



**Board of Behavioral Sciences**  
 1625 North Market Blvd., Suite S200, Sacramento, CA 95834  
 (916) 574-7830  
[www.bbs.ca.gov](http://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 as a marriage and family therapist 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
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*Name of Individual to be Verified:*

Last	First	Middle	License Number
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***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](mailto: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