



Board of Behavioral Sciences
 1625 North Market Blvd., Suite S200, Sacramento, CA 95834
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REMEDIAL EDUCATION PROPOSED PLAN

Name: _____

Deadline for submission of Plan to the Board: _____

Deadline for completion for this plan: _____

Proposed for Compliance with all Education Required:

1st year 2nd year 3rd year 4th year 5th year

Other (specify clearly to which part of the Decision this relates):

For Office Use Only:

A. Approved _____	Not Approved _____
B. Approved _____	Not Approved _____
C. Approved _____	Not Approved _____
D. Approved _____	Not Approved _____
E. Approved _____	Not Approved _____
F. Approved _____	Not Approved _____

List all proposed coursework below. Attach a course description/syllabus for EACH course.

Remedial Education Requirement	Proposed Course
<p>A. Type _____ Number of Units _____ Or Number of Clock Hours _____</p>	<p>A. Title _____ Provider _____ From _____ to _____ Number of Units _____ Number of Clock Hours _____</p>
<p>B. Type _____ Number of Units _____ Or Number of Clock Hours _____</p>	<p>B. Title _____ Provider _____ From _____ to _____ Number of Units _____ Number of Clock Hours _____</p>
<p>C. Type _____ Number of Units _____ Or Number of Clock Hours _____</p>	<p>C. Title _____ Provider _____ From _____ to _____ Number of Units _____ Number of Clock Hours _____</p>

REMEDIAL EDUCATION PROPOSED PLAN

Name: _____

Remedial Education Requirement	Proposed Course
<p>D. Type _____ Number of Units _____ Or Number of Clock Hours _____</p>	<p>D. Title _____ Provider _____ From _____ to _____ Number of Units _____ Number of Clock Hours _____</p>
<p>E. Type _____ Number of Units _____ Or Number of Clock Hours _____</p>	<p>E. Title _____ Provider _____ From _____ to _____ Number of Units _____ Number of Clock Hours _____</p>
<p>F. Type _____ Number of Units _____ Or Number of Clock Hours _____</p>	<p>F. Title _____ Provider _____ From _____ to _____ Number of Units _____ Number of Clock Hours _____</p>