



Board of Behavioral Sciences

1625 North Market Blvd., Suite S200, Sacramento, CA 95834
 Telephone: (916) 574-7830 TTY: (800) 326-2297 FAX: (916) 574-8626
www.bbs.ca.gov



LICENSED MARRIAGE AND FAMILY THERAPIST REQUEST FOR EXAMINATION OR RE-EXAMINATION

APPROPRIATE FEE MUST ACCOMPANY THIS FORM

Make check payable to - Behavioral Sciences Fund

ALLOW A MINIMUM OF 4-6 WEEKS TO RECEIVE NOTICE OF ELIGIBILITY

TYPE OF EXAM REQUESTED:

- WRITTEN- \$100.00
 WRITTEN CLINICAL VIGNETTE- \$100.00

For Office Use Only
 Cashiering No.

(Please type or print clearly in ink)

1. Social Security Number*:		2. BBS File Number:	
3. Legal name**:	Last	First	Middle
4. Maiden name and/or any other alias			
5. Address of Record***:		Number and Street	
City		State	Zip Code
Is this a new address? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, we will update our records accordingly.			
6. Business Telephone:		7. Residence telephone:	8. E-Mail Address:

SINCE YOU FILED YOUR LAST APPLICATION OR REQUEST FORM:

9. 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 \$500.00 or less was imposed.) Yes No
 If YES, attach your explanation and related documents.
10. 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.

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

 Signature of Applicant

 Date

* 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 registration will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

**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.

PLEASE NOTE:

- A. **ABANDONMENT OF LICENSURE APPLICATION.** In accordance with Title 16, California Code of Regulations Section 1806, an application shall be deemed abandoned in any of the following circumstances:
- The applicant fails to sit for the standard written examination within one (1) year after being notified of initial eligibility to take the standard written examination;
 - The applicant fails to sit for the clinical vignette examination within one (1) year of being notified of passing the standard written examination; or,
 - An applicant fails to retake an examination within one (1) year from the date the applicant was notified of failing an examination.

An application submitted after an application has been abandoned shall be treated as a new application, including any fees required, and current requirements.

- B. **FEE.** Submit a check or money order made payable to the Behavioral Sciences Fund. **Examination fees are not refundable.**
- C. **TESTING ACCOMMODATIONS.** 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 or download the forms from the Board's web site.

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.