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

LICENSED CLINICAL SOCIAL WORKER

OUT-OF-STATE

APPLICATION FOR LICENSURE

For applicants with an out-of-state degree or license*

Dear Applicant:

Thank you for your interest in becoming a California Licensed Clinical Social Worker (LCSW). Included in this packet are the following forms and documents:

1. Guide to Out-of-State Applicant Requirements
2. Application Instructions
3. Important Information for Applicants
4. Out-of-State Application for LCSW Licensure – GENERAL
5. Application for Licensure PATH A - BY CREDENTIAL
6. Application for Licensure PATH B - BY EDUCATION AND EXPERIENCE
7. Out-of-State License or Registration Verification Form
8. Out-of-State Experience Verification Form
9. Instructions for Live Scan Fingerprinting/Request for Live Scan Service Form

BOARD OF BEHAVIORAL SCIENCES

***If you are not licensed in another state but have an Out-of-State degree, and are currently registered as an Associate in California and have gained experience hours in California, you may instead submit an In-State Application for Licensure. You may have coursework to complete - please refer to the notice sent upon approval of your Associate application.**

Board of Behavioral Sciences

GUIDE TO LCSW OUT-OF-STATE APPLICANT REQUIREMENTS

For Applications Submitted on or After January 1, 2020

Applicant Type

Do you meet ALL of the following requirements?

- ☐ I have held a license as a Clinical Social Worker in another United States jurisdiction for at least two years.
- ☐ The license I hold is current, and has been active and unrestricted for at least two years immediately before the date I submit my application to the Board.
- ☐ The license I hold is at the highest level for independent clinical practice in that jurisdiction.
- ☐ The degree that qualified me for this license is a master's degree obtained from a school or department of social work that is accredited by the Commission on Accreditation of the Council on Social Work Education (CSWE).

If YES, go to Path A (LICENSURE BY CREDENTIAL)

If NO, ➔ Skip to Path B (LICENSURE BY EDUCATION/EXPERIENCE)

Path A – LICENSURE BY CREDENTIAL

Applicants who qualify for this path (as specified in Business and Professions Code (BPC) section 4996.17.1) must meet all of the following requirements:

1. **EXAMINATION:** You must pass the California Law and Ethics Examination. You will be eligible to take this exam after your *Application for Licensure* has been approved.
2. **QUALIFYING DEGREE:** The degree that qualified you for licensure in another United States jurisdiction must be a master's degree obtained from a school or department of social work that is accredited by the CSWE.
3. **COURSEWORK:** You must complete the following California-specific coursework. Courses must be taken from a school or department of social work that is accredited by CSWE, a school holding a regional or national institutional accreditation recognized by the U.S. Department of Education (USDE), a school approved by the California Bureau for Private Postsecondary Education (BPPE), or an acceptable continuing education provider. Undergraduate coursework cannot be accepted.

Path A – LICENSURE BY CREDENTIAL *(continued)*

REQUIRED CALIFORNIA-SPECIFIC COURSEWORK		
Course	**Length**	**Content Required**
California Law and Ethics	12 hours	Instruction must include advertising, scope of practice, scope of competence, treatment of minors, confidentiality, dangerous patients, psychotherapist-patient privilege, recordkeeping, patient access to records, state and federal laws relating to confidentiality of patient health information, dual relationships, child abuse, elder and dependent adult abuse, online therapy, insurance reimbursement, civil liability, disciplinary actions and unprofessional conduct, ethics complaints and ethical standards, termination of therapy, standards of care, relevant family law, therapist disclosures to patients, the application of legal and ethical standards in different types of work settings, and licensing law and licensing process. See BPC section 4996.17.1.
California Cultures and the Social and Psychological Implications of Socioeconomic Position	15 hours or 1 semester unit	Instruction must include an understanding of various California cultures and the social and psychological implications of socioeconomic position. See BPC section 4996.17.1.
Child Abuse Assessment and Reporting in California *(In addition to the course provider types listed above, this may be a course sponsored or offered by a professional association or a local, county or state department of health or mental health)*	7 hours	Instruction must include detailed knowledge of the California Child Abuse Neglect and Reporting Act (CANRA). It must also include assessment and methods of reporting of sexual assault, neglect, severe neglect, general neglect, willful cruelty or unjustifiable punishment, corporal punishment or injury, and abuse in out-of-home care. The training shall also include physical and behavioral indicators of abuse, crisis counseling techniques, community resources, rights and responsibilities of reporting, consequences of failure to report, caring for a child's needs after a report is made, sensitivity to previously abused children and adults, and implications and methods of treatment for children and adults. See BPC sections 28 and 4996.17.1 and Title 16, California Code of Regulations section 1807.2.
Suicide Risk Assessment and Intervention *(Does not need to be California-specific)*	6 hours of coursework or applied experience	• Required of those submitting an application for licensure **on or after January 1, 2021** *(otherwise will be required upon license renewal)* • See BPC section 4996.27 for details.

Note: 1 semester unit = 15 hours; 1 quarter unit = 10 hours; 1 semester unit = 1.5 quarter units

Path B – LICENSURE BY EDUCATION/EXPERIENCE

Applicants who do not qualify for Path A "Licensure by Credential" must meet the following requirements as specified in Business and Professions Code (BPC) section 4996.17.2. This is a summary - see the *Application for Licensure* for more information.

1. **EXAMINATIONS:** You must pass both of the following exams:
   - California Law and Ethics Exam: You will be eligible to take this exam upon issuance of your Associate registration or upon approval of your *Application for Licensure*.
   - Association of Social Work Boards - Clinical Exam: If you have already passed this exam, the Board may be able to accept your passing score if:
     - You do not currently hold a license in another state or country, your passing score must be less than seven (7) years old;
     - You currently hold a license or registration in another state or country and the license or registration is active and in good standing at the time of application and is not revoked, suspended, surrendered, denied or otherwise restricted or encumbered, a passing score of any age will be accepted;
     - The Board receives official verification of your passing score from the Association of Social Work Boards. Please follow the instructions in the *Application for Licensure*.

     If you have not yet passed the ASWB Clinical Exam, you will be eligible to take it after approval of your *Application for Licensure* and after passing the California Law and Ethics Exam.

2. **SUPERVISED EXPERIENCE:** Your experience must be substantially equivalent to California's requirements as described below.
   - **If you are licensed as an LCSW in another state or country at the highest level for independent clinical practice:** Your requirements will depend on whether you were licensed at the highest level for independent clinical practice in a jurisdiction of the United States vs. another country. It will also depend on how many hours were required for that license by the other state or country, as described below:
     - If you are licensed in another United States jurisdiction that requires at least 3,000 hours of experience: You do not need to submit verification of experience.
     - If you are licensed in another country: You must submit verification of 3,000 hours of substantially equivalent experience that includes 104 supervised weeks.
     - If you are licensed in another state or country that requires less than 3,000 hours of experience: You may make up the deficit using time actively licensed in good standing in another state or country at the rate of 100 hours

per month licensed at the highest level (up to a maximum of 1,200 hours). You do not need to submit verification of these hours.

If additional hours are needed and will be gained in California, you must first register as an Associate and comply with all requirements for hours gained in California.

- **All other applicants:** You will need to submit verification of substantially equivalent supervised experience totaling 3,000 hours as described below:
  - Experience must have been supervised by a licensed mental health professional and gained within the six (6) years prior to the Board's receipt of your application.
  - If any experience will be obtained in California, you must first register as an Associate and comply with all requirements for hours gained in California.
  - If you are not licensed in another state or country at the highest level for independent clinical practice, you must have 104 weeks of supervision.

For questions about supervised **experience** requirements, contact bbs.lcsw@dca.ca.gov

3. **QUALIFYING DEGREE:** You must hold a master's degree from a CSWE-accredited school or department of social work. If your degree was obtained outside of the United States, you must obtain a degree evaluation in accordance with BPC section 4996.18(e).

4. **12-HOUR CALIFORNIA LAW AND ETHICS COURSE:** You must complete a 12-hour course in California Law and Ethics. This course must be completed prior to registration as an Associate (or prior to submitting your *Application for Licensure* if you do not need to apply for Associate registration). See BPC section 4996.17.2(d)(2)(F) for course content requirements.

5. **ADDITIONAL COURSEWORK:** You must complete coursework in accordance with BPC section 4996.17.2, some of which must be California-specific. See the chart beginning on page 5 for details. If it will take you a significant amount of time to complete your coursework, you may want to consider registering as an Associate while you are taking the courses as it will allow you to work in California as a clinical social worker under supervision.

   The California Law and Ethics course and Additional Coursework listed under #4 and #5 above may be taken from a CSWE accredited school or department of social work, a school with a regional or national institutional accreditation recognized by the USDE, a school approved by the BPPE, or an acceptable continuing education provider. Undergraduate coursework cannot be accepted. If you are unsure whether your degree or other coursework qualifies (or is deficient), submit your *Application for Licensure* and fee, and we will provide you with the results of the evaluation. For questions about **educational** requirements, contact bbs.asw@dca.ca.gov

ADDITIONAL COURSEWORK LCSW OUT-OF-STATE APPLICANTS Path B – LICENSURE BY EDUCATION/EXPERIENCE		
1 semester unit = 15 hours; 1 quarter unit = 10 hours; 1 semester unit = 1.5 quarter units		
Course	**Length**	**Content Required**
a) Suicide Risk Assessment and Intervention	6 hours of coursework or applied experience	All applicants submitting an application **on or after January 1, 2021** *(otherwise will be required upon license renewal).* See BPC section 4996.27
b) California Law and Ethics	12 hours	See BPC section 4996.17.2(d)(2)(F) for requirements.
c) Child Abuse Assessment and Reporting in California	7 hours	Must include detailed knowledge of the California Child Abuse Neglect and Reporting Act (CANRA). It must also include assessment and methods of reporting of sexual assault, neglect, severe neglect, general neglect, willful cruelty or unjustifiable punishment, corporal punishment or injury, and abuse in out-of-home care. The training shall also include physical and behavioral indicators of abuse, crisis counseling techniques, community resources, rights and responsibilities of reporting, consequences of failure to report, caring for a child's needs after a report is made, sensitivity to previously abused children and adults, and implications and methods of treatment for children and adults. See BPC sections 28 and 4996.17.2 and Title 16, California Code of Regulations (16CCR) section 1807.2.
d) Human Sexuality	10 hours	Must include the study of the physiological, psychological, and social cultural variables associated with sexual behavior, gender identity, and the assessment and treatment of psychosexual dysfunction. See BPC sections 25 and 4996.17.2 and 16CCR section 1807.
e) Alcoholism / Other Chemical Substance Dependency	15 hours	See BPC section 4996.17.2 and 16CCR section 1810.
f) Spousal or Partner Abuse Assessment, Detection and Intervention	15 hours	Must cover spousal or partner abuse assessment, detection and intervention strategies. See BPC section 4996.17.2.
g) Aging, Long Term Care and Elder/Dependent Adult Abuse	10 hours	Must cover aging and long-term care, biological, social, psychological aspects of aging, and instruction on the assessment and reporting of, as well as treatment related to, elder and dependent adult abuse and neglect. See BPC sections 4996.17.2 and 4996.25.
h) California Cultures and the Social and Psychological Implications of Socioeconomic Position	15 hours or 1 semester unit	Must include an understanding of various California cultures and the social and psychological implications of socioeconomic position. See BPC section 4996.17.2.

APPLICATION FOR LICENSURE

LICENSED CLINICAL SOCIAL WORKER

Out-of-State Applicant

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

VETERANS HONORABLY DISCHARGED - EXPEDITED REVIEW

The Board is required to expedite the licensure process for an applicant who is an honorably discharged veteran of the U.S. Armed Forces pursuant to Business and Professions Code (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 MILITARY DUTY - EXPEDITED REVIEW

The Board is required to expedite the licensure process for an applicant whose spouse or partner or partner by way of another legal union, is an active duty member of the U.S. Armed Forces and meets other criteria pursuant to BPC section 115.5. Download the request form from the Board's website and include it ON TOP OF your application.

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.

Carefully read all instructions to ensure an accurate and complete application package and that all required original documents are furnished to the Board.

All items are mandatory unless otherwise indicated.

Any omission may result in your application being deficient or delayed.

REQUIREMENTS FOR ALL APPLICANTS

A. GENERAL APPLICATION

Instructions	Document(s) Required
• Complete all sections of the *Application for Licensure – General Application* in ink. • The application must have your original signature. • 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). • Name Change: If you have registered with the Board previously and have changed your legal name without notifying the Board, submit a *Notification of Name Change* form with your application packet along with the required documentation. • Email Address: The Board strongly recommends submission of your email address to facilitate communication.	**Completed and signed *General Application***

REQUIREMENTS FOR ALL APPLICANTS (CONTINUED)

B. FEES

Instructions	Document(s) Required
Carefully read the information below to determine the fees and possible additional forms required. Incorrect submission will delay your application. ***If you need clarification, contact bbs.lcsw@dca.ca.gov prior to submission.***	
1. Out-of-state applicants who have NEVER been issued a registration or license with the BBS: Attach a $200.00 check or money order to your *Application for Licensure – General Application,* made payable to the Behavioral Sciences Fund. The $200.00 fee consists of a $100.00 application fee and a $100.00 California Law and Ethics Exam fee. The application fee is an earned fee for evaluation of your application and is NOT REFUNDABLE.	**1. A $200.00 check or money order payable to the Behavioral Sciences Fund attached to your *General Application***
2. Out-of-state applicants who HAVE been issued a registration or license with the BBS at any time in the past: a. If you have NOT yet passed the California Law and Ethics Exam, you must submit BOTH of the following (i & ii below). Provide SEPARATE checks or money orders: i. Attach a $100.00 check or money order to your *Application for Licensure - General Application*, made payable to the Behavioral Sciences Fund. This is an earned fee for the evaluation of your application and is NOT REFUNDABLE. *AND* ii. Submit one of the following: ○ *If you have **never taken** the California Law & Ethics Exam:* Attach a $100.00 check or money order to a *Registrant Request for Initial California Law and Ethics Examination*. ○ *If you have taken, **but not yet passed** the California Law & Ethics Exam:* Attach a $100.00 check or money order to an *Application for Re-Examination*.	**2.a. Both of the following, payable to the Behavioral Sciences Fund:** • **A $100 check or money order attached to your *General Application*** **AND** • **A $100 check or money order attached to an Exam Application**
b. If you HAVE passed the California Law and Ethics Exam, simply attach a $100.00 check or money order to your *Application for Licensure - General Application*, made payable to the Behavioral Sciences Fund. This is an earned fee for the evaluation of your application and is NOT REFUNDABLE.	**2.b. A $100 check or money order payable to the Behavioral Sciences Fund, attached to your *General Application***

REQUIREMENTS FOR ALL APPLICANTS (CONTINUED)

C. FINGERPRINTS

Instructions	Document(s) Required
Disregard this section if you are currently registered with the BBS as an Associate The Board requires a Department of Justice (DOJ) and Federal Bureau of Investigation (FBI) criminal history background check on all applicants. **If you currently reside in California:** Read the *Instructions for Live Scan Fingerprinting* and complete the *Request for Live Scan Service* form included in this application packet. • 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. • DO NOT SUBMIT YOUR FINGERPRINTS TO THE BOARD UNTIL YOU HAVE SUBMITTED YOUR APPLICATION – we are unable to process them until your application is received. • Note: The DOJ processing time for hard card fingerprints is a minimum of 8 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).**

D. VERIFICATION OF LICENSURE/REGISTRATION IN ANOTHER STATE OR COUNTRY

Instructions	Document(s) Required
Include certified statement(s) from each state or country where you hold or have held a license or registration to practice clinical social work. This verification may be provided in one of the following ways: • Emailed to the Board directly from the other state to BBSLicCerts@dca.ca.gov • Sent to the Board directly from the other state IN AN ENVELOPE SEALED BY THE STATE LICENSING AGENCY. Enclosed with the application IN AN ENVELOPE SEALED BY THE STATE LICENSING AGENCY.	**Verification of licensure or registration emailed or sent to the Board in a SEALED ENVELOPE OR EMAILED AS DIRECTED**

LICENSURE PATHWAY REQUIREMENTS

This section will help you determine your specific application, education, experience and examination requirements.

Path A – LICENSURE BY CREDENTIAL

You may qualify for Path A if you meet ALL of the following requirements:

- ☐ I have held a license as a Clinical Social Worker in another United States jurisdiction for at least two years.
- ☐ The license I hold is current, and has been active and unrestricted for at least two years immediately before the date I submit my application to the Board.
- ☐ The license I hold is at the highest level for independent clinical practice in that jurisdiction.
- ☐ The degree that qualified me for this license is a master's degree obtained from a school or department of social work that is accredited by the Council on Social Work Education.

If you do NOT meet ALL of the above requirements:

You do NOT qualify for LICENSURE BY CREDENTIAL

➔ Skip to Path B:

LICENSURE BY EDUCATION AND EXPERIENCE (Page 6)

If you DO meet ALL of the above requirements:

You must comply with Path A:

LICENSURE BY CREDENTIAL

Path A – LICENSURE BY CREDENTIAL

1. APPLICATION FOR PATH A

Instructions	Document(s) Required
Submit *Application for Path A - Licensure by Credential*. Must have an original signature.	**Application for Path A**

2. CALIFORNIA LAW AND ETHICS EXAMINATION

Instructions	Document(s) Required
You must pass the California Law and Ethics Examination. You will be eligible to take this exam after your application has been approved. You will be provided with information on how to register at that time.	None at this time

3. QUALIFYING DEGREE

Instructions	Document(s) Required
Provide official transcript(s) verifying your qualifying master's degree with degree title and date of conferral posted as directed below: • Mailed to the Board IN AN ENVELOPE SEALED BY THE EDUCATIONAL INSTITUTION; or • Sent electronically to the Board at BBSLCSWtranscripts@dca.ca.gov (for questions about electronic submission, see FAQ). Note: The degree that qualified you for licensure in another United States jurisdiction must be a master's degree obtained from a school or department of social work that is accredited by the Council on Social Work Education Otherwise, you must apply under "Licensure by Education and Experience" (See Path B).	**Official transcript(s) with degree title and date of conferral posted.** **MUST BE SENT ELECTRONICALLY OR MAILED IN A SEALED ENVELOPE AS DIRECTED**

4. COURSEWORK

Instructions	Document(s) Required
You must complete the California-specific coursework listed in Path A of the *Guide to LCSW Out-of-State Applicant Requirements.*	**Proof of completion of all required courses**

5. INITIAL LICENSE ISSUANCE

Instructions	Document(s) Required
Upon meeting all requirements for licensure, you must submit a *Request for Initial License Issuance* and fee. **Do not submit at this time – it will be rejected.**	AFTER you pass the Law and Ethics Exam, submit a *Request for Initial License Issuance* and fee

Path B – LICENSURE BY EDUCATION AND EXPERIENCE

Applicants who do not qualify for LICENSURE BY CREDENTIAL must meet ALL of the following requirements in order to become licensed in California:

1. APPLICATION FOR PATH B

Instructions	Document(s) Required
Submit *Application for Path B - Licensure by Education and Experience*. Must have an original signature.	**Application for Path B**

2. EXAMINATIONS

Instructions	Document(s) Required
You must pass the California Law and Ethics Examination and the Association of Social Work Boards (ASWB) Clinical Examination. You will be eligible to take your initial exam after your *Application for Licensure* has been approved. You will be provided with information on how to register at that time. If you already took the ASWB Clinical Exam for another state, the Board may accept your passing score as follows: • If you do not currently hold a license or registration in another state or country your passing score must be less than seven (7) years old; • If you currently hold a license or registration in another state or country and the license or registration is active and in good standing at the time of application and is not revoked, suspended, surrendered, denied or otherwise restricted or encumbered, a passing score of any age will be accepted; You must provide the Board with official proof to verify your passing score. Download an *Official Score Transfer Request* form from the Association of Social Work Boards' website. Your score verification must arrive in an envelope that has been SEALED by the ASWB.	**ASWB Clinical Exam Score Verification (if applicable) SEALED by the ASWB**

Path B – LICENSURE BY EDUCATION AND EXPERIENCE

3. SUPERVISED EXPERIENCE

Determine Your Requirements	Requirement
☐ I am licensed as an LCSW at the highest level for independent clinical practice in another state or country that requires at least 3,000 hours of supervised experience **OR** ☐ I am licensed in another state or country that requires less than 3,000 hours of supervised experience and I am making up the deficit using time licensed as an LCSW at the highest level for independent clinical practice (maximum 1,200 hours).	You are not required to provide verification of experience. Skip to # 4 (Degree Requirements).
☐ I am licensed in another state or country that requires less than 3,000 hours of supervised experience and I am making up the deficit using time licensed as an LCSW at the highest level for independent clinical practice, but it is not enough to total 3,000 hours OR ☐ I am not licensed in another state or country at the highest level for independent clinical practice.	You must provide verification of experience to reach a total of 3,000 hours. Your specific requirements are described below.
Instructions for Applicants Who Must Submit Verification of Experience	**Document(s) Required**
You must submit verification of substantially equivalent supervised experience totaling 3,000 hours as described below: • Experience must have been supervised by a licensed mental health professional and gained within the six (6) years prior to the Board's receipt of your California application. • Any hours gained in California must be while registered as an Associate. • If you are not licensed in another state or country at the highest level for independent clinical practice, you must have 104 weeks of supervision. **Experience Gained OUTSIDE of California:** • Submit an original *Out-of-State Experience Verification* form completed by each supervisor. Use separate *Out-of-State Experience Verification* forms for each supervisor and each employer. • Each supervisor's license must be verified using one of the methods below. A *Verification of Licensure in Another State* form is included for this purpose. ○ Emailed to the Board directly from the other state to BBSLicCerts@dca.ca.gov ○ Sent to the Board directly from the other state IN AN ENVELOPE SEALED BY THE STATE LICENSING AGENCY. ○ Enclosed with the application IN AN ENVELOPE SEALED BY THE STATE LICENSING AGENCY.	**Original *Out-of-State Experience Verification* form(s)** **Verification(s) of supervisor's license emailed or sent to the Board in a SEALED ENVELOPE OR EMAILED AS DIRECTED**

Path B – LICENSURE BY EDUCATION AND EXPERIENCE

3. SUPERVISED EXPERIENCE (continued)

Instructions for Applicants Who Must Submit Verification of Experience	Document(s) Required
Experience Gained WITHIN California:	
EXPERIENCE VERIFICATION: Use the *In-State Experience Verification* form, available on the Board's website. Must contain an original signature. Use separate *In-State Experience Verification* forms for each supervisor and each employer. Do not submit *Weekly Log* forms unless requested.	**Original *In-State Experience Verification* form(s)**
W-2 FORMS: If you were employed while gaining hours, you must submit copies of your W-2 for each year you are claiming, and for each employer. If your W-2 is not available, you may submit a copy of your "Wage and Income Transcript" from the Internal Revenue Service. If a W-2 is not available for the current year, attach a copy of a current pay stub. If your W-2 does not match the name of your employer listed on the experience verification form, an explanation is required. If you are submitting a 1099, an explanation is required.	**Copies of W-2 Form(s)/Check stub for current year (if applicable)**
VOLUNTEER LETTER: If you volunteered while gaining hours, a letter from your employer is required indicating your voluntary status on your employer's letterhead. A sample letter is available on the Board's website. The letter must state the time frame (date range) during which you volunteered and contain an original signature.	**Original Volunteer Letter(s) (if applicable)**
SUPERVISOR RESPONSIBILITY STATEMENT: Submit a Responsibility Statement for each supervisor. Must contain an original signature.	**Original Supervisor Responsibility Statement(s)**
SUPERVISORY PLAN: Submit a *Supervisory Plan* for each supervisor and each employer. Must contain an original signature.	**Original Supervisory Plan(s)**
LETTER OF AGREEMENT: Submit a copy of the written oversight agreement for each supervisor and each employer, if applicable. See BPC section 4996.23.3. Must contain original signatures.	**Original signed/dated letter(s) of agreement (if applicable)**

Path B – LICENSURE BY EDUCATION AND EXPERIENCE

4. DEGREE REQUIREMENTS

Instructions	Document(s) Required
Disregard this section if you are currently registered with the BBS as an Associate You must possess a master's degree obtained from a school or department of social work that is accredited by the Council on Social Work Education (CSWE). See # 5 for requirements if your degree was obtained outside the U.S. Submit official transcripts with degree title and date of conferral posted in an envelope sealed by the school.	**Official transcript(s) showing degree title and date of conferral. MUST BE IN A SEALED ENVELOPE**

5. DEGREE OBTAINED OUTSIDE THE U.S.

Instructions	Document(s) Required
Disregard this section if you are currently registered with the BBS as an Associate If your degree was earned from a school outside the U.S., you must obtain a comprehensive evaluation of your degree in order to determine equivalency to a master's from a program accredited by the CSWE. The Board has the right to request additional information and to make the final determination of whether a degree meets all requirements including coursework, regardless of evaluation or accreditation. MUST BE IN AN ENVELOPE SEALED BY THE EVALUATING AGENCY. In addition to the evaluation, a transcript is required as stated in #4 above.	**Degree evaluation by a foreign credential evaluation service (if applicable). MUST BE IN A SEALED ENVELOPE**

6. CALIFORNIA LAW AND ETHICS COURSE

Instructions	Document(s) Required
Disregard this section if you are currently registered with the BBS as an Associate You are required to complete a 12-hour course in California Law and Ethics. The course may be taken from a school or department of social work that is accredited by the CSWE, a school that holds a regional or national institutional accreditation recognized by the USDE, a school approved by the BPPE, or an acceptable continuing education provider.	**Proof of completion of California Law and Ethics course**

Path B – LICENSURE BY EDUCATION AND EXPERIENCE

7. ADDITIONAL COURSEWORK

Instructions	Document(s) Required
You must complete the California-specific coursework listed in Path B of the *Guide to LCSW Out-of-State Applicant Requirements*. If you submitted documentation of completion with a prior application, it is not necessary for you to resubmit this information.	**Proof of completion of Additional Coursework**

8. INITIAL LICENSE ISSUANCE

Instructions	Document(s) Required
Upon meeting all requirements for licensure, you must submit a *Request for Initial License Issuance* and fee. **Do not submit at this time – it will be rejected.**	AFTER you pass BOTH exams, submit a *Request for Initial License Issuance* and fee

Important Information for LICENSED CLINICAL SOCIAL WORKER APPLICANTS

1. ABANDONMENT OF LICENSURE APPLICATION

An application shall be deemed abandoned in any of the circumstances described below. Abandonment could have major consequences, including the loss of any experience hours more than six (6) years old at the time of application. Per Title 16, California Code of Regulations Section 1806, an application shall be deemed abandoned when:

- You do not submit evidence that you have cleared the deficiencies specified in the deficiency letter within one (1) year from the date of the initial deficiency letter.
- You fail to sit for examination within one (1) year after being notified of eligibility.
- You fail to pay the initial license fee within one (1) year after notification by the board of successful completion of examination requirements.

To re-open an abandoned application, you must submit a new application, fee and all required documentation, as well as meet all current licensure requirements in effect at the time the new application is submitted.

2. EXAMINATION

Once the Board evaluates your application, you will receive one of the following:

- A notice describing any deficiencies in your application OR
- A notice of eligibility to take the examination.
  - You will not be eligible to take the National Association of Social Work Boards (ASWB) Clinical Examination until you have passed the LCSW California Law and Ethics Exam. You will receive information on registering for each exam upon approval of your application.

The examinations contain objective multiple-choice questions and are offered at locations throughout California and in other states. Upon receipt of your notice of eligibility, it is your responsibility to contact the testing administrator to schedule your examination. Further information about the examination process is provided under the Exams tab on the Board's website.

3. REQUEST FOR TESTING ACCOMMODATION – DISABILITY OR ENGLISH AS A SECOND LANGUAGE

Refer to the Board's website for information on how to apply for testing accommodations.

4. NONDISCRIMINATION AND ADA COORDINATOR

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 Americans with Disabilities Act (ADA). Information concerning the provisions of the ADA, and the rights provided thereunder, are available from the ADA coordinator.

5. PUBLIC ADDRESS and CHANGE OF ADDRESS

The address you enter on any Board form is public information and will be placed on the Internet pursuant to Business and Professions Code section 27. 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. California law requires all persons regulated by the Board to notify the Board in writing within 30 days of any change of address.

6. STATUTES AND REGULATIONS

To obtain a copy of the Board's *Statutes and Regulations*, please access it from the Board's website.

7. MANDATORY REPORTER

Under California law each person licensed by the Board is a "mandated reporter" for both child, elder and/or dependent adult abuse or neglect. California Penal Code section 11166 and Welfare and Institutions Code section 15630 require that all mandated reporters make a report to an agency specified [generally law enforcement, state, and/or county adult protective services agencies, etc…] in Penal Code section 11165.9 and Welfare and Institutions Code section 15630(b)(1) whenever the mandated reporter, in their professional capacity or within the scope of their employment, has knowledge of or observes a child, elder and/or dependent adult whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or elder abuse or neglect.

The mandated reporter must make a report of such abuse or neglect immediately, or as soon as practically possible, in the manner specified in Penal Code section 11166 (for child abuse or neglect) or in Welfare and Institutions Code section 15630 (for elder or dependent adult abuse or neglect).

Failure to comply with the requirements of Penal Code Section 11166 or Welfare and Institutions Code Section 15630 is a misdemeanor, punishable by up to six months in a county jail, by a fine of one thousand dollars ($1,000), or by both imprisonment and fine. For further details about these requirements, consult Penal Code sections 11164 and Welfare and Institutions Code section 15630, and subsequent sections.

8. SOCIAL SECURITY NUMBER OR OTHER TAXPAYER IDENTIFICATION NUMBER

Disclosure of your tax identification number on your application is mandatory. You may provide either your Social Security Number, your Federal Employer Identification Number, or Individual Taxpayer Identification Number, as applicable. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405 (c) (2) (c)) authorizes collection of these tax identification numbers. Your tax identification number will not be deemed a public record and shall not be open to the public. Your tax identification number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your tax identification number, your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a $100 penalty against you.

9. STATE TAX OBLIGATION

Pursuant to Business and Professions Code section 31(e), the State Board of Equalization and the Franchise Tax Board may share taxpayer information with the Board. If a licensee or applicant does not pay their state tax obligation, their license or registration may be suspended.

10. NOTICE OF COLLECTION OF PERSONAL INFORMATION:

The Board of Behavioral Sciences of the Department of Consumer Affairs collects the personal information requested in the *Application for Licensure* as authorized by Business and Professions Code sections 27, 30, 114.5, 480, 4990.38, as well as sections 4996.2, 4996.6, 4996.17, 4996.18, 4996.23, 4996.23.1, 4996.23.2, 4996.23.3, 4996.25, 4996.26; Title 16 of the California Code of Regulations Sections 1805, 1806, 1870 and 1870.1; and the Information Practices Act. The Board uses this information principally to identify and evaluate applicants for licensure, issue and renew licenses, and enforce licensing standards set by statutes and regulations.

Mandatory Submission. Submission of the requested information is mandatory. The Board cannot consider your application for registration, licensure or renewal unless you provide all of the requested information.

Access to Personal Information. You may review the records maintained by the Board of Behavioral Sciences that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. We make every effort to protect the personal information you provide us. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code section 6250 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.

Contact Information. For questions about this notice or access to your records, you may 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, you may contact the Department of Consumer Affairs, 1625 North Market Blvd., Sacramento, CA 95834, (800) 952-5210 or email dca@dca.ca.gov.

APPLICATION FOR LICENSURE

LICENSED CLINICAL SOCIAL WORKER

Out-of-State Applicant

BBS
Board of Behavioral Sciences

GENERAL APPLICATION

To Be Completed by All Out-Of-State Applicants

Office Use Only:

Carefully read the Application Instructions FIRST

FEE: Attach a fee in the amount specified in the *Application Instructions.*

SSN or ITIN*	Birth Date: mm/dd/yyyy	E-Mail Address

Legal Name** Last	First	Middle

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)

Public Address of Record*** Number and Street

City	State	Zip Code	Phone

** 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 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 Part C of the Background Statement form, available on the Board's website, to facilitate processing of your application.

   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.

4. If you hold or have held a license or registration to practice clinical social work outside of California, have you attached a *Verification of License or Registration* form for each license or registration held? Yes ☐ No ☐ N/A ☐

5. I am applying for:

   Licensure by Credential: I have attached the Application for Path A ☐

   Licensure by Education and Experience: I have attached the Application for Path B. ☐

Applicant Name: Last	First	Middle

BACKGROUND QUESTIONS - RESPONSE IS VOLUNTARY

Providing an answer to the following questions is voluntary. Providing responses now, instead of waiting for the Board to receive your fingerprint results, will facilitate processing of your application. Your decision not to disclose information will not be a factor in the Board's decision to grant or deny an application. For more information, see the *Criminal Conviction FAQ*.

A. Have you been convicted of, pled guilty to, or pled nolo contendere to any misdemeanor or felony in the United States, its territories, or a foreign country?	Yes ☐ No ☐ *If YES, we recommend that you complete Part A of the Background Statement form, available on the Board's website, to facilitate processing of your application.* *If the conviction(s) have been previously reported to the Board, we recommend that you include a written statement listing each conviction, including the date(s) of the conviction(s). You do not need to resubmit documentation previously on file.*
B. Is any criminal action pending against you, or are you currently awaiting judgment and sentencing following entry of a plea or jury verdict?	Yes ☐ No ☐ *If YES we recommend that you complete Part B of the Background Statement form, available on the Board's website, to facilitate processing of your 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: _____

APPLICATION FOR LICENSURE

LICENSED CLINICAL SOCIAL WORKER

Out-of-State Applicant

BBS
Board of Behavioral Sciences

APPLICATION FOR PATH A. LICENSURE BY CREDENTIAL

This form must be accompanied by a General Application

Applicant Name: Last	First	Middle

1. QUALIFICATIONS:

A. I have held a license as a Clinical Social Worker in another United States jurisdiction for at least two years. ☐ Yes ☐ No

B. The license I hold is current, and has been active and unrestricted for at least two years immediately before the date I submit my application to the Board. ☐ Yes ☐ No

C. The license I hold is at the highest level for independent clinical practice in that jurisdiction. ☐ Yes ☐ No

D. The degree that qualified me for this license is a master's degree obtained from a school or department of social work that is accredited by the Council on Social Work Education. ☐ Yes ☐ No

If you answered NO to any of the above, you must instead apply using the *Application for Path B - Licensure by Education and Experience*.

2. OFFICIAL TRANSCRIPTS:

Have you submitted official sealed transcripts verifying your qualifying master's degree as described in 1.D. above? See Application Instructions for requirements.

Yes – Sealed Transcripts via Mail ☐

Yes – Electronic Transcripts ☐

No ☐

Applicant Name: Last	First	Middle

3. CALIFORNIA-SPECIFIC COURSEWORK:

List the course providers below and attach documentation of completion for each course. See *Application Instructions* for course content and provider requirements.

a) *California Law and Ethics (12 hours)*

Provider Name: _____

b) *Child Abuse Assessment and Reporting in California (7 hours)*

Provider Name: _____

c) *California Cultures and the Social and Psychological Implications of Socioeconomic Position (15 hours)*

Provider Name: _____

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:_____

APPLICATION FOR LICENSURE

LICENSED CLINICAL SOCIAL WORKER

Out-of-State Applicant

BBS
Board of Behavioral Sciences

APPLICATION FOR PATH B.
LICENSURE BY EDUCATION AND EXPERIENCE

This form must be accompanied by a General Application

Applicant Name: Last	First	Middle

1. CLINICAL EXAMINATION

If you have passed the Association of Social Work Boards Clinical Exam, have you requested an official sealed score report? Yes ☐ No ☐ N/A ☐

2. EXPERIENCE

Are you required to submit supervised experience hours? (see *Application Instructions* to determine) Yes ☐ No ☐

If YES, have you attached the required verification of experience? Yes ☐ No ☐

3. OFFICIAL TRANSCRIPTS

Have you submitted official sealed transcripts verifying your qualifying master's degree? See Application Instructions for requirements.

Yes – Sealed Transcripts via Mail ☐
Yes – Electronic Transcripts ☐
No ☐

4. CALIFORNIA LAW AND ETHICS COURSE (12 hours)

Have you attached documentation of completion of the required 12-hour course in California Law and Ethics as described in the *Application Instructions*?

Yes ☐ No ☐
Previously Submitted ☐

Applicant Name: Last	First	Middle

5. ADDITIONAL COURSEWORK

List the titles of the courses you have completed and the course providers below.
See *Guide to Out-of-State Applicant Requirements* for information on course content and provider requirements. ***You must submit documentation of completion unless previously submitted.***

a) *Child Abuse Assessment and Reporting in California (7 hours)*

Course Title(s): _____

Provider(s): _____

b) *Human Sexuality (10 hours)*

Course Title(s): _____

Provider(s): _____

c) *Alcoholism and Other Chemical Substance Dependency (15 hours)*

Course Title(s): _____

Provider(s): _____

d) *Spousal or Partner Abuse Assessment, Detection and Intervention (15 hours)*

Course Title(s): _____

Provider(s): _____

e) *Aging, Long Term Care; Elder/Dependent Adult Abuse (10 hours)*

Course Title(s): _____

Provider(s): _____

f) *California Cultures, and the Social and Psychological Implications of Socioeconomic Position (15 hours)*

Course Title(s): _____

Provider(s): _____

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:_____

Board of Behavioral Sciences
1625 North Market Blvd., Suite S200, Sacramento, CA 95834
Telephone: (916) 574-783
www.bbs.ca.gov

LICENSED CLINICAL SOCIAL WORKER
OUT-OF-STATE LICENSE OR REGISTRATION VERIFICATION

APPLICANT: Complete this section authorizing release of information by another state board or licensing agency. Mail this form and any necessary fees to that state board/licensi0ng agency.

Verification For: ☐ **Applicant** ☐ **Applicant's Supervisor**

Name of California Applicant:

Last	First	Middle	Date of Birth

Name of Individual to be Verified:

Last	First	Middle	License Number

I hereby authorize the release of my information to the California Board of Behavioral Sciences

Signature of individual to be verified: _____ Date:_____

STATE BOARD/LICENSING AGENCY: Please return this form to the above address.

1. Full name as shown in your records: _____
2. License or Registration Title: _____
3. License or Registration Status: _____
   Issue Date: _____ Expiration Date: _____
4. Any disciplinary action? ☐ Yes ☐ No If YES, attach an explanation.

_____
Signature of Person Completing Form Date

_____
Printed Name and Title

_____
State Board or Licensing Agency Name

_____
State Phone Number

State Board/Licensing Agency
Stamp Here

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

CLINICAL SOCIAL WORKER
OUT OF STATE EXPERIENCE VERIFICATION

Have your out-of-state supervisor complete this form as follows:

- Use a separate form for each supervisor and employer
- Make sure this form is complete and correct prior to signing
- Provide an original signature in ink and have the signer initial any changes
- Submit with your *Application for Licensure*

APPLICANT NAME: _____

APPLICANT'S EMPLOYER INFORMATION

Applicant's Employer's Name:			Telephone	
Address: Number and Street		City	State	Zip Code

SUPERVISOR INFORMATION

Supervisor's Name	Telephone	Email Address (OPTIONAL)	
License Type	License Number	State	Date First Licensed

Physicians: Were you certified in Psychiatry by the American Board of Psychiatry and Neurology during the entire period of supervision? ☐ Yes ☐ No

If YES, provide certificate number:_____

APPLICANT NAME: _____

EXPERIENCE INFORMATION

Dates of experience: From _____ (mm/dd/yyyy) to _____ (mm/dd/yyyy)

1. Total supervised weeks *(Minimum 104 overall)*:	
2. Total hours in individual or triadic supervision *(Minimum 52 overall)*:	
3. Total hours in group supervision:	
4. Hours worked per week *(Maximum 40)*:	
5. Total hours of clinical psychosocial diagnosis, assessment, and treatment, including individual or group psychotherapy / counseling *(Minimum 2,000 overall)*:	**A.**
6. Of the above hours, how many were gained performing face-to-face individual or group psychotherapy/counseling *(Minimum 750 overall)*:	
7. Total hours of client-centered advocacy, consultation, evaluation, research, workshops, seminars, training sessions or conferences and direct supervisor contact* *(Maximum 1,000 overall)*:	**B.**
8. Total hours of experience *(Minimum 3,000 overall)*: **(A + B = C)**	**C.**

NOTE: Knowingly providing false information or omitting pertinent information may be grounds for denial of the application. The Board may take disciplinary action on a licensee who helps an applicant obtain a license by fraud, deceit or misrepresentation. All information on this form is subject to verification.

Signature of Supervisor: _____ Date: _____
ORIGINAL SIGNATURE REQUIRED

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

INSTRUCTIONS FOR LIVE SCAN FINGERPRINTING AND PRIVACY NOTICES

Live Scan Fingerprinting is available only in California. Live Scan fingerprint results will be submitted to the **Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI)** electronically.

If you need to have your fingerprints taken in another state, you must use the "hard card" fingerprint method. To request hard cards and instructions, send an email to BBS.Fingerprint@dca.ca.gov with "Fingerprint Hard Cards" in the subject line, and include your mailing address. Please be advised that the DOJ processing time for hard card fingerprints is a minimum of 8 to 12 weeks, or longer. In order to avoid processing delays and additional costs that result from invalid fingerprint cards, fingerprints must be taken at a law enforcement agency in the state of residence.

Fingerprint Fees - Paid to Live Scan Site

If you have your prints taken via Live Scan, you must pay the fingerprint fees below **directly to the site** where you have your Live Scan fingerprints taken:

DOJ FINGERPRINT PROCESSING FEE: $32.00
FBI FINGERPRINT PROCESSING FEE: $17.00

In addition to these processing fees, there may be a service charge associated with the Live Scan site you visit. The Live Scan service site will collect the above fees at the time you are fingerprinted. The Live Scan service charge may vary from location to location.

Complete the Request for Live Scan Service Form

You must complete and submit the attached *Request for Live Scan Service* form at the Live Scan site. Make sure that the information provided in Section 3 of the form matches the information on your BBS application. Once your fingerprints have been scanned, the Live Scan Operator will complete Section 4 of this form and return the second and third copies to you.

The second copy of this form, with Section 4 completed by the Live Scan Operator, must be MAILED to the BBS in order to retrieve your fingerprint results from the DOJ. Retain the third copy for your records as a proof of payment.

Live Scan Fingerprint Locations

You must visit an approved Live Scan Service Site. Most local Police and Sheriff Departments offer the Live Scan fingerprinting service. Some large school districts, passport services, and stores with generalized fingerprinting expertise may also offer Live Scan. A current listing of Live Scan sites is available on the DOJ website at https://oag.ca.gov/fingerprints/locations.

Consider calling the Live Scan service provider for hours of operation, fees, and appointment times if necessary. You must present valid photo identification (i.e., driver's license, military ID, or passport) at the Live Scan site.

Filling Out Your Live Scan Form

To facilitate prompt and accurate processing, please **TYPE or print legibly in ink.**

SECTION 1: ***Type of Application: LIC/CERT/PERMIT***

Check the box for the applicable registration or license you are applying for with the BBS. Even if you are applying for more than one registration or license type, **CHECK THE BOX FOR ONLY ONE LICENSE TYPE.** Your fingerprint results will be put towards ALL registrations and licenses you hold. You do not need to pay or be fingerprinted for each individual BBS license type.

SECTION 2: This section is already completed.

SECTION 3:

Name of Applicant: Enter your full name

Alias: Indicate all other names used

Date of Birth: Indicate your month/day/year of birth

Sex: Mark the appropriate box

Height: Indicate your height in feet and inches

Weight: Indicate your weight in pounds (lbs.)

Eye Color: Indicate eye color abbreviation:

BLK - Black	**GRY** - Gray	**MAR** - Maroon	**BLU** - Blue	**GRN** - Green
PNK – Pink	**BRO** - Brown	**HAZ** - Hazel	**MUL** - Multicolor	

Hair Color: Indicate hair color abbreviation:

BAL - Bald	**BRO** - Brown	**SDY** - Sandy	**BLK** - Black
GRY - Gray	**WHI** - White	**BLN** - Blonde	**RED** - Red

Place of Birth:	Indicate the state or country of birth
Social Security Number:	Enter your SSN or individual taxpayer ID number. Must match the number provided on your application.
Driver's License No:	Enter your Driver's license number if you have one.
Address:	Enter a mailing address of your choice. You may use a business address, your home address, or any current address. This address will not be viewable by the public, and will be used solely for the BBS' records.

Your BBS File number:
Enter your BBS file number. If you are a brand new applicant and do not currently hold an identifying number, leave this line blank.

If Resubmission, list Original ATI No.
This is only used for a second fingerprinting due to a prior fingerprint rejection. The ATI No. allows you to be re-fingerprinted without paying the DOJ and FBI processing fee (service charges may still apply.)

Applicant Signature
Sign and date the application to indicate that you have read the included Privacy Notice, Privacy Act Statement and Applicant's Privacy Rights.

SECTION 4:

To be completed by the Live Scan operator.

REQUEST FOR LIVE SCAN SERVICE

Privacy Notice

As Required by Civil Code § 1798.17

Collection and Use of Personal Information. The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Business and Professions Code sections 4600-4621, 7574-7574.16, 26050-26059, 11340-11346, and 22440-22449; Penal Code sections 11100-11112, and 11077.1; Health and Safety Code sections 1522, 1416.20-1416.50, 1569.10-1569.24, 1596.80-1596.879, 1725-1742, and 18050-18055; Family Code sections 8700-87200, 8800-8823, and 8900-8925; Financial Code sections 1300-1301, 22100-22112, 17200-17215, and 28122-28124; Education Code sections 44330-44355; Welfare and Institutions Code sections 9710-9719.5, 14043-14045, 4684-4689.8, and 16500-16523.1; and other various state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled; or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at http://oag.ca.gov/privacy-policy.

Providing Personal Information. All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request.

Access to Your Information. You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. In order to process applications pertaining to Live Scan service to help determine the suitability of a person applying for a license, employment, or a volunteer position working with children, the elderly, or the disabled, we may need to share the information you give us with authorized applicant agencies. The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes.
- To another government agency as required by state or federal law.

Contact Information. For questions about this notice or access to your records, you may contact the Associate Governmental Program Analyst at the DOJ's Keeper of Records at (916) 210-3310, by email at keeperofrecords@doj.ca.gov, or by mail at: Department of Justice Bureau of Criminal Information & Analysis Keeper of Records P.O. Box 903417 Sacramento, CA 94203-4170.

REQUEST FOR LIVE SCAN SERVICE

Privacy Act Statement

Authority. The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose. Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses. During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental, or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

REQUEST FOR LIVE SCAN SERVICE

Noncriminal Justice Applicant's Privacy Rights

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification[1] that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.[2]
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.[3]

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.[4]

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at https://www.fbi.gov/services/cjis/identity-history-summary-checks

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.) *You can find additional information on the FBI website at* https://www.fbi.gov/about-us/cjis/background-checks

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1 Written notification includes electronic notification, but excludes oral notification

2 https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement

3 See 28 CFR 50.12(b) 4 See U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c)

4 See U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c)

State of California
REQUEST FOR LIVE SCAN SERVICE
BCII 8016 (04/2020)
Applicant Submission

APPLICANT

SECTION 1

ORI: **A0462**
(Code assigned by DOJ)

Type of Application: **LIC/CERT/PERMIT**

Type of License: ***(Mark Only ONE)***

☐ **Marriage and Family Therapist**
☐ **Clinical Social Worker**
☐ **Educational Psychologist**
☐ **Professional Clinical Counselor**

SECTION 2

Agency Authorized to Receive Criminal Record Information:

Board of Behavioral Sciences
1625 North Market Blvd. Suite S-200
Sacramento CA 95834

Mail Code: **01484**

Contact Name: Fingerprint Unit
Contact Phone: (916) 574-7859

SECTION 3

Name of Applicant: _____ _____ _____
(Please Print) Last First MI

Alias: _____
Last First

Date of Birth: _____ Sex: ☐ Male ☐ Female

Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____

Place of Birth: _____

Social Security Number: _____

BBS File Number: _____

If Resubmission, list Original ATI No.:

_____
(Must provide proof of rejection)

Driver's License No.: _____

Billing No.: **APPLICANT MUST PAY**

Address:

_____
Number and Street

_____ _____ _____
City State Zip

BBS Applicant: Please mail a copy of this form to the address in Section 2 with your BBS application.

Level of Service: ☒ DOJ ☒ FBI

I have received and read the included Privacy Notice, Privacy Act Statement and Applicant's Privacy Rights.

Applicant Signature:_____ Date:_____

SECTION 4

Live Scan Transaction Completed By: _____ Date: _____

Transmitting Agency: _____ LSID: _____

ATI No.: _____ Amount Collected/Billed: _____

ORIGINAL – Live Scan Operator **SECOND COPY – Requesting Agency** **THIRD COPY - Applicant**

State of California
REQUEST FOR LIVE SCAN SERVICE
BCII 8016 (04/2020)
Applicant Submission

APPLICANT

SECTION 1

ORI: **A0462**
(Code assigned by DOJ)

Type of Application: **LIC/CERT/PERMIT**

Type of License: ***(Mark Only ONE)***

☐ **Marriage and Family Therapist**
☐ **Clinical Social Worker**
☐ **Educational Psychologist**
☐ **Professional Clinical Counselor**

SECTION 2

Agency Authorized to Receive Criminal Record Information:

Board of Behavioral Sciences
1625 North Market Blvd. Suite S-200
Sacramento CA 95834

Mail Code: **01484**

Contact Name: Fingerprint Unit
Contact Phone: (916) 574-7859

SECTION 3

Name of Applicant: _____ _____ _____
(Please Print) Last First MI

Alias: _____
Last First

Date of Birth: _____ Sex: ☐ Male ☐ Female

Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____

Place of Birth: _____

Social Security Number: _____

BBS File Number: _____

If Resubmission, list Original ATI No.:

_____
(Must provide proof of rejection)

Driver's License No.: _____

Billing No.: **APPLICANT MUST PAY**

Address:

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