State of California Department of Consumer Affairs

BOARD OF BEHAVIORAL SCIENCES
400 R STREET, SUITE 3150, SACRAMENTO, CA 95814
TELEPHONE: (916) 445-4933
WEBSITE ADDRESS: http://www.bbs.ca.gov

# EMPLOYMENT NOTIFICATION FOR REGISTERED ASSOCIATE CLINICAL SOCIAL WORKERS

*Business and Professions Code, Section 4996.18(f) requires a registrant to submit this information to the Board within 30 days of commencing or terminating employment when employed by a person (private practice).*

This is to notify the Board of Behavioral Sciences of my

☐ commencement of employment.

☐ termination of employment.

On _____ , I , _____ , Registered Associate No. _____
Date Your Name

issued on _____ , ☐ commenced employment ☐ terminated employment with _____.
Date Name of organization or private practitioner

TYPE OF LICENSE OF EMPLOYER: (Please check one)

☐ Marriage, Family and Child Counselor
☐ Licensed Psychologist
☐ Licensed Clinical Social Worker
☐ Board Certified Psychiatrist

EMPLOYER'S ADDRESS: _____
Name and Street City State Zip Code

EMPLOYER'S TELEPHONE NUMBER: (_____)_____

NAME OF SUPERVISOR (If different than employer): _____

My employer and/or supervisor, (if different than employer), holds the following license which is current and in good standing:

Licensed Clinical Social Worker . . . . . _____ License # _____ Issue Date

Psychologist . . . . . _____ License # _____ Issue Date

Marriage, Family and Child Counselor . . . . . _____ License # _____ Issue Date

Board Certified Psychiatrist . . . . . _____ License # _____ Issue Date
(In accordance with Title 16, California Code of Regulations Section 1874)

_____ Date Board Certified

Registrant's Daytime Telephone Number: (_____)_____ BBS File Number: _____

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

_____ _____ _____
Date Signature of Registrant Printed Name of Registrant