APPLICATION FOR

SUBSEQUENT ASSOCIATE CLINICAL SOCIAL WORKER (ASW) REGISTRATION

Board of Behavioral Sciences

APPLICATION INSTRUCTIONS

Read Carefully Before Completing your Application

Submit your completed application to:

Board of Behavioral Sciences
1625 North Market Blvd., Suite S200
Sacramento, CA 95834

- **Use only one clip to hold your application and fee together**. *NO staples, paperclips or post it notes as they interfere with your application being scanned.*
- **Do not attach multiple applications together**. Each application should be *clipped separately* or *provided in separate envelopes* with a separate fee attached to each.

WORKING IN A PRIVATE PRACTICE OR PROFESSIONAL CORPORATION IS PROHIBITED

ASWs issued a subsequent registration are **prohibited from working in a private practice or professional corporation** per Business and Professions Code (BPC) section 4996.28(c). There are no exceptions. All other work settings are permissible.

DO NOT APPLY UNTIL YOU HAVE PASSED THE LAW & ETHICS EXAM

Do not apply until you have passed the California Law and Ethics Exam. There are no exceptions to this requirement, which is mandated by BPC section 4992.09. Exam applications are available on the Board's website.

DO NOT APPLY MORE THAN 90 DAYS PRIOR TO YOUR FIRST REGISTRATION'S FINAL EXPIRATION DATE

Do not submit your application more than 90 days before your first Associate registration number's cancellation (final expiration) date.

EXPEDITED REVIEW

The Board will expedite the licensure process for the following applicants who meet the qualifications specified on the forms linked below *(all expedite forms are available at www.bbs.ca.gov>Applicants> LCSW>Forms/Pubs):*

- **Active-duty military members.** Download the form here and include it ON TOP OF your application.
- **Honorably discharged veterans of the U.S. Armed Forces** pursuant to BPC section 115.4. Download the request form from the Board's website and include it ON TOP OF your application.

- **Spouses/Partners of persons on active duty military** pursuant to BPC section 115.5. A $75 fee waiver is also available to these applicants. Download the request form from the Board's website and include it ON TOP OF your application.
- **Refugees / Asylees / Special Immigrant Status Holders ("SI" or "SQ")** pursuant to BPC section 135.4. Download the request form from the Board's website and include it ON TOP OF your application.

PROOF OF RECEIPT OF APPLICATION

If you would like to know whether the Board has received your application, you will need to **mail your application using a method that includes tracking**. You can also check with your bank to see if your check or money order has been cashed by the Board.

1. APPLICATION

Instructions	Document(s) Required
• Complete all sections of the *Application for Subsequent Associate Clinical Social Worker Registration*. The application may be typed or completed in ink. • Sign the application in ink (wet signature) or electronically. An electronic signature will be accepted if completed via an electronic signature platform such as Adobe Sign or DocuSign which ensures security and authenticity. • You must use your legal name. Your "legal name" is the name established legally by your birth certificate, marriage or domestic partnership certificate, or divorce decree (for example). • If you have changed your legal name and have not yet notified the Board, submit a *Notification of Name Change* form with your application along with the required documentation. • Email Address: Provide your email address if you have one. This address is not subject to public disclosure.	**Completed and signed *Application for Subsequent Associate Clinical Social Worker Registration***

2. FEE

Instructions	Document(s) Required
Attach a $75.00 check or money order. This is an earned fee for evaluation of your application and is NOT REFUNDABLE. Make payable to the Behavioral Sciences Fund.	**$75.00 check or money order payable to the Behavioral Sciences Fund**
Out-of-State Fingerprinting Fee: Attach a $49 fee if ONLY you are submitting fingerprint "hard cards" due to being fingerprinted outside of California (see next page for details). Make payable to the Behavioral Sciences Fund.	**If submitting fingerprint "hard cards" also attach a $49 check or money order**

3. APPLICATION REQUIREMENTS

Use the scenarios below as a guide to determine your application requirements. You must meet all requirements for Associate registration that are in effect at the time your subsequent registration application is received. For questions please contact the Board at BBS.ASW@dca.ca.gov.

Determine your application requirements below:	Document(s) Required
SCENARIO A 1. Your Associate number has been cancelled (met its 6-year limit); AND 2. The Board has already approved your supervised experience; AND 3. You are currently eligible to take the clinical exam (you have an active *Application for Licensure* that has been approved by the Board). **OR** You have a current and valid Associate number that is due to cancel or has been cancelled for no longer than 30 days from the date the Board receives the attached application.	☐ **Application** ☐ **$75.00 fee**
SCENARIO B 1. Your Associate number has been cancelled for over 30 days (from the date the Board receives the attached application); AND 2. You are NOT currently eligible to take the clinical exam (you do not have an active *Application for Licensure* approved by the Board).	☐ **Application** ☐ **$75.00 fee** ☐ **Official Transcripts** ☐ **Fingerprints** ☐ **(if submitting fingerprint hard cards, include additional $49 fee)**

4. SCENARIO B APPLICANTS ONLY - OFFICIAL TRANSCRIPTS

Instructions	Document(s) Required
Scenario B applicants must provide official sealed transcripts verifying your master's degree in social work. The degree title and date of conferral must be posted. Submit your transcripts as directed below: • Provided IN AN ENVELOPE SEALED BY THE SCHOOL; or • Emailed BY YOUR SCHOOL to the Board at BBStranscripts@dca.ca.gov. • For questions about electronic submission, see FAQ available at *www.bbs.ca.gov>Updates/FAQs>Updates*.	**Official sealed transcript(s) with degree title and date of conferral posted** **MUST BE EMAILED BY THE SCHOOL TO THE BOARD OR PROVIDED IN AN ENVELOPE SEALED BY THE SCHOOL AS DIRECTED**

5. SCENARIO B APPLICANTS ONLY - FINGERPRINTS

Instructions	Document(s) Required
The Board requires a Department of Justice (DOJ) and Federal Bureau of Investigation (FBI) criminal history background check on all Scenario B applicants. **If you currently reside in California:** Read the *Instructions for Live Scan Fingerprinting* and complete the *Request for Live Scan Service* form *(access at www.bbs.ca.gov>Applicant>LCSW>License Requirements).* • The information on this form must match the information you provide on your application. • DO NOT COMPLETE FINGERPRINTS MORE THAN 60 DAYS PRIOR TO SUBMITTING YOUR APPLICATION. Fingerprint results without an application on file will only be held for 6 months. **If you currently reside out of state:** You must use the "hard card" fingerprint method unless you can access a California Live Scan Service operator. To request fingerprint hard cards, send an email to BBS.Fingerprint@dca.ca.gov with "Fingerprint Hard Cards" in the subject line, and we will mail them to you. • YOU MUST SUBMIT YOUR TWO COMPLETED FINGERPRINT CARDS TO THE BOARD WITH YOUR APPLICATION. We are unable to process them until your application is received. • DOJ processing time for hard card fingerprints is **8 or more weeks.**	**If you currently reside in California: Submit the second copy of your completed *Request for Live Scan Service Applicant Submission* form** **If you currently reside out of state: Submit two completed fingerprint hard cards (FBI and DOJ) and $49 fee payable to Behavioral Sciences Fund**

SUBSEQUENT ASSOCIATE CLINICAL SOCIAL WORKER APPLICANTS

Board of Behavioral Sciences

FREQUENTLY ASKED QUESTIONS

If I apply for a second number, will I lose all of my hours because they were gained under my first number?

Not necessarily, but all hours of experience must be gained within the immediate six (6) years prior to the date the Board receives your *Application for Licensure*. Hours older than six (6) years prior to the date you apply will not count.

For example: The Board receives your *Application for Licensure*, postmarked on 4/27/2026. All of the hours you gained (under all Associate numbers) between 4/27/2020 and 4/27/2026 will be acceptable(as long as your experience meets all other requirements).

I have already gained all of my supervised experience hours. Do I need a subsequent Associate number? Do I need it to qualify to take the clinical exam?

If you are working in a non-exempt setting (any setting other than an institution that is both non-profit and charitable, a school or a governmental entity), you are required to maintain a current Associate registration until your LCSW license has been issued. If you are working in an exempt setting (an institution that is both non-profit and charitable, a school or a governmental entity), you are not required to maintain a registration. However, your employer may require it as a condition of employment.

Regardless, the Board encourages all individuals to maintain a current Associate registration and to continue gaining and recording experience hours, as well as receiving the supervision required for experience hours to count, until licensed as an LCSW. This serves as a safeguard in the event that some of the hours submitted are unable to be accepted by the Board either now or in the future due to application abandonment and/or the "six-year rule" (see the FAQs for ASWs for more information).

Must I continue to have supervision after my experience hours have been approved?

Once the required number of experience hours are gained, you must receive a minimum of one hour of direct supervisor contact per week for each practice setting in which direct clinical counseling is performed. Once the required number of experience hours are gained, further supervision for nonclinical practice shall be at the supervisor's discretion. However, as explained above, the Board recommends continuing to receive the supervision required for experience hours to count until licensed as an LCSW.

IMPORTANT INFORMATION

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CONTINUING EDUCATION REQUIREMENT FOR RENEWAL OF REGISTRATION

Registrants Must Complete 3 Hours of CE in California Law and Ethics to Renew

Three (3) hours of continuing education (CE) in California Law and Ethics is required once every renewal cycle in order to renew your registration. For more information see the Registrant CE Information Brochure *(access at www.bbs.ca.gov>Applicants>LCSW> Forms/Pubs).*

EMAIL AND MAILING ADDRESS CHANGES

You are required to maintain a current mailing address with the Board. You are also required to maintain a current email address with the Board if you have one. When you have a change in your mailing or email address, be sure to update it ASAP online at www.breeze.ca.gov.

AMERICANS WITH DISABILITIES ACT

The Executive Officer of the Board has been designated to coordinate and carry out the Board's compliance with the nondiscrimination requirements of Title II of the ADA. Information concerning the provisions of the ADA, and the rights provided thereunder, are available from the Board's ADA coordinator.

NOTICE OF COLLECTION OF PERSONAL INFORMATION

Please see the Notice on Collection of Personal Information (access at www.bbs.ca.gov>About Us>About the Board>Other Information>Policies).

QUESTIONS?

Please visit the **Contact Us** link at www.bbs.ca.gov and select an option under "Message the Board."

APPLICATION FOR

SUBSEQUENT ASSOCIATE CLINICAL SOCIAL WORKER REGISTRATION

Board of Behavioral Sciences

Office Use Only:

Carefully read the Application Instructions FIRST

Attach Fee* Payable to Behavioral Sciences Fund

SSN or ITIN**	Birth Date: mm/dd/yyyy	E-Mail Address	
Legal Name*** Last	First	Middle	
Public Address of Record**** Number and Street			
City	State	Zip Code	Phone
If you have ever been known by another name, list the full name(s) and dates of use below (attach any additional names and dates):			
Full Name			Dates of Use (from/to)
Full Name			Dates of Use (from/to)

** See application instructions for correct fee.*

*** Disclosure of your tax identification number is mandatory. You may provide either your Social Security Number, your Federal Employer Identification Number, or Individual Taxpayer Identification Number, as applicable. This number must match the number you provide on your fingerprint forms. See Important Information for Applicants for more information about how your tax identification number is used.*

**** You must use your legal name. Your "legal name" is the name established legally by your birth certificate, marriage or domestic partnership certificate, or divorce decree (for example).*

***** The address you enter on this application is public information and will be placed on the Internet pursuant to Business and Professions Code section 27. All correspondence from the Board will be mailed to this address. If you do not want your home or work address available to the public, use an alternate mailing address such as a post office box.*

Applicant Name: Last	First	Middle

1. Have you ever served in the United States Armed Forces or the California National Guard? **(OPTIONAL)**

Yes, Currently
Yes, Previously
No

2. Have you ever applied for or been issued a license, registration or certificate to practice clinical social work or any other health care profession in California or any other state?

Yes No

If YES, *provide the information requested below (continue on an additional sheet if needed):*

State	Type of License, Registration or Certificate	License, Registration or Certificate Number	Date Issued	Status

3. Within the 7 years preceding your submission of this application, were you denied a professional health care license ("license" includes registrations, certificates, or other means to engage in practice) OR had a professional health care license or privilege suspended, revoked, or otherwise disciplined, OR voluntarily surrendered any such license in California or any other state or territory of the United States, or by any other governmental agency or a foreign country?

Yes No

If YES, we recommend that you complete the Background Statement form to facilitate processing of your application (access at bbs.ca.gov>Consumers> Criminal Convictions>Forms).

We recommend that you answer "Yes" even if you have previously reported it to the Board, and indicate the type of professional license that was denied, suspended, disciplined, or surrendered, including the date(s) of the denial, suspension, disciplinary action. You do not need to resubmit documentation previously on file.

Applicant Name: Last	First	Middle

4. Have you passed the LCSW California Law and Ethics Exam? Yes No

Applicants must pass this exam before a subsequent number can be issued.

5. **SCENARIO B APPLICANTS ONLY:** Have you submitted official transcripts verifying your qualifying master's degree? See *Application Instructions* for transcript requirements.

Yes – Sealed Transcripts via Mail

Yes – Electronic Transcripts

No

BACKGROUND INFORMATION – RESPONSE IS VOLUNTARY

Some criminal convictions will appear on the Board's background check and may require additional investigation prior to a licensing determination. For information on which convictions the Board is permitted to consider, see the **Criminal Conviction FAQ** *(access at bbs.ca.gov>Consumers> Criminal Convictions>Publications).* All currently pending criminal actions will appear on the Board's background check and may require additional investigation prior to a licensing determination.

You are not required to disclose any past convictions or pending criminal cases on this application. In some cases, voluntarily providing information with the application about convictions that the Board is permitted to consider may help an application get processed more quickly. You may therefore choose to complete the *Background Statement* form *(access at bbs.ca.gov>Consumers> Criminal Convictions>Forms)* and submit it with your application along with evidence of rehabilitation. The form is available on the Board's website, and includes areas to report convictions the board is permitted to consider, or pending criminal actions.

You can also submit the *Background Statement* form and evidence of rehabilitation after you submit your application or in response to inquiries from the Board. You may seek legal assistance from a lawyer or legal aid organization before providing any information about your criminal history. The Board will not deny your application because you exercised your right not to provide criminal history information in your initial application.

NOTE: Knowingly making a false statement of fact that is required to be revealed in this application may be grounds for denial of this application

Signature of Applicant: _____ ***Date:*** _____