

**BOARD OF BEHAVIORAL SCIENCES**

400 R STREET, SUITE 3150, SACRAMENTO, CA 95814

TELEPHONE: (916) 445-4933

WEBSITE ADDRESS: <http://www.bbs.ca.gov>

STATE OF CALIFORNIA

CONTINUING EDUCATION (CE)**PROVIDER APPLICATION**

1800 37A-633(-REV. 02/09)

BOARD OF BEHAVIORAL SCIENCES

1625 NORTH MARKET BLVD., SUITE S200, SACRAMENTO, CA 95834

TELEPHONE: (916) 574-7830 TDD: (916) 322-1700

WEB SITE ADDRESS: <http://www.bbs.ca.gov>**CONTINUING EDUCATION (CE)****PROVIDER APPLICATION****\$200 FEE (Non-refundable)***(please type or print clearly in ink - use additional paper as necessary)*

For Office Use Only:

Cashiering No.: _____

File No. _____

Approval No.: _____

1. PROVIDER NAME *(limited to 40 characters)*

2. BUSINESS PHONE NUMBER

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3. MAILING ADDRESS *(street address, city, state, zip)*EMAIL OR WEBSITE ADDRESS *(optional)*

TAXPAYER ID NUMBER

WILL OFFER ON-LINE COURSES

YES NO 4. ORGANIZATION TYPE *(select one)* association licensed health facility governmental agency other *(please specify):* 4-yr institution of higher learning other educational organization corporation non-profit corporation partnership individual;

TYPE: _____ LIC. # _____

5. CALIF. DEPT. OF CONSUMER AFFAIRS LICENSES/REGISTRATIONS *(list those held **only** by the provider)*

type _____ number _____ expiration date _____

type _____ number _____ expiration date _____

5. HAVE YOU OR YOUR AGENCY EVER APPLIED TO BE A PROVIDER WITH THIS BOARD BEFORE? YES NO

IF APPROVED, PCE # _____

IF DENIED, DATE OF DENIAL _____

6. CE COORDINATOR NAME

7. CE COORDINATOR PHONE NUMBER

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8. COURSE SUBJECT MATTER(S) *(list subject matter - attach course outlines and an explanation of how each course relates to the scope of practice for LCSWs, LEPs or MFTs)*

9. INSTRUCTOR QUALIFICATIONS (*check all that apply - attach instructor resumes*)

- license, registration, or certificate in an area related to the course subject matter
- master's or higher degree in an area related to the course subject matter
- training, certification, or teaching experience in subject matter related to the course subject matter
- at least 2 years' experience in an area related to the course subject matter
- other (*please specify*):

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

CE Coordinator Signature

Date

1800 37A 633 (NEW 5/97)

- PLEASE ALLOW 6 TO 8 WEEKS FOR PROCESSING -

CE PROVIDER APPLICATION INSTRUCTIONS

SUBMIT YOUR COMPLETED APPLICATION AND FEE TO THE:
~~BOARD OF BEHAVIORAL SCIENCES, CONTINUING EDUCATION~~
~~PROGRAM, 400 R STREET, SUITE 3150, SACRAMENTO, CA~~
~~95814-6240.~~

<p><u>BOARD OF BEHAVIORAL SCIENCES</u> <u>CONTINUING EDUCATION PROGRAM</u> <u>1625 NORTH MARKET BLVD. SUITE S200</u> <u>SACRAMENTO, CA 95834</u></p>
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1. ~~PROVIDER NAME~~ **PROVIDER NAME:** Full full-business name or individual's name (limited to 40 characters)
NOTE: *If provider is an individual, the provider will be listed by last name then first name.*
2. ~~BUSINESS PHONE NUMBER~~ **BUSINESS PHONE NUMBER:** ~~The~~ the-business phone number will be provided to licensees upon request.
3. ~~MAILING ADDRESS~~ **MAILING ADDRESS:** ~~This the mailing address will be provided to licensees upon request~~ is public information and will be placed on the internet.
4. ~~ORGANIZATION TYPE~~ **ORGANIZATION TYPE:** ~~The~~ the primary organization type of the provider - collected for statistical purposes.
5. ~~DCA LICENSES/REGISTRATIONS:~~ licenses/registrations issued by any licensing board or committee under the California Department of Consumer Affairs (Board of Behavioral Sciences, Board of Psychology, Board of Registered Nursing, etc.) which are held by the **provider** — do **not** list any licenses or registrations which are held by just the CE coordinator or instructors
5. **HAVE YOU OR YOUR AGENCY EVER APPLIED TO BE A PROVIDER WITH THIS BOARD:** This information is requested for historical purposes only and will not have any bearing on your current request for approval.
6. ~~CE COORDINATOR NAME~~ **CE COORDINATOR NAME:** ~~The~~ the individual responsible for administering the provider's CE program – this person will be the primary contact for the Board of Behavioral Sciences.
7. ~~CE COORDINATOR PHONE NUMBER~~ **CE COORDINATOR PHONE NUMBER:** ~~The~~ the CE Coordinator's phone number if different from business phone number will **not** be provided to licensees.
8. ~~COURSE SUBJECT MATTER(S)~~ **COURSE SUBJECT MATTER:** A a-description of the types of subject matter to be covered in future ~~MFCMFT/LCSW~~ courses offered by the provider. This —~~this~~-list does not have to be all-inclusive - but must include documentation that ~~which~~-demonstrates subject matter (e.g., ads, course outlines, catalogs). If —~~if~~-the provider does not have any courses planned at this time, list a sampling of the courses provided in the past.
9. ~~INSTRUCTOR QUALIFICATIONS~~ **INSTRUCTOR QUALIFICATIONS:** ~~Each~~-each-instructor must have at least two of the four qualifications listed – check ~~all~~-the boxes that apply and include documentation (e.g., resumes, curriculum vitae, biographical synopses) which ~~that~~ demonstrates qualifications for a **sampling** (one to four) of the instructors.

INFORMATION COLLECTION, ACCESS, AND DISCLOSURE

The information provided on this application is maintained by the Executive Officer of the Board of Behavioral Sciences, 400 R Street, Suite 3150, Sacramento, CA 95814-6440, 1625 North Market Blvd., Suite S200, Sacramento, CA 95834, under the authority granted by the Business and Professions Code, Division 2, Chapter 13, Article 1, Section 4980.54, Chapter 13.5, Article 3, Section 4989.34 and Chapter 14, Article 4, Section 4996.22.

→→→ **IT IS MANDATORY THAT YOU PROVIDE ALL INFORMATION REQUESTED. OMISSION OF ANY ITEM OF INFORMATION WILL RESULT IN THE APPLICATION BEING REJECTED AS**

INCOMPLETE.

Your completed application becomes the property of the Board of Behavioral Sciences and will be used by authorized personnel to determine your eligibility for approval as a provider of continuing education. Information on your application may be transferred to other governmental or law enforcement agencies.

You have the right to review the records maintained on you by the Board ~~board~~ unless the records are identified as confidential information pursuant to the Public Records Act or are exempted by Section 1798.40 of the Civil Code. You may gain access to the information by contacting the Board ~~board~~ at the above address.