



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



**LICENSED MARRIAGE AND FAMILY THERAPIST
APPLICATION FOR LICENSURE AND EXAMINATION
OUT-OF-STATE APPLICANT**

For applicants with an out-of-state degree or license ONLY

Dear Out-of-State Applicant:

Thank you for your interest in becoming a California Licensed Marriage and Family Therapist. 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 LMFT Licensure and Examination
5. Out-of-State Degree Program Certification Form
6. Out-of-State Experience Verification Form (*for Unlicensed Applicants*), Option 1
7. Out-of-State Experience Verification Form (*for Unlicensed Applicants*), Option 2
8. Out-of-State License or Registration Verification Form
9. Examination Security Agreement
10. Instructions for Live Scan Fingerprinting
11. Request for Live Scan Service Form

BOARD OF BEHAVIORAL SCIENCES



Board of Behavioral Sciences
1625 North Market Blvd., Suite S200, Sacramento, CA 95834
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APPLICATION INSTRUCTIONS
LICENSED MARRIAGE AND FAMILY THERAPIST
APPLICATION FOR LICENSURE AND EXAMINATION
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 indicated.* Any omission may result in the application being deficient or delayed.

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).
- **Name Change:** If you have registered with the Board previously and have changed your legal name without notifying the Board, submit a [Notification of Name Change](#) form with your application packet along with the required documentation.
- **Email Address:** Though providing your email address is optional, the Board strongly recommends submission to facilitate communication.

B. PHOTOGRAPH

Should measure approximately 2" X 2" and be taken within 60 days of the filing of this application. Photograph must be of passport quality of your head and shoulders only. Attach the photograph to the application in the space provided.

C. FEES

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 exam fee. The application fee is an earned fee for evaluation of your application and is NOT REFUNDABLE.

D. EXAMINATION SECURITY AGREEMENT

The *Examination Security Agreement* must be completed and signed in ink. Failure to complete this agreement will delay your eligibility to take the examination.

E. FINGERPRINTS

Disregard this section if you are or were previously registered as a California Marriage and Family Therapist intern. The Board requires a Department of Justice (DOJ) and Federal Bureau of Investigation (FBI) criminal history background check on all applicants, as follows:

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 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.

F. VERIFICATION OF LICENSURE OR REGISTRATION IN ANOTHER STATE

Disregard this section if previously registered as a California MFT Intern. 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.**

G. VERIFICATION OF EXPERIENCE

1) Applicants Currently Licensed in Another State:

You do not need to submit verification of your experience if you are currently licensed in a state that requires at least 3,000 hours of experience. If your state requires less than 3,000 hours, you may be able to make up the deficit using time actively licensed (maximum 1,200 hours), as described in the attached *Guide to Out-of-State LMFT Applicant Requirements*. You do not need to submit verification of this experience. If additional hours are needed and will be gained in California, you must be registered as an MFT intern while gaining those hours.

2) Unlicensed Applicants:

Supervised experience must total at least two (2) years (104 supervised weeks) and 3,000 hours, obtained within the six (6) years immediately preceding the date on which your *Application for Licensure and Examination* is received by the Board. Up to 1,300 hours may be gained prior to the issuance of your degree. There are two options for qualifying as described below. Applicants must fully qualify under Option 1 OR Option 2. There is no “mixing and matching” between the two options when calculating hours.

Experience Gained OUTSIDE of California:

Verification should be provided by having your supervisor complete an *Out-of-State Experience Verification* form. Your supervisor’s license may be verified using the *Verification of Licensure in Another State* form. Additional documentation of out-of-state experience (such as W-2 forms, Supervisor Responsibility Statements, etc.) are not required. Use separate *Experience Verification* forms for each supervisor and each employer as follows:

- Use the “OPTION 1” form if you wish to submit all of your hours under the streamlined method/categories. The Board will accept all versions of the *Experience Verification* forms under this method.
- Use the “OPTION 2” form if you wish to submit all of your hours under the multiple category method. All hours must be recorded on any version of the *Experience Verification* form that contains multiple categories.

Experience Gained WITHIN California:

If you gained supervised experience while registered as a MFT intern in California, you must comply with all of the following:

- a) **EXPERIENCE VERIFICATION:** Each supervisor must verify your experience. An *In-State Experience Verification* form is available on the Board’s [website](#) for this purpose. Use separate forms for each supervisor and each employer, as follows:

Experience Gained WITHIN California (continued):

- Use the “OPTION 1” form if you wish to submit hours under the new streamlined method/categories OR if you are remediating Practicum hours (see Section I.2 for requirements). The Board will accept all versions of the *Experience Verification* forms under this method.
- Use the “OPTION 2” form if you wish to submit hours under the pre-existing method (multiple categories). All hours must be recorded on any version of the *Experience Verification* form that contains multiple categories.

Note: “Weekly Summary” forms CANNOT be accepted in place of an experience verification. Do not submit “Weekly Summary” forms unless specifically requested by the Board.

- b) W-2 FORMS: If you were employed while gaining hours as an intern, you must submit copies of your W-2s for each year you are claiming and for each employer. If W-2s are not available for the current year, attach a copy of a current pay stub. If your W-2 does not match the name of your employer listed on the *Experience Verification* form, an explanation is required.
- c) VOLUNTEER LETTER: If you volunteered while an intern, a letter from your employer is required indicating your voluntary status. A sample letter is available on the Board’s [website](#). Be sure that the letter states the time frame (date range) during which you volunteered.
- d) SUPERVISOR RESPONSIBILITY STATEMENT: Submit the original *Supervisor Responsibility Statement* signed by each of your supervisors.

H. VERIFICATION OF DEGREE

1) Applicants previously registered with the Board as a MFT intern:

You have already met the requirements of this section as you were required to submit these documents with your intern application - skip to Section K.

2) Applicants who have never registered with the Board as a MFT intern:

All of the following items are required:

a) TRANSCRIPTS:

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

b) DEGREE PROGRAM CERTIFICATION:

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

c) 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 which must be 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 THAT HAS BEEN 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 #2a above.

I. 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. Units must be remediated before the Board can approve your *Application for Licensure and Examination* and can be gained while registered as an intern.
- If you were required to remediate overall units and did not provide documentation previously, provide an official transcript IN AN ENVELOPE SEALED BY THE EDUCATIONAL INSTITUTION.

2) PRACTICUM:

A minimum of 6 semester units or 9 quarter units of practicum, which included at least 225 hours of face-to-face experience counseling individuals, couples, families or groups is required as indicated below (the 225 hours may include up to 75 hours of client-centered advocacy experience):

- Unlicensed applicants:

Your degree program must contain a minimum of 6 semester units or 9 quarter units of practicum and meet the 225-hour requirement described above, or your 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.

- Provide verification of remediated practicum hours by submitting a signed *Experience Verification, Form 1*. Note: 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 that holds a regional or national institutional accreditation that is recognized by the U.S. Department of Education, or a school approved by the California Bureau for Private Postsecondary Education (BPPE).

J. CALIFORNIA LAW AND ETHICS COURSE

1) Applicants previously registered with the Board as a MFT Intern:

You have already met the requirements of this section - skip to Section K.

2) Applicants who have never registered with the Board as a MFT Intern:

You must submit documentation of completion of a California Law and Ethics course with your 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\(b\)\(2\)\(A\)](#) for course content requirements.
 - The required 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 acceptable 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 a 2 semester unit or 3 quarter unit California course. See [BPC section 4980.81\(a\)\(7\)](#) for course content requirements.
 - The required 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.

K. ADDITIONAL COURSEWORK

Submit proof of completion of all courses listed on the following pages. If you submitted documentation of completion with a prior application, it is not necessary for you to resubmit this information.

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

See the Board's [Statutes and Regulations](#) for required content.

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

ADDITIONAL COURSEWORK REQUIRED

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

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

Continued on next page

ADDITIONAL COURSEWORK REQUIRED

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

Course	Length	Content Required
h) Aging, Long Term Care and Elder/Dependent Adult Abuse	10 hours	BPC section 4980.81(a)(4)(A)(ii)
i) Spousal/Partner Abuse Assessment, Detection and Intervention	15 hours	BPC section 4980.81(a)(4)(A)(iii)
j) Multicultural Development and Cross-Cultural Interaction	15 hours	BPC section 4980.81(a)(5)
k) Human Sexuality	10 hours	BPC sections 25 and 4980.81(a)(6)
l) Substance Use Disorders	15 hours	BPC section 4980.81(a)(7)
m) Co-Occurring Disorders and Addiction	15 hours	BPC section 4980.81(a)(7)
n) Miscellaneous Content Required <ul style="list-style-type: none"> • Childbirth, child rearing, parenting and step-parenting • Marriage, divorce and blended families • Cultural factors relevant to abuse of partners and family members • Poverty and deprivation • Financial and social stress • Effects of trauma • 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 	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)

L. 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

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](#).

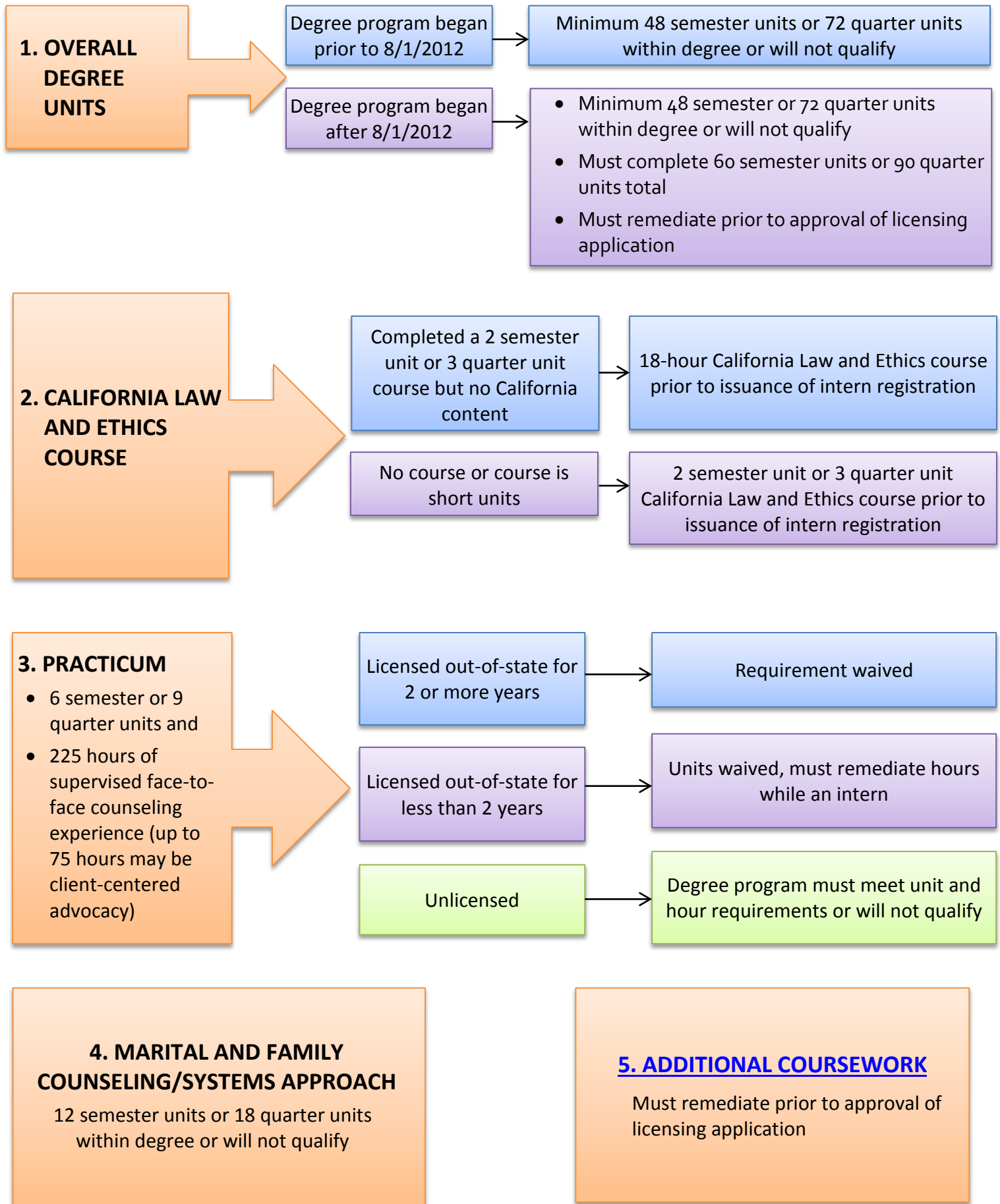
For questions about **educational** requirements, contact: bbs.imf@dca.ca.gov

For questions about supervised **experience** requirements, contact: 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





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1625 North Market Blvd., Suite S200, Sacramento, CA 95834
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IMPORTANT INFORMATION FOR APPLICANTS SUBMITTING AN LMFT APPLICATION FOR LICENSURE AND EXAMINATION

1. VETERANS HONORABLY DISCHARGED RECEIVE EXPEDITED REVIEW

The Board is required to expedite the licensure process for an applicant who is a honorably discharged veteran of the U.S. Armed Forces. Download the request form from the Board's [website](#) and include it ON TOP OF your application.

2. SPOUSES OR PARTNERS OF PERSONS ON ACTIVE MILITARY DUTY RECEIVE EXPEDITED REVIEW

The Board is required to expedite the licensure process for an applicant whose spouse or 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. ABANDONMENT OF LICENSURE APPLICATION

An application shall be deemed abandoned in any of the circumstances described below. Abandonment could have major consequences, including the loss of any experience hours more than six (6) years old at the time of application. Per Title 16, California Code of Regulations Section 1806, an application shall be deemed abandoned when:

- Applicant does not submit evidence that he or she has cleared the deficiencies specified in the deficiency letter within one (1) year from the date of the initial deficiency letter.
- Applicant fails to sit for examination within one (1) year after being notified of eligibility.
- Applicant fails to pay the initial license fee within one (1) year after notification by the board of successful completion of examination requirements.

To re-open an abandoned application, you must submit a new application, fee and all

required documentation, as well as meet all current licensure requirements in effect at the time the new application is submitted.

5. EXAMINATION

Once the Board evaluates your application, you will receive one of the following:

- A notice describing any deficiencies in your application OR
- A notice of eligibility to take the examination.
 - You will not be eligible to take the LMFT California Clinical Exam until you have passed the LMFT California Law and Ethics Exam. You will receive information on registering for each exam upon approval of your application.

The examinations contain objective multiple-choice questions and are offered at locations throughout California and in other states. Upon receipt of your notice of eligibility, it is your responsibility to contact the testing administrator to schedule your examination. Further information about the examination process is provided on the Board's [website](#).

6. REQUESTS FOR TESTING ACCOMMODATIONS

Pursuant to Title II of the Americans with Disabilities Act (ADA) and California law, the Board will provide reasonable accommodations to qualified candidates with mental disabilities, physical disabilities, or other qualifying medical conditions which limit a major life activity or a major bodily function.

Accommodations may be made to the regular testing environment, and auxiliary aids and services may be provided that allow applicants with disabilities to demonstrate their true aptitude. However, the Board will not provide accommodations that fundamentally alter the measurement of the skills or knowledge the examination is intended to test.

- Candidates do NOT need to request an accommodation for a physically accessible exam site, as all sites are physically accessible.
- A testing accommodation CANNOT be provided at the examination site unless prior approval has been granted. DO NOT SCHEDULE YOUR EXAMINATION UNTIL YOUR ACCOMMODATION HAS BEEN APPROVED. Otherwise, the testing vendor will be unable to provide your requested accommodation.
- A candidate who seeks an accommodation is responsible for submitting the request and providing reasonable documentation to substantiate the need for accommodation. Refer to the *Candidate Request for Testing Accommodation* packet, available on the Board's [website](#), for instructions on how to submit your request, or contact the Board directly to request the packet be mailed to you.

PROCESSING TIME WILL VARY DEPENDING ON THE VOLUME OF REQUESTS RECEIVED FROM APPLICANTS.

7. NONDISCRIMINATION AND ADA COORDINATOR

The Executive Officer of the Board has been designated to coordinate and carry out the Board's compliance with the nondiscrimination requirements of Title II of the Americans with Disabilities Act (ADA). Information concerning the provisions of the ADA, and the rights provided thereunder, are available from the ADA coordinator.

8. EXAM REQUIREMENT FOR RENEWAL OF INTERN REGISTRATION

If you continue to hold an intern registration after submitting your *Application for Licensure and Examination*, you will be required to take the LMFT California Law and Ethics Exam in order to renew. A registration will not be renewable until the exam has been taken. For more information, see [Examination News](#) on the Board's website.

9. INITIAL LICENSE APPLICATION AND FEE

Once you have passed both examinations, you will be required to submit a *Request for Initial License* form, along with the fee indicated on the form, in order to have your license issued. This form is available on the Board's [website](#), or you may request one be mailed to you.

10. 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.

11. 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.

12. MANDATORY REPORTER

Under California law each person licensed by the Board is a "mandated reporter" for both child, elder and/or dependent adult abuse or neglect. 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.

13. 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.

14. STATE TAX OBLIGATION – EFFECTIVE JULY 1, 2012

Pursuant to Business and Professions Code section 31(e), the State Board of Equalization and the Franchise Tax Board may share taxpayer information with the Board. If a licensee or applicant does not pay his or her state tax obligation, his or her license or registration may be suspended.

15. 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. 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.

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LICENSED MARRIAGE AND FAMILY THERAPIST

OUT-OF-STATE APPLICATION FOR LICENSURE AND EXAMINATION

For applicants with an out-of-state degree or license ONLY

\$200 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 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. Under which method are you requesting your supervised experience hours be evaluated? Option 1 (New Method) Option 2 (Pre-existing Method)

Note: *You must fully qualify under either Option 1 or Option 2. There is no "mixing and matching between the two options. See application instructions for more information.*

14. *IF you selected "Option 2" above, and you wish to claim hours of Personal Psychotherapy received, complete the following:*

Name of Therapist	License Number	Start Date	End Date	Total Hours
				___ X 3 = ___
				___ X 3 = ___
				___ X 3 = ___

Applicant Name: Last	First	Middle
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EDUCATION

15. **OVERALL UNITS:** Were you required to remediate overall units for your degree program as described in the application instructions? Yes No

If YES, attach documentation of completion unless previously submitted.

16. **CA LAW AND ETHICS:** Have you completed the required course in California Law and Ethics as described in the application instructions? Yes No

If YES, attach documentation of completion unless previously submitted.

17. **ADDITIONAL COURSEWORK:** Mark the box and list the title of the courses you have completed and the school(s) where taken below. See application instructions for information on hour and content requirements. *Submit documentation of completion unless previously submitted.*

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): _____

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): _____

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

Completed?

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 and Intervention*

Course Title(s): _____

School Name(s): _____

j) *Multicultural Development and Cross-Cultural Interaction*

Course Title(s): _____

School Name(s): _____

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): _____

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

Completed?

n) Miscellaneous Content (see application instructions section K.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 18th birthday, unless you were charged as an adult;
- Charges dismissed under section 1000.3 of the Penal Code;
- Convictions under sections 11357(b), (c), (d), (e) or section 11360(b) of the Health and Safety Code which are two (2) years or older;
- Traffic violations for which a fine of \$500 or less was imposed; or
- Infractions

Yes No

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

You must disclose convictions even if previously reported to the Board. However, it is not necessary for you to resubmit documentation previously on file. Instead, provide a written statement indicating that you believe the information is already on file.

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

DO NOT INCLUDE:

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

Yes No

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

Applicant Name: Last	First	Middle
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C. Have you ever been denied a professional license (“license” includes registrations, certificates, or other means to engage in practice) OR had a professional license privilege suspended, revoked, or otherwise disciplined, OR voluntarily surrendered any such license in California or any other state or territory of the United States, or by any other governmental agency or a foreign country?

Yes No

If YES, you must complete Part C of the [Background Statement](#) form, available on the Board’s website. Disclosure is required even if previously reported to the Board. However, it is not necessary for you to resubmit documentation previously on file. Instead, provide a written statement indicating that you believe the information is already on file.

D. Does your current use of chemical substances in any way impair or limit your ability to interact safely with the public while engaging in the practice of marriage and family therapy?

Yes No N/A

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

NOTE: Knowingly providing false information or omitting pertinent information may be grounds for denial of this application. The board has the right to refuse to issue any registration or license, or may suspend or revoke the license or registration of any registrant or licensee if the applicant secures the license or registration by fraud, deceit, or misrepresentation.

Signature of Applicant: _____ **Date:** _____

** You must use your legal name. Your “legal name” is the name established legally by your birth certificate, marriage or domestic partnership certificate, or divorce decree (for example).*

**** The address you enter on this application is public information and will be placed on the Internet pursuant to Business and Professions Code section 27. All correspondence from the Board will be mailed to this address. If you do not want your home or work address available to the public, use an alternate mailing address such as a post office box.**

***** Disclosure of your tax identification number is mandatory. You may provide either your Social Security Number, Federal Employer Identification Number, or Individual Taxpayer Identification Number, as applicable. This number must match the number you provide on your fingerprint forms. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405 (c) (2) (c)) authorizes collection of these tax identification numbers. Your tax identification number will not be deemed a public record and shall not be open to the public. Your tax identification number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your tax identification number, your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.**

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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
 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): _____

CERTIFICATION

I hereby certify that all of the foregoing is true and correct

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 EXPERIENCE VERIFICATION FOR
UNLICENSED APPLICANTS
OPTION 1 – STREAMLINED METHOD

This form is for unlicensed applicants. It must be completed by the applicant's out-of-state supervisor and submitted by the applicant with his or her *Application for Licensure and Examination*. All information on this form is subject to verification.

- Use this "Option 1" form to report hours under the streamlined method
- Use separate forms for pre-degree and post-degree experience
- Use separate forms for each supervisor and each employment setting
- Ensure that the form is complete and correct prior to signing
- Provide an original signature and have the supervisor initial any changes

The hours on this form were earned as (mark one): <input type="checkbox"/> Pre-Degree <input type="checkbox"/> Post-Degree
--

APPLICANT NAME:

Last	First	Middle	Intern Number IMF
------	-------	--------	----------------------

SUPERVISOR INFORMATION:

Supervisor's Name	Telephone	Email Address (OPTIONAL)
License Type	License Number	State
		Date First Licensed

- Physicians: Were you certified in Psychiatry by the American Board of Psychiatry and Neurology during the entire period of supervision?

No Yes: Date Board Certified: _____ Certification Number: _____

Applicant: Last	First	Middle
-----------------	-------	--------

APPLICANT'S EMPLOYER INFORMATION:

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

EXPERIENCE INFORMATION:

1. Dates of experience being claimed:	From: _____ mm/dd/yyyy	To: _____ mm/dd/yyyy
2. How many weeks of supervised experience are being claimed? _____ weeks		
3. Hours of Experience:		Total Hours
a. Total Direct Counseling Experience (<i>Minimum 1,750 hours</i>)		
<ul style="list-style-type: none"> Of the above hours, how many were gained diagnosing and treating Couples, Families and Children? (<i>Minimum 500 of the 1,750 hours</i>) 		
b. Total Non-Clinical Experience (<i>Maximum 1,250 hours</i>)		
<ul style="list-style-type: none"> Of the above hours, how many were face-to-face Supervision? 		Hours Per Week
<input type="radio"/> Individual		
<input type="radio"/> Group		

NOTE: Knowingly providing false information or omitting pertinent information may be grounds for denial of the application. The Board may take disciplinary action on a licensee who helps an applicant obtain a license by fraud, deceit or misrepresentation. All information on this form is subject to verification.

Signature of Supervisor: _____ Date: _____



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LICENSED MARRIAGE AND FAMILY THERAPIST
OUT-OF-STATE EXPERIENCE VERIFICATION FOR
UNLICENSED APPLICANTS

OPTION 2 – MULTIPLE CATEGORY METHOD

This form is for unlicensed applicants. It must be completed by the applicant's out-of-state supervisor and submitted by the applicant with his or her *Application for Licensure and Examination*. All information on this form is subject to verification.

- Use this "Option 2" form for reporting hours under the "multiple category" method
- Use separate forms for pre-degree and post-degree experience
- Use separate forms for each supervisor and each employment setting
- Make sure that the form is complete and correct prior to signing
- Provide an original signature and have the supervisor initial any changes
- For your hours to qualify under "Option 2," your *Application for Licensure and Examination* MUST be postmarked by December 31, 2020.

The hours on this form were earned (mark one):

- Pre-Degree
 Post-Degree

APPLICANT NAME:

Last	First	Middle	Intern Number
------	-------	--------	---------------

SUPERVISOR INFORMATION:

Supervisor's Name		Telephone	Email Address (OPTIONAL)
License Type	License Number	State	Date First Licensed

- Physicians: Were you certified in Psychiatry by the American Board of Psychiatry and Neurology during the entire period of supervision? N/A No Yes:

Date Certified: _____

Certification Number: _____

Applicant: Last	First	Middle
-----------------	-------	--------

APPLICANT'S EMPLOYER INFORMATION:

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

EXPERIENCE INFORMATION:

1. Dates of experience being claimed:	From: _____ mm/dd/yyyy	To: _____ mm/dd/yyyy
2. How many weeks of supervised experience are being claimed? _____ weeks		
3. Hours of Experience:	Total Hours	
a. Individual Psychotherapy (No minimum or maximum hours required)		
b. Couples, families, and children (Minimum 500 hours*)		
• Of the hours recorded on line 3.b, how many <u>actual hours</u> were gained providing conjoint couples and family therapy?		
c. Group Therapy or Counseling (Maximum 500 hours)		
d. Telehealth Counseling (Maximum 375 hours)		
e. Workshops, seminars, training sessions, or conferences** (Maximum 250 hours)		
For "f" and "g" below, list the number of hours earned during the time frames indicated:	2010 & 2011	2012 & Later
f. Administering and evaluating psychological tests of counselees, writing clinical reports and progress or process notes		
g. Client-Centered Advocacy		
4. Face-to-face supervision**:	Hours Per Week	Total Hours
a. Individual		
b. Group		

NOTE: Knowingly providing false information or omitting pertinent information may be grounds for denial of the application. The Board may take disciplinary action on a licensee who helps an applicant obtain a license by fraud, deceit or misrepresentation. All information on this form is subject to verification.

Signature of Supervisor: _____ Date: _____

* Up to 150 hours treating couples and families may be double-counted toward the 500 total required

** These categories when combined with credited Personal Psychotherapy shall not exceed 1,000 hours



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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.

- Full name as shown in your records: _____
- License or Registration Title: _____
- 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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EXAMINATION SECURITY AGREEMENT

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

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

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

- Removal of examination materials from the examination room;
- Unauthorized reproduction of any and all portions of a licensing examination;
- Acquisition of examination materials before, during, or after the examination;
- Preparation or instruction of applicants for the examination with the aid of examination material;
- Paying or using professional examination takers to reconstruct any portions of a licensing examination;
- Buying, selling, or receiving future, current, or previously administered examination materials;
- Communicating with other candidates during the examination or permitting one's answers to be copied by another candidate;
- Impersonating another candidate or having another person take the examination on one's behalf.

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

COMPLETE THIS SECTION

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

License Application Type: LCSW MFT LEP LPCC

Candidate's Name: _____
 (print) Last First Middle

Date of Birth: _____

Candidate's
 Signature: _____ Date _____



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Telephone: (916) 574-7830 TTY: (800) 326-2297
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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 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.

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:

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

Hair Color: Indicate hair color abbreviation:

BAL - Bald	BRO - Brown	SDY - Sandy	BLK - Black
GRY - Gray	WHI - White	BLN - Blonde	RED - 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)**

- | | |
|---|---|
| <input type="checkbox"/> Marriage and Family Therapist | <input type="checkbox"/> Clinical Social Worker |
| <input type="checkbox"/> Educational Psychologist | <input type="checkbox"/> 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