Protection in the Department of Consumer Affairs, 1625 North Market Blvd., Sacramento, CA 95834, (866) 785-9663 or email dca@dca.ca.gov.
INFORMATION FOR MARRIAGE AND FAMILY THERAPY
OUT-OF-STATE APPLICANTS

The Board of Behavioral Sciences (BBS) does not have reciprocity with any other state licensing board. Any person from another state seeking a license in California will need to demonstrate compliance with all California licensing requirements, complete the Marriage and Family Therapist (MFT) Examination Eligibility Application, and pass a Standard Written Examination and a Written Clinical Vignette Examination.

Depending on an out-of-state applicant’s experience and education, the process of completing or providing proof of completion of the California licensing requirements will differ.

Please utilize the information below to identify your situation and determine what steps you need to take in order to complete the licensure process.

A. Scenario: Applicant possesses an out-of-state degree; no out-of-state license, no out-of-state supervised experience.
   1. Register as a MFT Intern
   2. Gain 3,000 hours of supervised experience in a minimum of 104 weeks while registered as a MFT Intern in California (Business and Professions Code 4980.43)
   3. Complete additional coursework requirements (B&P Code 4980.90)
   4. Complete and submit MFT Examination Eligibility Application and pass both MFT licensing examinations
   5. Submit Request for MFT Initial License Issuance with appropriate fee

B. Scenario: Applicant possesses an out-of-state degree and 3,000 hours of out-of-state supervised experience gained in no less than 104 weeks (obtained no more than 6 years prior to the date of application for California licensure) documented on BBS Experience Verification form(s); no out-of-state license.
   1. Register as a MFT Intern
   2. Complete no less than 250 hours of direct counseling and supervision in California while registered as an MFT Intern (B&P Code 4980.90)
   3. Complete additional coursework requirements (B&P Code 4980.90)
   4. Have out-of-state board complete MFT Verification of Licensure/Registration/Certification in Another State form for each out-of-state supervisor who signed off on a BBS Experience Verification form. (Note: all completed out-of-state verification forms must be received by the BBS in a sealed envelope from the state verifying licensure status)
   5. Complete and submit MFT Examination Eligibility Application and pass both MFT licensing examinations
   6. Submit Request for MFT Initial License Issuance with appropriate fee

C. Scenario: Applicant possesses an out-of-state MFT license for two or more years and the out-of-state licensing board can verify out-of-state supervised experience meeting the minimum of 3,000 hours of supervised experience gained in no less than 104 weeks.
   1. Complete additional coursework requirements. (B&P Code 4980.80, 4980.90)*
   2. Have out-of-state licensing board complete MFT Verification of Licensure/Registration/Certification in Another State form. (Note: all completed out-of-state verification forms must be received by the BBS in a sealed envelope from the state verifying licensure status)
   3. Complete and submit MFT Examination Eligibility Application and pass both MFT licensing examinations
   4. Submit Request for MFT Initial License Issuance with appropriate fee
D. Scenario: Applicant possesses out-of-state license for two or more years; out-of-state licensing board can only verify 2,000 hours of supervised experience and 52 weeks of supervision gained out of state; applicant possesses enough additional post-licensure hours of supervised experience gained out of state to total 3,000 hours of supervised experience gained in no less than 104 weeks.

1. Document additional out-of-state supervised experience (experience not verified by the licensing board in the other state) on the BBS Experience Verification form(s) to total a minimum of 3,000 hours of supervised experience gained in no less than 104 weeks. (B&P Code 4980.43)
2. Complete additional coursework requirements (B&P Code 4980.80, 4980.90)*
3. Have out-of-state licensing board complete the MFT Verification of Licensure/Registration/Certification in Another State form for out-of-state supervisors and applicant. (Note: all completed out-of-state verification forms must be received by the BBS in a sealed envelope from the state verifying licensure status)
4. Complete and submit MFT Examination Eligibility Application and pass both MFT licensing examinations
5. Submit Request for MFT Initial License Issuance with appropriate fee

E. Scenario: Applicant possesses out-of-state license for two or more years; out-of-state licensing board only verifies 2,000 hours of supervised experience gained in no less than 104 weeks gained out of state and applicant cannot provide additional out-of-state supervised experience on BBS Experience Verification form.

1. Register as a MFT Intern
2. Accumulate sufficient supervised experience in California to qualify for licensing (a minimum of 3,000 hours of supervised experience in no less than 104 weeks) (B&P Code 4980.43)
3. Complete additional coursework requirements (B&P Code 4980.80, 4980.90)*
4. Have out-of-state board complete the MFT Verification of Licensure/Registration/Certification in Another State form for applicant (Note: all completed out-of-state verification forms must be received by the BBS in a sealed envelope from the state verifying licensure status)
5. Complete and submit MFT Examination Eligibility Application and pass both MFT licensing examinations
6. Submit Request for MFT Initial License Issuance with appropriate fee

F. Scenario: Applicant is licensed out-of-state, but not for two or more years; out-of-state licensing board can verify out-of-state supervised experience meeting the minimum of 3,000 hours and 104 supervised weeks.

1. Register as a MFT Intern
2. Complete no less than 250 hours of direct counseling and supervision in California while registered as an MFT Intern (B&P Code 4980.90)
3. Complete additional coursework requirement (B&P Code 4980.90)
4. Have out-of-state licensing board complete MFT Verification of Licensure/Registration/Certification in Another State form for out-of-state supervised experience for applicant (Note: all completed out-of-state verification forms must be received by the BBS in a sealed envelope from the state verifying licensure status)
5. Complete and submit MFT Examination Eligibility Application and pass both MFT licensing examinations
6. Submit Request for MFT Initial License Issuance with appropriate fee

*Effective January 1, 2008, out-of-state applicants who have held a valid license issued by an equivalent licensing authority of any state for at least two years AND completed a two semester or three quarter unit course in law and professional ethics for marriage and family therapists that included specific areas of study specified in Business and Professions Code Section 4980.41 as part of his or her qualifying degree can take an 18-hour course in California law and professional ethics in order to fulfill the California law and professional ethics coursework requirement.

Out-of-state applicants who have not held a license issued by an equivalent state authority for two years OR have not completed a two semester or three quarter unit course in law and professional ethics for marriage and family therapists that included specific areas of study specified in Business and Professions Code Section 4980.41 must take a two semester or three quarter unit California law and professional ethics course.

Please note that this information is intended only as a general reference. For the specific legal requirements governing the practice of marriage and family therapy, please consult the laws beginning at sections 4980 of the California Business and Professions Code and regulations beginning with Section 1800 of Title 16 of the California Code of Regulations.
# MARRIAGE AND FAMILY THERAPIST EXAMINATION ELIGIBILITY APPLICATION

**APPROPRIATE FEE MUST ACCOMPANY THIS FORM**

Make check payable to - Behavioral Sciences Fund

(Please type or print clearly in ink)

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<th>1. Legal Name*</th>
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<td>Maiden name and any other AKA</td>
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<th>2. Address of Record**:</th>
<th>Number and Street</th>
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<td>City</td>
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<th>3. Business Telephone:</th>
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<th>5. E-Mail Address:</th>
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<th>6. Birth Date: mm/dd/yyyy</th>
<th>7. Social Security Number***:</th>
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<th>9. Education: (Qualifying Degree)</th>
<th>10. Name of school, college, or university:</th>
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**REQUIRED EDUCATION AND TRAINING:** If coursework or training was not identified on transcripts, please submit copy of certificate of completion.

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<tr>
<th>11. Child abuse assessment and reporting training</th>
<th>Yes ☐ No ☐</th>
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<td>12. Human sexuality training</td>
<td>Yes ☐ No ☐</td>
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<td>13. Alcoholism and other chemical dependency</td>
<td>Yes ☐ No ☐</td>
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<tr>
<td>14. California professional law and ethics</td>
<td>Yes ☐ No ☐</td>
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<tr>
<td>15. Spousal or partner abuse assessment, detection and intervention</td>
<td>Yes ☐ No ☐</td>
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<td>16. Psychological testing</td>
<td>Yes ☐ No ☐</td>
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<td>17. Psychopharmacology</td>
<td>Yes ☐ No ☐</td>
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<td>18. Aging and long-term care</td>
<td>Yes ☐ No ☐</td>
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<th>19. Personal psychotherapy received (May include group, marital or conjoint, family, or individual psychotherapy)</th>
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<th>Name of psychotherapist</th>
<th>License #</th>
<th>Date(s) psychotherapy received</th>
<th>Total hrs.</th>
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Continue on next page
20. Have you been licensed to practice marriage and family therapy in another state or foreign country?  
Yes ☐ No ☐

If YES, complete the following: (Submit verification of licensure in another state for each state listed.)

<table>
<thead>
<tr>
<th>STATE/COUNTRY</th>
<th>LICENSE NUMBER</th>
<th>DATE ISSUED</th>
<th>CURRENT STATUS</th>
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21. Have you ever been denied a professional license, had a professional license privilege suspended, revoked, or otherwise disciplined, or have you ever voluntarily surrendered any such license in California or any other state or territory of the United States, or by any other governmental agency?  
Yes ☐ No ☐

If YES, attach your explanation and related documents as described in the REPORTING DISCIPLINE AGAINST LICENSE(S) section of the instructions.

22. Have you ever been convicted of, pled guilty to, or pled nolo contendere to any misdemeanor or felony? (Convictions dismissed under Section 1203.4 of the Penal Code must be disclosed. You need not include offenses prior to your 18th birthday or any traffic violations for which a fine of $500 or less was imposed.)  
Yes ☐ No ☐

If YES, attach your explanation and related documents as described in the REPORTING PRIOR CONVICTION(S) section of the instructions. You must disclose all convictions even if previously reported to the Board. However, it is not necessary for you to re-submit documentation previously on file, you may simply provide a written statement indicating that you believe the information is already on file.

I declare under penalty of perjury under the laws of the State of California that all the information submitted on this form and on any accompanying attachments is true and correct.

Signature of Applicant: __________________________________________________________ Date: ______________________

*Business and Professions Code section 4982(b) gives the board 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 on any application for licensure or registration submitted to the board.

**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. If you do not want your home or work address available to the public, please provide an alternate mailing address such as a PO Box.

***Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405 (c) (2) (c)) authorizes collection of your social security number. Your social security 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 social security 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.
FOR HOURS GAINED ON OR AFTER JANUARY 1, 2010

The supervisor must complete this form. Use a separate form for each person verifying hours of supervised experience for licensure as a marriage and family therapist and for each employment setting. Complete a separate form for pre-degree and post-degree hours. Make certain that the form is complete and correct prior to signing. Any change should be initialed by the supervisor and is subject to verification. Experience verification forms are to be submitted by the applicant with his or her application for examination eligibility.

(Applicant: Last First Middle)

<table>
<thead>
<tr>
<th>SUPERVISOR: (Please type or print clearly in ink)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Supervisor Name: Last First Middle</td>
</tr>
<tr>
<td>2. Business Phone:</td>
</tr>
<tr>
<td>3. Address: Number and Street City State Zip Code</td>
</tr>
<tr>
<td>4. Name of Applicant’s Employer:</td>
</tr>
<tr>
<td>5. Business Phone:</td>
</tr>
<tr>
<td>6. Employer’s Address: Number and Street City State Zip Code</td>
</tr>
<tr>
<td>7. a. Was this experience gained in a setting that lawfully and regularly provides mental health counseling or psychotherapy? Yes No □</td>
</tr>
<tr>
<td>b. Was this experience gained in a private practice setting? Yes No □</td>
</tr>
<tr>
<td>8. Experience was gained in a setting that provided oversight to ensure that the applicant’s work meets the experience and supervision requirements and is within the scope of practice for the profession? Yes □ No</td>
</tr>
<tr>
<td>9. For interns only, Was the applicant receiving pay for the employment? If yes, attach a copy of the applicant’s W-2 statement for each year experience is claimed. For the current year in which a W-2 has not been issued, submit a copy of a current paystub. Yes □ No</td>
</tr>
<tr>
<td>If applicant volunteered, a letter from the employer verifying volunteer status is required.</td>
</tr>
<tr>
<td>10. Dates of the experience is being claimed From: mm/dd/yyyy To: mm/dd/yyyy</td>
</tr>
<tr>
<td>11. How many weeks of supervised experience are being claimed?</td>
</tr>
<tr>
<td>12. Show only those hours of experience as verified on the weekly summary of hours form. Logged Hours</td>
</tr>
<tr>
<td>a. Individual Psychotherapy (No minimum or maximum hours required)</td>
</tr>
<tr>
<td>b. Couples, families, and children (minimum 500 hours)</td>
</tr>
<tr>
<td>• Of the hours recorded on line 12. b., how many actual hours were gained via conjoint couples and family therapy.</td>
</tr>
<tr>
<td>c. Group Therapy or Counseling (maximum 500 hours)</td>
</tr>
<tr>
<td>d. Telemedicine (maximum 375 hours)</td>
</tr>
<tr>
<td>e. Administering and evaluating psychological tests of counselees, writing clinical reports and progress or process notes (maximum 250 hours)</td>
</tr>
<tr>
<td>f. Workshops, seminars, training sessions, or conferences directly related to marriage, family, and child counseling* (maximum 250 hours)</td>
</tr>
<tr>
<td>g. Client Centered Advocacy (CCA)*</td>
</tr>
</tbody>
</table>

Continued on next page.
### Applicant

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
</table>

### 13. Face-to-face supervision:

<table>
<thead>
<tr>
<th>Hours per week</th>
<th>Logged Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Individual</td>
<td></td>
</tr>
<tr>
<td>b. Group (Group supervision contained no more than 8 persons)</td>
<td></td>
</tr>
</tbody>
</table>

### 14. Supervisor License Information:

<table>
<thead>
<tr>
<th>Type of License</th>
<th>License Number</th>
<th>State of License</th>
<th>Date Originally Licensed</th>
</tr>
</thead>
</table>

If M.D., were you certified in Psychiatry by the American Board of Psychiatry and Neurology during the entire period of supervision?  

Date Board certified: _________________________

Yes [ ] No [ ]

*These categories when combined with credited Personal Psychotherapy shall not exceed 1250 hours of experience.*

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Supervisor: _________________________  Date: _________________________
MARRIAGE AND FAMILY THERAPIST VERIFICATION
OF LICENSURE/REGISTRATION/CERTIFICATION IN ANOTHER STATE

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

Verification For:  ☐ myself  ☐ my supervisor

Name of California Applicant:

Last  First  Middle  Social Security Number:

Name of Individual to be Verified:

Last  First  Middle  License/Reg./Cert. Number

I hereby authorize the release of information to the California Board of Behavioral Sciences.

Signature of Applicant: _______________________________ Date:____________________

TO BE COMPLETED BY STATE BOARD OFFICE VERIFYING LICENSURE – Please return completed form to the address shown above.

1. The above individual is ☐ licensed ☐ registered ☐ certified as a (title) ______________________________ in the state of __________________________________

2. The name of the licensee/registrant/certified individual, as shown in your records:

3. The license/registration/certificate is:

☐ Current  ☐ Temporary  ☐ Canceled  ☐ Lapsed  Issue date: ____________ Expiration date: _______________

Any complaints or disciplinary actions?  ☐ Yes  ☐ No (If Yes, attach an explanation).

4. At the time of licensure/registration/certification this individual met the following requirements:

Required Education:  Degree

From a school that met the following requirements:

Regional accreditation required?

Experience Submitted:

Number of years

Number of direct client contact hours

Total hours of experience

Number of direct supervisor contact hours per week

Supervisor credentials required

Required Examination:  ☐ Yes  ☐ No  If yes, list examination(s), type, title

Signature of Person Completing Form

Printed or Typed Name and Official Title

Agency/Organization Name

Address

Place Board Seal Here

Date

37A-527 (Rev 1/11)
EXAMINATION SECURITY NOTICE

California statutes authorize state agencies to maintain the security of their licensing examinations. Section 123 of the Business and Professions Code states:

"It is a misdemeanor for any person to engage in any conduct which subverts or attempts to subvert any licensing examination or the administration of an examination…"

Conduct that subverts or attempts to subvert a licensing examination includes:

- removal of examination materials from the examination room;
- unauthorized reproduction of any and all portions of a licensing examination;
- acquisition of examination materials before, during, or after the examination;
- preparation or instruction of applicants for the examination with the aid of examination material;
- paying or using professional examination takers to reconstruct any portions of a licensing examination;
- buying, selling, or receiving future, current, or previously administered examination materials;
- communicating with other candidates during the examination or permitting one’s answers to be copied by another candidate;
- impersonating another candidate or having another person take the examination on one’s behalf.

A person found guilty of any of these acts is liable for damages sustained by the agency administering the examination in an amount not to exceed $10,000, plus the costs of litigation. In addition, a board may deny, suspend, revoke, or otherwise restrict the license of an applicant or a licensee who has violated the above.

COMPLETE THIS SECTION

I have read and fully understand the above requirements and hereby certify that I am the person named below who applied for licensure with the Board of Behavioral Sciences.

License Application Type

LCSW ☐ MFT ☐ LEP ☐ LPCC ☐

Candidate’s Name (print) ☐ ☐ ☐

Date of Birth

Candidate’s Signature: ___________________________ Date: ___________________________
PHOTOGRAPHS

Complete and sign form. Affix photograph as indicated below and submit with completed application materials.

Type of application being filed:

- Registration as an Associate Clinical Social Worker
- Registration as a Marriage and Family Therapist Intern
- Licensed Clinical Social Worker Examination Eligibility Application
- Marriage and Family Therapist Examination Eligibility Application
- Educational Psychologist Examination Eligibility Application

Please type or print clearly in ink:

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
<th>Social Security Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Address: Number and Street City State Zip Code

Business Telephone: Residence Telephone:

Passport quality photograph.

- Attach ONE 2” x 2” passport quality photograph taken of you within the last 60 days. Head and Shoulders Only

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Applicant: ____________________________ Date ________________

The Board of Behavioral Sciences does not discriminate on the basis of disability in employment or in the admission and access to its programs or activities.

The Executive Officer of the Board has been designated to coordinate and carry out this agency’s compliance with the nondiscrimination requirements of Title II of the ADA. Information concerning the provisions of the ADA, and the rights provided hereunder, are available from the ADA Coordinator.
IMPORTANT INFORMATION – PLEASE READ

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 Section 11166 and 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 that imprisonment and fine.

For further details about these requirements, consult Penal Code sections 11164 and Welfare and Institutions Code section 15630, and subsequent sections.