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

LICENSED CLINICAL SOCIAL WORKER

APPLICATION FOR LICENSURE

Path B – Licensure via Education and Experience

OUT-OF-STATE or OUT-OF-COUNTRY Applicants

Use this Path B application if either of the following apply to you:

➡ **You are licensed as an LCSW in another state or country and do not meet all of the requirements to apply under Path A; OR**

➡ **You have an out-of-state or out-of-country degree AND do NOT hold a California Associate Registration***

Thank you for your interest in becoming a California Licensed Clinical Social Worker (LCSW). This packet contains the following:

1. Application Selector and Overview of Licensure Process
2. Application Instructions
3. Application Checklist
4. Important Information for Applicants
5. Application for Licensure
6. Verification of Out-of-State License or Registration
7. Experience Verification (Out-of-State)
8. Instructions for Live Scan Fingerprinting/Request for Live Scan Service Form

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* If you are currently registered as an Associate in California and have gained experience hours in California, you may submit an In-State Application for Licensure.

LCSW Out-of-State/Out-of-Country Application Selector and Overview of Licensure Process

Board of Behavioral Sciences

This is a summary. For a full description of licensure requirements, see *Statutes and Regulations*.

I have an out-of-state/out-of-country degree and need to obtain 3,000 hours of supervised work experience

Submit the **ASW Out-of-State/Out-of-Country Application**

Once you receive an ASW registration you may apply to take the CA Law and Ethics Exam, which you must take prior to renewing your ASW registration

After obtaining 3,000 hours of qualifying experience and completing Additional Coursework you may submit the *LCSW IN-STATE Application*

Click Here for LCSW Application

Once your LCSW application is approved and you have passed the Law and Ethics Exam you will receive notification of your eligibility to sit for the ASWB

I have an out-of-state/out-of-country degree and already have 3,000 hours of qualifying supervised work experience OR I am licensed as an LCSW at the highest level in the U.S.

Submit the *LCSW Out-of-State/Out-of-Country Application* (Path A or Path B)

Click Here for Path A Application

Click Here for Path B Application

Path A

Once approved you will be eligible to sit for the CA Law and Ethics Exam

Take and pass the CA Law and Ethics Exam

Path B

Once approved you will be eligible to sit for the CA Law and Ethics Exam

Take and pass the CA Law and Ethics Exam, then contact the Board

If you have not yet passed the ASWB* you will receive notification of your eligibility to sit for the ASWB*

After you pass the appropriate exams submit your *Request for Initial License Issuance* to receive your LCSW license

Click Here for Request for Initial License Issuance

***ASWB** = Association of Social Work Boards Clinical Exam

Revised 12/2023

APPLICATION FOR LICENSURE

LICENSED CLINICAL SOCIAL WORKER

Board of Behavioral Sciences

APPLICATION INSTRUCTIONS

PATH B – Licensure via Education and Experience
Out-of-State and Out-of-Country Applicants

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**. Staples and paperclips interfere with your application being scanned.

▶ **Avoid delays! Use the included *Application Checklist* and read all instructions closely. This will help you submit a complete application and avoid deficiencies.**

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 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 Duty Military** pursuant to BPC section 115.5. A $125 application 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 the bank to see if your check or money order has been cashed by the Board.

Path B - APPLICATION INSTRUCTIONS

A. APPLICATION

Instructions	Document(s) Required
• Complete all sections of the *Application for Licensure*. 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). • 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 *(access at https://www.bbs.ca.gov/pdf/forms/change_name.pdf).* • Email Address: Provide your email address if you have one. This address is not subject to public disclosure.	**Completed and signed *Application for Licensure – Path B***

B. FEES:

Instructions	Document(s) Required
Carefully read the information below to determine your fees. Incorrect submission will delay your application. ***If you need clarification, contact bbs.lcsw@dca.ca.gov prior to submission.*** **• If you have NEVER been issued a registration or license with the BBS:** Attach a $200.00 check or money order to your application, made payable to the Behavioral Sciences Fund. The $200.00 fee consists of a $125.00 application fee and a $75.00 California Law and Ethics Exam fee. The application fee is an earned fee for evaluation of your application and is NOT REFUNDABLE. **• If you HAVE been issued a registration or license with the BBS at any time in the past:** a. <u>If you have ALREADY PASSED the California Law and Ethics Exam:</u> Attach a $125.00 check or money order to your application, made payable to the Behavioral Sciences Fund. This is an earned fee for the evaluation of your application and is NOT REFUNDABLE. b. <u>If you have NOT yet passed the California Law and Ethics Exam:</u> i. Attach a $125.00 check or money order to your 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. Apply to take California Law and Ethics Exam via your Breeze account if you have not done so already ($75.00 fee - submit at: www.breeze.ca.gov).	• **Attach a $200 check or money order payable to the Behavioral Sciences Fund** • **Attach a $125 check or money order payable to the Behavioral Sciences Fund** **AND** *(if you have NOT passed the Law and Ethics Exam):* **Apply and pay $75 fee for the Law and Ethics Exam (if you have not done so already)**
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).	**If submitting fingerprint "hard cards" also attach a $49 check or money order payable to the Behavioral Sciences Fund**

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. **<u>If you currently reside in California:</u>** 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 <u>only</u> be held for 6 months. **<u>If you currently reside out of state:</u>** 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 <u>WITH</u> YOUR APPLICATION. • ***Sending fingerprint cards and/or the $49 fee separate from your application will cause a delay in approval of your application.*** • DOJ processing time for hard card fingerprints is **8 or more weeks.**	**<u>If you currently reside in California:</u> Submit the second copy of your completed *Request for Live Scan Service Applicant Submission* form.** **<u>If you currently reside out of state:</u> Submit two completed fingerprint hard cards (FBI and DOJ) AND a $49 check or money order payable to the Behavioral Sciences Fund with your application.**

D. VERIFICATION OF LICENSE OR REGISTRATION IN ANOTHER STATE OR COUNTRY

Instructions	Document(s) Required
If you hold or have held a license or registration as a clinical social worker in another state or country, and that state or country does NOT have a public online license lookup that contains information on disciplinary actions, you must provide a completed *Verification of License or Registration in Another State or Country* form. This verification may be provided in one of the following ways: • Emailed to the Board DIRECTLY FROM THE LICENSING AGENCY to BBSLicCerts@dca.ca.gov • Submitted in an envelope SEALED BY THE LICENSING AGENCY.	**Verification of License or Registration *(if applicable)*** **MUST BE EMAILED BY THE LICENSING AGENCY TO THE BOARD OR PROVIDED IN AN ENVELOPE SEALED BY THE AGENCY *(if no public online lookup)***

E. 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 have already passed 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 as determined by the date of the Board's receipt of your California *Application for Licensure*. • If you DO 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 from the ASWB to verify your passing score. Place an order on ASWB's website (www.aswb.org) to have your score report forwarded to the Board electronically.	**ASWB Clinical Exam Score Verification *(if applicable)***

F. SUPERVISED EXPERIENCE

Determine Your Requirements:	Requirements
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 section G (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. Follow the instructions provided below.

Instructions for Applicants Who Must Submit Verification of Experience	Document(s) Required
Instructions for Experience Gained OUTSIDE of California You must submit verification of substantially equivalent supervised experience to reach a total of 3,000 hours and 104 weeks as described below: • Experience must have been gained within the six (6) years prior to the Board's receipt of your California *Application for Licensure*. • Experience must have been supervised by a licensed mental health professional who met all of the qualifications listed on page 6 of the *Guide to Licensure Requirements for Out-of-State Applicants (access at https://www.bbs.ca.gov/pdf/lcsw_guide.pdf)*. • Experience must include a minimum of 1,700 hours under the supervision of an LCSW who met all of the qualifications listed in the above *Guide*. • If the state or country in which your hours were earned required a registration or license in order to gain experience, you must have been registered or licensed during the time you earned your 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 *(access the application at www.bbs.ca.gov> Applicant>LCSW).*	**See next page**

F. SUPERVISED EXPERIENCE (continued)

Instructions for Applicants Who Must Submit Verification of Experience	Document(s) Required
Instructions for Experience Gained OUTSIDE of California (continued)	
• Submit signed *Out-of-State Experience Verification* form completed by each supervisor. Use separate *Out-of-State Experience Verification* forms for each supervisor and each employer.	**Signed *Out-of-State Experience Verification* form(s)**
• If the state or country in which your supervisor is licensed does NOT have a public online license lookup that contains information on disciplinary actions, you must provide a completed *Verification of License or Registration in Another State or Country* form verifying your supervisor's license. This verification may be provided in one of the following ways: o Emailed to the Board DIRECTLY FROM THE LICENSING AGENCY to BBSLicCerts@dca.ca.gov o Submitted in an envelope SEALED BY THE LICENSING AGENCY.	**Verification(s) of supervisor's license in an envelope SEALED BY THE LICENSING AGENCY OR EMAILED BY THE AGENCY AS DIRECTED (if applicable)**
Instructions for Experience Gained WITHIN California	
EXPERIENCE VERIFICATION: Submit signed *In-State Experience Verification* form(s), available on the Board's website *(access at www.bbs.ca.gov>Applicant>LCSW>Forms/Pubs).* Use separate *In-State Experience Verification* forms for each supervisor and each employer. All versions of this form will be accepted. *Weekly Logs* CANNOT be accepted in place of an *Experience Verification* form. Do not submit *Weekly Log* forms unless requested.	**Signed *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 must obtain a duplicate. 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 *(access at www.bbs.ca.gov>Applicant>LCSW>Forms/Pubs).* The letter must be signed and state the time frame (date range) during which you volunteered.	**Signed Volunteer Letter(s) (if applicable)**

F. SUPERVISED EXPERIENCE (continued)

Instructions for Applicants Who Must Submit Verification of Experience	Document(s) Required
Instructions for Experience Gained WITHIN California (continued) SUPERVISOR RESPONSIBILITY STATEMENT OR SUPERVISION AGREEMENT: Submit a signed *Supervisor Responsibility Statement* or *Supervision Agreement* for each supervisor. SUPERVISORY PLAN: Submit a signed *Supervisory Plan* for each supervisor and each employer. Note: For those submitting a *Supervision Agreement*, a *Supervisory Plan* is part of that agreement and does not need to be submitted separately. LETTER OF AGREEMENT: Submit a copy of the signed written oversight agreement for each supervisor and each employer, if applicable. See BPC section 4996.23.3 to determine whether required. See sample letter online *(access at www.bbs.ca.gov>Applicant>LCSW>Forms/Pubs).* Must contain original signatures.	**Signed Supervisor Responsibility Statement(s) or Supervision Agreement(s)** **Signed Supervisory Plan(s)** **Signed letter(s) of agreement (if applicable)**

G. DEGREE REQUIREMENTS

Instructions	Document(s) Required
➡ ***Disregard this section if you are currently registered with the BBS as an Associate*** Provide an official sealed transcripts verifying your master's degree from a program accredited by the Commission on Accreditation of the Council on Social Work Education (CSWE). See section H. for requirements if your degree was obtained outside the U.S. or its territories. The degree title and date of conferral must be posted. Submit your transcripts as follows: • Provided in an envelope SEALED BY YOUR SCHOOL; or • Emailed BY YOUR SCHOOL to the Board at BBStranscripts@dca.ca.gov. • For questions about electronic submission, see FAQ *(access at www.bbs.ca.gov>Updates/FAQs>FAQs).*	**Official transcripts showing degree title and date of conferral.** **MUST BE IN AN ENVELOPE SEALED BY THE SCHOOL OR EMAILED BY THE SCHOOL AS DIRECTED**

H. 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 outside of the United States or its territories, 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 as specified in BPC section 4996.18(e). The evaluation must be performed by the CSWE or a CSWE-approved agency, and must include the following: • A statement that the degree has been evaluated for equivalency with CSWE standards. • If the evaluation is performed by a CSWE-approved agency, the evaluation must include a statement that the agency is approved 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 provided in an envelope SEALED BY THE EVALUATING AGENCY or emailed to the Board BY THE AGENCY to BBStranscripts@dca.ca.gov. In addition to the evaluation, a transcript is required as stated in section G above.	**Degree evaluation by a foreign credential evaluation service (if applicable).** **MUST BE IN AN ENVELOPE SEALED BY THE EVALUATING AGENCY OR EMAILED BY THE AGENCY AS DIRECTED**

I. CALIFORNIA LAW AND ETHICS COURSE

Instructions	Document(s) Required
➡ ***Disregard this section if you are currently registered with the BBS as an Associate*** Attach a certificate of completion for 12 hours of coursework that covers, at minimum, all of the following content pertaining to California Law and Ethics: 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 related to confidentiality of patient health information, dual relationships, child abuse, elder and dependent adult abuse, online therapy, insurance reimbursement, civil liability, disciplinary actions and *(continued on next page)*	**Proof of completion of 12- hour California Law and Ethics course**

I. CALIFORNIA LAW AND ETHICS COURSE (continued)

Instructions	Document(s) Required
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 process. This course must be taken from a Board-accepted continuing education provider, including a school that holds a CSWE accreditation, a school that holds a regional or national institutional accreditation recognized by the United States Department of Education (USDE), or a school approved by the Bureau for Private Postsecondary Education (BPPE). See the Board's website for more information on acceptable course providers *(access at www.bbs.ca.gov >Licensees>Continuing Education>Where to find CE Courses).*	**Proof of completion of 12- hour California Law and Ethics course**

J. ADDITIONAL COURSEWORK

Instructions	Document(s) Required
The courses listed on the next page must be completed prior to approval of your *Application for Licensure*. A course description or syllabus will be required if the course content is not easily identifiable by the course title. Note: If you have already submitted proof of completion with an Associate application, it is not necessary for you to resubmit. See the Board's website for more information on **acceptable course providers** *(access at www.bbs.ca.gov >Licensees>Continuing Education>Where to find CE Courses).*	**Proof of completion of all additional coursework listed on the next page *(unless previously submitted)***

J. ADDITIONAL COURSEWORK (continued)

ADDITIONAL COURSEWORK	LENGTH	CONTENT REQUIRED
Suicide Risk Assessment and Intervention	6 hours of coursework or applied experience	See pages 8-9 of the Guide to Out-of-State Applicant Requirements for ALL course content requirements
Child Abuse Assessment and Reporting in California	7 hours	
Human Sexuality	10 hours	
Aging, Long Term Care and Elder/Dependent Adult Abuse	10 hours	
Spousal/Partner Abuse Assessment, Detection, and Intervention	15 hours	
Alcoholism and Other Chemical Substance Abuse and Dependency	15 hours	
California Cultures and the Social and Psychological Implications of Socioeconomic Position	15 hours or 1 semester unit	

K. APPLY FOR INITIAL LICENSE ISSUANCE

Instructions	Document(s) Required
Upon meeting all requirements for licensure, you must submit a *Request for Initial License Issuance* and initial licensure fee *(access at https://www.bbs.ca.gov/pdf/forms/initial_lic_iss.pdf).* **Do not submit the form/fee at this time – it will be rejected.**	AFTER you pass BOTH exams, submit a *Request for Initial License Issuance* and fee

APPLICATION FOR LICENSURE

LICENSED CLINICAL SOCIAL WORKER

Board of Behavioral Sciences

APPLICATION CHECKLIST

Path B – Licensure via Education and Experience
Out-of-State and Out-of-Country Applicants

Avoid application deficiencies!

Carefully read the preceding *Application Instructions* to ensure all requirements are met pertaining to the documents listed below:

Completed Application (form number 37A-203B)

Official sealed transcript with degree title and date of conferral posted*

Proof of completion of 12-hour California Law and Ethics course*

Proof of completion of Additional Coursework *(if not previously submitted)*

Sealed Verification of License or Registration in Another State or Country *(if applicable)*

Sealed Verification of passing the ASWB Clinical Exam *(if applicable)*

Out-of-State Experience Verification forms and Verification of Supervisor's License *(if applicable)*

In-State Experience Verification forms and related documents listed on pages 8-9 of the *Application Instructions (if applicable)*

Sealed evaluation of degree earned outside the United States* *(if applicable)*

Completed Request for Live Scan Service form* **OR**

Two completed fingerprint "hard cards" with the $49 fingerprint card processing fee (check or money order payable to the Behavioral Sciences Fund)

Fee(s) payable to the Behavioral Sciences Fund

**Not required if currently registered with the BBS as an Associate*

Important Information for LICENSED CLINICAL SOCIAL WORKER APPLICANTS

Board of Behavioral Sciences

1. AVOID LOSING EXPERIENCE HOURS AND INCURRING ADDITIONAL FEES BY MEETING THE TIME FRAMES BELOW

An application shall be deemed abandoned, meaning your file will be closed, in any of the circumstances described below. **File closure could have major consequences, including the loss of any experience hours more than six (6) years old at the time of re-application.** To re-open an abandoned (closed) 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.

- You do not submit evidence that you have cleared the deficiencies specified in your application 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.

2. WHAT HAPPENS AFTER THE BOARD EVALUATES MY APPLICATION?

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 your required examination(s), including information on how to register for the examination(s).
    - In-State and "Path B" Out-of-State Applicants: 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.

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 *(access at https://www.bbs.ca.gov/exams).*

3. REQUEST FOR TESTING ACCOMMODATION – DISABILITY OR ENGLISH IS YOUR SECOND LANGUAGE

Refer to the Board's website for information on how to apply for testing accommodations *(access at https://www.bbs.ca.gov/exams).*

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

The address you enter on your application is public information and will be placed on the Internet pursuant to BPC 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. Email addresses are not subject to public disclosure.

6. 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.

7. STATUTES AND REGULATIONS

To obtain a copy of the Board's *Statutes and Regulations*, please access it from the Board's website *(go to www.bbs.ca.gov>Applicant and scroll to the bottom of the page).*

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:

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

11. QUESTIONS?

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

APPLICATION FOR LICENSURE

LICENSED CLINICAL SOCIAL WORKER

Out-of-State or Out-of-Country Applicant

Board of Behavioral Sciences

APPLICATION FOR PATH B.
LICENSURE BY EDUCATION AND EXPERIENCE

Office Use Only:

Avoid delays and deficiencies - 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	
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)	

** Disclosure of your United States 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, available on the Board's website, 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.

4. If you hold or have held a license or registration to practice clinical social work outside of California, and that state or country does NOT have a public online license lookup that contains information on disciplinary actions, have you attached a *Verification of License or Registration* form for each license or registration held? Yes / No / N/A

Applicant Name: Last	First	Middle

5. 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

6. EXPERIENCE

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

If YES, have you attached the required verification of experience? Yes No N/A

7. OFFICIAL TRANSCRIPTS

Have you submitted official sealed transcripts verifying your qualifying master's degree (if not previously submitted)? See the *Application Instructions* for all requirements.

Yes – Sealed Transcripts via Mail

Yes – Electronic Transcripts

No

Submitted With Previous Application

8. 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* (if not previously submitted)?

Yes No

Submitted With Previous Application

Applicant Name: Last	First	Middle

9. ADDITIONAL COURSEWORK

List the titles of the courses you have completed and the course providers below.
See the *Application Instructions* for information on course content and provider requirements.
Attach 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): _____

g) *Suicide Risk Assessment and Intervention (6 hours)*

Course Title(s): _____

Provider(s): _____

Applicant Name: Last	First	Middle

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:*** _____

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

VERIFICATION OF LICENSE OR REGISTRATION IN ANOTHER STATE OR COUNTRY

PART 1. APPLICANT: If you hold or have held a license or registration in another state or country, or if you are submitting supervised experience gained in another state or country, **and that state or country does NOT have a public online license lookup that contains information on disciplinary actions**, this form must be completed. Complete Part 1 and mail this form and any necessary fees to that licensing 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:_____

PART 2. LICENSING AGENCY:

Please return completed form to the above mailing address or email to BBSLicCerts@dca.ca.gov

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? No Yes *(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 OR Out-of-Country Experience Verification

This form must be completed by your out-of-state or out-of-country supervisor and submitted with your *Application for Licensure – Path B*. See the Application for experience and supervisor requirements *(access at www.bbs.ca.gov> Applicant>LCSW>Forms/Pubs)*. All information on this form is subject to verification. Be sure to:

- Use a separate form for each supervisor and employer
- Make sure this form is complete and correct prior to the supervisor signing
- Have your supervisor initial any changes

APPLICANT NAME:

Last	First	Middle	Associate Number ASW

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

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	
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:

Last	First	Middle	Associate Number ASW

EXPERIENCE INFORMATION

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

1. Total weeks:	
2. Total hours of clinical psychosocial diagnosis, assessment, and treatment, including individual or group psychotherapy / counseling:	
• Of the above hours, how many were gained performing face-to-face individual or group psychotherapy/counseling?	
3. Total hours of client-centered advocacy, consultation, evaluation, research, workshops, seminars, training sessions or conferences and direct supervisor contact:	
4. Total hours of experience:	

NOTE: Knowingly providing false information or omitting pertinent information may be grounds for denial of the application. All information on this form is subject to verification.

I hereby certify that the applicant gained the experience hours in compliance with the requirements of the state or country in which they were earned.

Signature of Supervisor: _____ Date: _____

ORIGINAL, SCANNED OR ELECTRONIC 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**