



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



NOTIFICATION OF ADDRESSES

Please complete this Notification of Addresses. This form must be returned to the Board of Behavioral Sciences, **POSTMARKED NO LATER THAN 15 DAYS PRIOR TO THE EFFECTIVE DATE OF THE FINAL DECISION**. Indicate which address should be used for purposes of probation monitoring.

Name (as it appears on license or registration)		License/Registration Number		
Residence Address: Number and Street		City	State	Zip Code
Residence Telephone		Pager Number/Cell Phone		
E-mail Address		Website Addresses (List all website affiliations)		
*Address of Record: Number and Street		City	State	Zip Code
Business Telephone		Fax Number		
EMPLOYMENT (list all employers, including private practice settings)				
Employer		Telephone		
Address: Number and Street		City	State	Zip Code
Employer		Telephone		
Address: Number and Street		City	State	Zip Code
Indicate below which address/phone number(s) should be used for purposes of probation monitoring				
Address: Number and Street		City	State	Zip Code
Telephone #1		Telephone #2		

I certify that the above information is true and correct. Knowingly providing false information or omitting pertinent information may be grounds for revocation of probation.

Signature of Registrant/Licensee

Date

**The address of record you enter on this 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.*