

**REQUEST FOR CONTINUING EDUCATION
EXCEPTION – LICENSEE APPLICATION**

1800 37A-635 (NEW- 5/07-Revised 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

This form must be received by the Board at least sixty (60) days prior to the expiration date of the license.

READ REVERSE SIDE INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Any unanswered item will cause this request to be incomplete. Incomplete requests will not be processed.

For Office Use Only:

Date Received _____

Date Approved _____ Denied _____

Date of Audit (if applicable) _____

Enforcement Approval Yes No Date: _____

(Please type or print clearly in ink)

Part 1 To be completed by applicant/licensee

*NAME: Last First Middle

BUSINESS TELEPHONE: RESIDENCE TELEPHONE:

ADDRESS OF RECORD: Number and Street City State Zip Code

SOCIAL SECURITY NUMBER: LICENSE NUMBER: RENEWAL PERIOD REQUESTING EXCEPTION FOR: _____ / _____ / _____ TO _____ / _____ / _____

REASON FOR EXCEPTION: (Check one box only)

Health (Complete Part 2) **Health-Family** (Complete Part 2) **Military** (submit proof) **Out of Country** (submit proof)

Part 2 To be completed by licensee to explain medical condition or disability.

Please attach extra sheets if necessary. attending physician/psychologist

1. Provide a detailed description of the ~~physical or mental~~ physical or mental disability or medical condition and an explanation as to how the disability or medical condition ~~limits~~ interferes with one or more major life activities, including the licensee's ability to complete 36 hours of Continuing Education through classroom/seminar attendance, home study, Internet courses over a two-year period. Please attach additional sheets, if necessary.

Approximate date disability began: _____ disability is Temporary Permanent
If temporary, approximate date licensee will be able to continue his/her Continuing Education: _____

Is licensee limited in working in his/her licensed capacity? Yes No
If yes, please explain limitations: _____

2. Attach completed "Request for Continuing Education Exception – Verification of Disability or Medical Condition," Form No. 37A-636 (New 02/09).

3. What type of accommodation are you requesting?

Total Exception from Continuing Education Requirements – *By checking this box you are certifying that for at least one year during your previous license renewal period you were prevented from completing the continuing education requirements due to one of the following: (a) total physical and/or mental disability; or, (b) total physical and/or mental disability of an immediate family member, including a domestic partner, where you were the primary caregiver for that family member.*

Request to Complete all Continuing Education Hours via Self -Study – *By checking this box you are certifying that for at least one year during your previous license renewal period you were prevented from completing the interactive continuing education requirements due to one of the following: (a) physical and/or mental disability or medical condition; or, (b) physical and/or mental disability or medical condition of an immediate family member, including a domestic partner, where you are the primary caregiver for that family member.*

4. Explain how another accommodation would allow you to comply with the continuing education requirements.

Attending Physician's/Psychologist's Name	License Number	Business Telephone	
Attending Physician's/Psychologist's Address	City	State	Zip Code

I declare under penalty of perjury under the laws of the State of California that I have read and understand the foregoing and that I meet all of the information that I have criteria stated herein and the information submitted on this form and on any accompanying attachments is true and correct. Providing false information or omitting required information are grounds for disciplinary action.

_____ Date _____ Signature of Licensee

_____ Date _____ Signature of Physician/Psychologist

** Business and Professions Code Sections 4982(b) and 4992.3(b) gives the board the right to refuse issuance of any registration or license, or to suspend or revoke the registration or license of any registrant or licensee if the applicant secures the registration or license by fraud, deceit, or misrepresentation on any application for registration or licensure submitted to the board.*

(OVER)

Certifying on your renewal form that you have either completed the required hours of continuing education or been granted an exception from the continuing education requirements prior to receiving the approved exception may constitute a violation of Business and Professions Code Sections 4982(b), 4989.54 (b) and 4992.3(b).

EXCEPTIONS FROM THE CE REQUIREMENT

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 Section 4980.54, 4989.34 and 4996.22 and Title 16 California Code of Regulations (CCR) Section 1887.2 for the purpose of determining eligibility for a "good cause" exception to the Board's continuing education requirements. Submission of your social security number is voluntary. Submission of other personal information such as name, license number and medical history, is mandatory. The Board cannot process your request for exception to the continuing education requirements unless you provide all of the other requested personal information on this form. We make every effort to protect the personal information you provide us. However, the information may be transferred to other governmental and enforcement agencies, or provided in response to a court order or subpoena. You have a right of access to records containing personal information about you maintained by the Board, unless the records are exempt from disclosure by Section 1798.40 of the California Civil Code. Individuals may obtain information regarding the location of his or her records by contacting the Public Records Request Coordinator at the following address and telephone number: 1625 North Market Blvd., Suite S-200, Sacramento, CA 95834 or (916) 574-7830.

~~Section 1887.2(c) of the California Code of Regulations outlines three reasons for which the board will grant exception and the board's procedure for processing these requests.~~

Exception Regulation, 16 CCR Section 1887.2(c)

(c) A licensee may submit a written request for exception from, or reasonable accommodation for, the continuing education requirement, on a form entitled "Request for Continuing Education Exception," Form No. 1800 37A-635 (Revised 02/09) for any of the reasons listed below. The request must be submitted to the board at least sixty (60) days prior to the expiration date of the license. The board will notify the licensee, within thirty (30) working days after receipt of the request for exception or reasonable accommodation, whether the exception or accommodation was granted. If the request for exception or accommodation is denied, the licensee is responsible for completing the full amount of continuing education required for license renewal. If the request for exception or accommodation is approved, it shall be valid for one renewal period. ~~The board shall grant the exception if the licensee can provide evidence, satisfactory to the board, that:~~

(1) The Board shall grant an exception if the licensee can provide evidence, satisfactory to the board that:

(4) (A) For at least one year during the licensee's previous license renewal period the licensee was absent from California due to military service;

(2) (B) For at least one year during the licensee's previous license renewal period the licensee resided in another country; or

(3) (2) ~~The board may grant a reasonable accommodation if, During for at least one year during the licensee's previous license renewal period, the licensee or an immediate family member, including a domestic partner, where the licensee has is the primary responsibility for the care of caregiver for that family member, was suffering from or suffered had a physical or mental disability or medical condition as defined in Section 12926 of the Government Code. A disability is a physical or~~

~~mental impairment that substantially limits one or more of the major life activities of an individual. The physical or mental disability or medical condition must be verified by a licensed physician or psychologist with special expertise in the area of the physical or mental disability or medical condition. Verification of the physical or mental disability or medical condition must include:~~ be submitted by the licensee on a form entitled "Request for Continuing Education Exception – Verification of Disability or Medical Condition," Form No. 1800 37A-636 (New 02/09).

~~(A) the nature and extent of the disability;~~

~~(B) an explanation of how the disability would hinder the licensee from completing the continuing education requirement; and~~

~~(C) the name, title, address, telephone number, professional license or certification number, and original signature of the licensed physician or psychologist verifying the disability.~~

How to Request Exception

To request an exception, complete the form on the reverse side and submit it to the board, along with sufficient proof. The board will accept any documentation establishing the validity of your request, including military orders that demonstrate service outside California, or a passport or visa showing the dates you resided ~~out of country out of the country, a doctor's note, etc.~~ The Board may accept a written statement from your physician or psychologist in lieu of completing Part 2, provided that the statement provides all of the information requested in Part 2 of the verification form and includes all of the following: the name, title, address, telephone number, professional license number, and original signature of the physician or psychologist providing the verification. **Please remember that the documentation must supply all of the information required by Section 1887.2(c) above.** After the board's review, you will be notified whether your request was granted.

Exceptions Cannot be Granted Before the Fact

The board can only grant exceptions when provided with proof that you have met the minimum criteria outlined in Section 1887.2(c). You may request exception after the situation has occurred, or during the situation as long as you have met the minimum criteria. *For example, if your license expiration date is July 31, ~~2006-2011~~, and you are going to live out of the country from May ~~2005-2010~~ through November ~~2006-2011~~, you can submit your request for exception due to living out of the country anytime after May ~~2006~~ 2011.*

Renewal Application

Please send in your request for exception prior to submitting your renewal application. Courtesy renewal applications are mailed out 90 days prior to the expiration date. It takes 30 business days to process an application for exception. ***Do not submit your renewal application until you have received a written decision regarding your request for exception. If your request is denied, you will be required to complete the mandatory coursework and hours of continuing education prior to renewing your license in an active status. The Board must receive your request for exception at least sixty (60) days PRIOR to the expiration date of the license in order for the exception to be considered.***

If you have any questions, please contact the board's CE program at (916) 574-7830.