Board of Behavioral Sciences
1625 North Market Blvd., Suite S200, Sacramento, CA 95834
Telephone: (916) 574-7830
www.bbs.ca.gov

REQUEST FOR TEMPORARY CONTINUING EDUCATION (CE) WAIVER:

INSTRUCTIONS AND INFORMATION

IMPORTANT:

- ***Registrants are ineligible to apply for a good cause waiver. This form should be used only for licensees seeking a temporary waiver of their CE requirements in accordance with Title 16, California Code of Regulations section 1887.2.***

- ***The board must receive your request for CE waiver and verification of disability at least sixty (60) days PRIOR to the expiration date of your license in order for the waiver to be considered. Otherwise, your request will be denied. Allow 30 days for processing.***

- ***The 6-hour Law and Ethics CE course required for each renewal CANNOT BE WAIVED. You must complete this course before renewing.***

Who Qualifies for a Temporary CE Waiver?

You may qualify for a temporary CE waiver if, for at least one year during your current license renewal period, you had one of the following:

- A physical or mental disability or medical condition that substantially limited one or more life activities and caused your earned income to drop below the substantial gainful activity amount for non-blind individuals during that year, as defined by the Social Security Administration (see https://www.ssa.gov/oact/cola/sga.html); OR

- You were the primary caregiver for an immediate family member, including a domestic partner, who had a total physical or mental disability. A "total physical or mental disability" means that the family member is both unable to work and unable to perform activities of daily living without substantial assistance, such as eating, bathing, dressing, housework, shopping, or meal preparation.

How to Request a Temporary Waiver of CE

To request a temporary waiver, submit the following:

- **Waiver Request form.** Complete the form titled, "Request for Temporary Continuing Education Waiver – Licensee Application" Form No. DCA BBS 37A-635 (Revised ~~08/22~~[OAL to insert new revision date]).

- **Verification of Disability.** If your waiver request is based on your own disability or medical condition, complete Part 2 of Form No. DCA BBS 37A-635, sign and date the declaration at the end of this form, and submit a completed "Request for Temporary Continuing Education Waiver

– Verification of Disability or Medical Condition" Form No. DCA BBS 37A-636 (Revised ~~08/22~~[OAL to insert new revision date]) and proof of income during the period of disability.

Form No. DCA BBS 37A-636 must be completed by the attending ~~physician or psychologist~~healthcare provider who holds a current and active license as a physician, physician assistant, nurse practitioner, psychologist, marriage and family therapist, clinical social worker or professional clinical counselor. The Board will accept a written statement from the ~~physician or psychologist~~healthcare provider in lieu of completing the form, provided that the statement provides all of the information requested on the form, and includes all of the following: the name, title, address, telephone number, professional license number, and original signature of the ~~physician or psychologist~~healthcare provider providing the verification.

- **Verification of Disability of Immediate Family Member for Whom You were the Primary Caregiver.** If your waiver request is based on you being the primary caregiver of an immediate family member with a disability or medical condition, complete Part 3 of Form No. DCA BBS 37A-635, sign and date the declaration at the end of this form, and submit a completed "Request for Temporary Continuing Education Waiver – Verification of Disability or Medical Condition" Form No. DCA BBS 37A-636 (Revised ~~08/22~~[OAL to insert new revision date]). This form must be completed by the attending ~~physician or psychologist~~healthcare provider.

  The Board will accept a written statement from the ~~physician or psychologist~~healthcare provider in lieu of completing the form, provided that the statement provides all of the information requested on the form, and includes all of the following: the name, title, address, telephone number, professional license number, and original signature of the ~~physician or psychologist~~healthcare provider providing the verification.

  Any ~~physician or psychologist~~healthcare provider verification of a Family Member's disability or medical condition must include a copy of the Family Member's written authorization to release protected health information (PHI) to the board for the limited purpose of verification for the licensee's CE waiver request.

- **Proof of Income.** If your request is due to your own disability or medical condition, you must submit proof of all income earned from work activity during the (minimum) one-year period of disability. If you did not earn any income, provide proof of receiving disability payments, or provide other evidence demonstrating that you did not earn any income from work activity.

You will be notified whether or not your request was granted within thirty (30) days from the date the board receives your request and all supporting documentation.

Waivers Cannot be Granted Before the Fact

The board can only grant a waiver for your current renewal period. The board cannot grant a waiver for a future renewal period, nor can it grant a waiver for a situation that you anticipate. You may request a waiver after the qualifying situation has occurred, or during the qualifying situation, as long as you meet the minimum criteria.

Send Your Waiver Request BEFORE Submitting Your Renewal Application

Do not submit your renewal application until after the board has responded to your waiver request. Courtesy renewal applications are mailed out 90 days prior to your license expiration date. It takes 30 days to process an application for waiver.

If Your Waiver Request is Denied

If your request for waiver is denied, you will be required to complete all CE hours, including any mandatory coursework, prior to renewing your license in an active status. If you are unable to complete your CE hours prior to your expiration date, consider renewing your license as inactive. This will help you avoid a delinquency fee. You may reactivate your license once you have completed the required CE. It is against the law to practice with an inactive or delinquent license.

If Your Waiver Request is Approved

You must complete the 6-hour course in Law and Ethics prior to renewing your license with an active status.

For More Information

See Title 16, California Code of Regulations section 1887.2.

Notice of Collection of Personal Information:

The Board of Behavioral Sciences (board) of the Department of Consumer Affairs collects the personal information requested on this form as authorized by Business and Professions Code sections 4980.54, 4989.34, 4996.22 and 4999.76, and Title 16 California Code of Regulations (CCR) section 1887.2 for the purpose of determining eligibility for a "good cause" waiver of the board's continuing education requirements for the specified renewal period.

Submission of the licensee's personal information such as name, license number, medical history, and income is mandatory because the board cannot process the request for the CE waiver without this information. If the licensee requests a CE waiver because they were the primary caregiver for their immediate family member, submission of the family member's personal information, such as name, medical history, name of health care provider, and family member's authorization to release medical information is mandatory because the board cannot process the request for the CE waiver without this information. The personal information provided is for the limited purpose of evaluating and processing the licensee's request for the CE waiver.

The board makes every effort to protect the personal information provided in this form. However, the information may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code Section ~~6250~~7920.000 and following), as allowed by the Information Practices Act (Civil Code Section 1798 and following);
- To another government agency as required by state or federal law; or
- In response to a court or administrative order, a subpoena, or a search warrant.

You, and any family member who have provided information on this form, have a right of access to records containing personal information about you maintained by the board, as permitted by the Information Practices Act. For questions about this notice or access to your records, contact the board at (916) 574-7830 or by email at BBS.info@dca.ca.gov. For questions about the Department of Consumer Affairs' privacy policy or the Information Practices Act, contact the Department of Consumer Affairs, 1625 North Market Blvd., Sacramento, CA 95834 or (800) 952-5210 or email dca@dca.ca.gov.

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REQUEST FOR TEMPORARY CONTINUING EDUCATION (CE) WAIVER

LICENSEE APPLICATION

Reason for Request – Health

(Self or Primary Caregiver for Immediate Family Member)

The board must receive this form with the "Verification of Disability or Medical Condition" at least SIXTY (60) DAYS PRIOR TO your license expiration date. Allow 30 days for processing.

READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.
Any unanswered item will cause this request to be incomplete. Incomplete requests will not be processed.

NOTE: The 6-hour Law and Ethics course CANNOT be waived

(Please type or print clearly in ink)

Part 1 - To be Ccompleted by Llicensee			
NAME: Last First Middle			
TELEPHONE:	EMAIL ADDRESS ~~(OPTIONAL)~~:		
~~ADDRESS OF RECORD: Number and Street~~DATE OF BIRTH	~~City~~	~~State~~	~~Zip~~
LICENSE NUMBER:	CURRENT LICENSE EXPIRATION DATE: _____/_____/_____		

REASON FOR WAIVER REQUEST: (Mark one box only)

☐ **Health – Self** *(Complete Part 2)*

☐ **Health - Primary Caregiver of Immediate Family Member** *(Complete Part 3)*

APPLICANT NAME: Last First Middle

Part 2 - To be Ccompleted by Llicensee Rregarding Oown Mmedical Ccondition or Ddisability

1. What is your diagnosed physical or mental disability or medical condition(s)?

   _____

   _____

2. Did your condition(s) substantially limit your ability to perform one or more life activities for at least one year during your current renewal cycle? ☐ Yes ☐ No

3. Did your condition(s) cause your earned income to drop below the "substantial gainful activity" amount for the non-blind during that year, as set by the Social Security Administration? ☐ Yes ☐ No

4. Attach both of the following:

   - Completed (by ~~physician or psychologist~~a healthcare provider who holds a current and active license as a physician, physician assistant, nurse practitioner, psychologist, marriage and family therapist, clinical social worker or professional clinical counselor) "Request for Temporary Continuing Education Waiver – Verification of Disability or Medical Condition" Form No. DCA BBS 37A-636 (Revised ~~08/2022~~[OAL to insert new revision date]); and,

   - Proof of all income earned from work activity during the (minimum) one-year period of disability. If you did not earn any income, provide proof of receiving disability payments, or provide other evidence demonstrating that you did not earn any income from work activity.

After completing Part 2 of this form, please read the declaration at the bottom of page 3 and sign and date it to complete your application before submitting it to the Board.

APPLICANT NAME: Last First Middle

PART 3 – To be Ccompleted by Llicensee Rregarding limmediate Ffamily Mmember's Ddisability

1. What is your immediate family member's name? _____

2. What is your relationship to your family member? _____

3. What is your immediate family member's diagnosed physical or mental disability or medical condition(s)?

   _____

   _____

4. Was your immediate family member both unable to work and unable to perform activities of daily living without substantial assistance (such as eating, bathing, dressing, housework, shopping, or meal preparation) for at least one year during your current renewal cycle?
   ☐ Yes ☐ No

5. Were you the primary caregiver for your immediate family member for at least one year during your current renewal cycle? ☐ Yes ☐ No

6. Attach completed (by ~~physician or psychologist~~a healthcare provider who holds a current and active license as a physician, physician assistant, nurse practitioner, psychologist, marriage and family therapist, clinical social worker or professional clinical counselor) "Request for Temporary Continuing Education Waiver – Verification of Disability or Medical Condition" Form No. DCA BBS 37A-636 (Revised ~~08/2022~~[OAL to insert new revision date]) that includes a copy of the Family Member's written authorization to release protected health information (PHI) for the limited purpose of the licensee's CE waiver application.

I declare under penalty of perjury under the laws of the State of California that all information submitted on this form and on any accompanying attachments is true and correct. I hereby certify that for at least one year during my previous license renewal period I was unable to complete the continuing education requirements due to one of the reasons listed in Title 16, California Code of Regulations section 1887.2. I understand that providing false information or omitting required information are grounds for disciplinary action.

_____ _____

Date ***Signature of Licensee***