



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



APPLICATION FOR LICENSURE LICENSED EDUCATIONAL PSYCHOLOGIST

Thank you for your interest in becoming a Licensed Educational Psychologist. Included in this packet are the following forms and documents:

1. Education and Experience Requirements Flow Chart
2. Application Instructions
3. Application Checklist
4. Important Information for Applicants
5. Application for Licensure
6. Experience Verification forms:
 - A. Verification of Supervised Experience
 - B. Verification of Experience as a Credentialed or Licensed School Psychologist
7. Important Live Scan Information and Instructions
8. Request for Live Scan Service form

LICENSED EDUCATIONAL PSYCHOLOGIST
SUMMARY OF EDUCATION AND EXPERIENCE REQUIREMENTS^{1 2}
Effective January 1, 2026

Earned a master's degree in a study area specified in BPC
[4989.20\(a\)\(1\)](#)

60 semester units / 90 quarter units postgraduate study in pupil personnel services

Two school terms² of full-time¹ experience as a credentialed or licensed school psychologist
(Gained over at least 2 school terms²; no more than 6 years old)

If Experience Gained in CA

If Experience NOT Gained in CA

If the required two school terms² were completed while holding a California credential at a school located in California, then **ALSO** either:

1. 1,200 hours of supervised experience in an accredited school psychology program (***gained in any state, no age limit***);
OR
2. One school term² of full-time¹ experience as a California credentialed school psychologist in a school **located in California**, supervised by an LEP (***gained over at least 1 school term², 6-year age limit***)

If the required two school terms² were **NOT** completed while holding a California credential at a school located in California, then **ALSO** either:

1. 1,200 hours of supervised experience in an accredited school psychology program, ***gained in California within the past 6 years***;
OR
2. One school term² of full-time¹ experience as a California credentialed school psychologist in a school **located in California**, supervised by an LEP (***gained over at least 1 school term², 6-year age limit***)

Passage of the LEP
Written Exam

¹ **“Full-Time”** means a minimum of 175 days, or 1,050 hours, per school term² OR equivalent part-time experience.

² **“School Term”** means a minimum period of **35 weeks** over which creditable service must be performed.

APPLICATION FOR LICENSURE
**LICENSED EDUCATIONAL
PSYCHOLOGIST**



APPLICATION INSTRUCTIONS

Read Carefully Before Completing Your Application

Submit completed application to: Board of Behavioral Sciences
1625 North Market Blvd., Suite S200
Sacramento, CA 95834

➔ **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>LMFT>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 \$250 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.

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.

A. APPLICATION

Instructions	Document(s) Required
<ul style="list-style-type: none"> • Complete all sections of the <i>Application for Licensure</i>. 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). • <u>Name Change</u>: 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. • <u>Email Address</u>: Provide your email address if you have one. This address is not subject to public disclosure. 	<p>Completed and signed <i>Application for Licensure</i></p>

B. FEE

Instructions	Document(s) Required
<p>Attach a \$500.00 check or money order made payable to the Behavioral Sciences Fund.</p> <p>The \$500.00 fee consists of a \$250.00 application fee (for evaluating your experience and education), and a \$250.00 examination fee.</p> <p>The application fee is NOT REFUNDABLE.</p>	<p>\$500 check or money order payable to Behavioral Sciences Fund</p>
<p><u>Out-of-State Fingerprinting Fee</u>:</p> <p>Attach a \$49 fee if ONLY you are submitting fingerprint “hard cards” due to being fingerprinted outside of California (see next page for details).</p>	<p>If submitting fingerprint “hard cards” also attach a \$49 check or money order payable to the Behavioral Sciences Fund</p>

C. FINGERPRINTS

Instructions	Document(s) Required
<p>The Board requires a Department of Justice (DOJ) and Federal Bureau of Investigation (FBI) criminal history background check on all applicants.</p> <p><u>If you currently reside in California:</u></p> <p>Read the <i>Instructions for Live Scan Fingerprinting</i> and complete the <i>Request for Live Scan Service</i> form included in this application packet.</p> <ul style="list-style-type: none"> • 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. <p><u>If you currently reside out of state:</u></p> <p>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.</p> <ul style="list-style-type: none"> • YOU MUST SUBMIT YOUR TWO COMPLETED FINGERPRINT CARDS AND THE \$49 FEE TO THE BOARD <u>WITH</u> YOUR APPLICATION. • Sending fingerprint cards and/or the \$49 fee <u>separate</u> from your application <u>will cause a delay</u> with the approval of your application. • DOJ processing time for hard card fingerprints is 8 or more weeks. 	<p><u>If you currently reside in California:</u> Submit the second copy of your completed <i>Request for Live Scan Service Applicant Submission</i> form</p> <p><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 Behavioral Sciences Fund WITH YOUR APPLICATION</p>

D. DEGREE AND OFFICIAL TRANSCRIPTS

Instructions	Document(s) Required
<p>Your qualifying degree and pupil personnel services (PPS) coursework must be from a school accredited by a regional or national institutional accrediting agency recognized by the United States Department of Education.</p> <p>Provide official sealed transcripts verifying the following:</p> <ul style="list-style-type: none"> Your qualifying master's degree; and Completion of a minimum of 60 semester units (or 90 quarter units) of postgraduate coursework in PPS (may be within your degree or outside of your degree). <p>Your transcripts must be sent to the Board via one of the following methods:</p> <ul style="list-style-type: none"> Provided in an envelope SEALED BY THE SCHOOL; or Emailed BY YOUR SCHOOL to the Board at BBSLEPtranscripts@dca.ca.gov For questions about electronic submission, see FAQ (access at www.bbs.ca.gov/Updates/FAQs/FAQs) 	<p>Official sealed transcripts with degree title and date of conferral posted, and showing postgraduate PPS coursework</p> <p>MUST BE IN AN ENVELOPE SEALED BY THE SCHOOL OR EMAILED BY THE SCHOOL TO THE BOARD AS DIRECTED</p>

E. DEGREE EARNED OUTSIDE OF THE UNITED STATES

Instructions	Document(s) Required
<p>If you have a degree or other education earned outside of the United States or its territories, you must have your education evaluated to determine equivalency by a foreign credential evaluation service that is a member of the National Association of Credential Evaluation Services (www.naces.org).</p> <p>The evaluation must be in an envelope SEALED BY THE EVALUATING AGENCY or emailed BY THE AGENCY to BBSLEPtranscripts@dca.ca.gov.</p> <p>You are also required to submit an official transcript as described in section D above.</p> <p>The Board has the authority to make the final determination as to whether a degree meets all requirements, including, but not limited to, course requirements regardless of evaluation or accreditation.</p>	<p>Degree evaluation by a foreign credential evaluation service (if applicable)</p> <p>MUST BE IN AN ENVELOPE SEALED BY THE EVALUATING AGENCY OR EMAILED BY THE AGENCY TO THE BOARD AS DIRECTED</p>

F. VERIFICATION OF EXPERIENCE AS A SCHOOL PSYCHOLOGIST

Instructions	Document(s) Required
<p>Two school terms* (aka school years) of full-time (or the equivalent to full-time) experience as a Credentialed or Licensed School Psychologist is required, consisting of a minimum 2,100 total hours of experience over a minimum of 70 weeks.</p> <p>Experience completed in California or another state is acceptable.</p> <p>Submission of part-time experience is acceptable. If you do not have two school years at full-time, the Board will use the total number of weeks* submitted to determine whether you have met the overall experience requirement.</p> <p>All experience must have been completed within the six (6) years immediately preceding the date on which your <i>Application for Licensure</i> is received by the Board.</p> <p>*NOTE: School term (aka school year) is defined as a minimum of 35 weeks.</p> <p>Provide verification of this experience by having an authorized school district employee with professional knowledge of your experience sign the Verification of Experience as a California Credentialed School Psychologist (form #37A-501).</p>	<p>Verification of Experience as a Credentialed or Licensed School Psychologist</p>

G. SUPERVISED PROFESSIONAL EXPERIENCE

Instructions	Document(s) Required
<p>There are two possible paths for meeting the supervised professional experience requirement.</p> <p>Path I. 1,200 hours of supervised professional experience in an accredited school psychology program (field experience or internship).</p> <p>NOTE: If your experience as a school psychologist (specified in section F above) was completed in another state, your field experience / internship must meet BOTH of the following requirements:</p> <ul style="list-style-type: none"> • Must have been completed in a school setting located in California; AND • Must have been completed within the six (6) years immediately preceding the date on which your <i>Application for Licensure</i> is received by the Board. <p style="text-align: center;">OR</p> <p>Path II. One school term* (aka school year) of full-time (or the equivalent to full-time) experience as a California-Credentialed School Psychologist obtained under the direction of a California-Licensed Educational Psychologist, consisting of a minimum 1,050 hours of experience.</p> <p>This experience must have been completed within the six (6) years immediately preceding the date on which your <i>Application for Licensure</i> is received by the Board.</p> <p>*NOTE: A school term (aka school year) is defined as a minimum of 35 weeks. Submission of part-time experience equaling 1,050 hours over a minimum of 35 weeks is acceptable.</p> <p>Provide verification of Path I or Path II experience by submitting a Verification of Supervised Professional Experience (form #37A-502).</p>	<p>Supervised Professional Experience Verification form(s)</p>

H. EXPERIENCE IN A PRIVATE OR PAROCHIAL SCHOOL

Instructions	Document(s) Required
<p>If any of the experience you are submitting was completed in a private or parochial school, the Board must evaluate that experience for equivalency with experience obtained in the public schools.</p> <p>To enable the Board to make such an evaluation, ensure that the signer of your experience verification form(s) attaches a copy of your job description or duty statement.</p>	<p>Copy of job description or duty statement (if applicable)</p>

I. SUICIDE RISK ASSESSMENT AND INTERVENTION TRAINING

Instructions	Document(s) Required
<p>Six (6) hours of coursework or applied experience in Suicide Risk Assessment and Intervention is required. If this content was included within your supervised experience, and you can obtain a written certification from the program's director of training, or from your primary supervisor stating that the training was included within your supervised experience, it may be accepted in lieu of a course.</p> <p>If this content was included within your qualifying degree program, you will need to obtain a written certification from the registrar or training director of your school or program stating that this coursework was included within the curriculum required for graduation, or within the coursework that was completed by you.</p> <p>Otherwise, this requirement may be met by taking a 6-hour course from an acceptable continuing education provider (access at www.bbs.ca.gov >Licensees>Continuing Education>Where to find CE Courses).</p>	<p>Proof of completion of training</p>

J. TELEHEALTH COURSEWORK

Instructions	Document(s) Required
<p>Three (3) hours of coursework in the provision of mental health services via telehealth is required, including law and ethics related to telehealth.</p> <p>If this content was included within your qualifying degree program, you will need to obtain a written certification from the registrar or training director of your school or program stating that this coursework was included within the curriculum required for graduation, or within the coursework that was completed by you. Otherwise, this requirement may be met by taking a 3-hour course from an acceptable continuing education provider.</p>	<p>Proof of course completion</p>

K. EXAMINATION

Instructions	Document(s) Required
<p>You must pass the California Licensed Educational Psychologist Written Examination. You will be eligible to take your exam after your <i>Application for Licensure</i> has been approved.</p>	<p>None at this time</p>

L. APPLY FOR INITIAL LICENSE ISSUANCE

Instructions	Document(s) Required
<p>Upon meeting all requirements for licensure, you must submit a Request for Initial License Issuance and fee (access at www.bbs.ca.gov> Applicant>LEP>Forms/Pubs)</p> <p>Do not submit the form or fee until you have passed the exam – if you submit it too early it will be rejected.</p>	<p>AFTER you pass the exam, submit a <i>Request for Initial License Issuance</i> and fee</p>

APPLICATION CHECKLIST

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-500)
- Official transcripts
- Completed Experience Verification forms (form numbers 37A-501 and 37A-502)
- Proof of completion of Suicide Risk Assessment and Intervention Training
- Proof of completion of Telehealth Coursework
- 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)
- \$500.00 check or money order payable to the Behavioral Sciences Fund
- If any experience was gained in a Private or Parochial school: Copy of signed duty statement
- If Degree was Earned Outside of the United States: Evaluation of Degree

Important Information for LICENSED EDUCATIONAL PSYCHOLOGIST APPLICANTS



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 certain 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 the deficiency letter within one (1) year from the date of the initial deficiency letter; or
- You fail to sit for examination within one (1) year after being notified of eligibility; or
- You fail to pay the initial license fee within one (1) year after notification by the Board of successful completion of examination requirements.

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.

The examination contains objective multiple-choice questions and is 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 on the Board's [website](https://www.bbs.ca.gov) (access at <https://www.bbs.ca.gov/exams>).

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

Refer to the Board's [website](https://www.bbs.ca.gov) 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 hereunder, 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 Business and Professions Code (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](http://www.bbs.ca.gov) (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, 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 BPC section 31(e), the State Board of Equalization and the Franchise Tax Board may share taxpayer information with the Board. If a licensee or registrant does not pay their state tax obligation, the individual's 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?

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

**APPLICATION FOR LICENSURE
LICENSED EDUCATIONAL
PSYCHOLOGIST**



Office Use Only:

Carefully read the Application Instructions FIRST

Attach a \$500 Fee

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)	
Have you ever served in the United States Armed Forces or the California National Guard? (OPTIONAL)			Yes, Currently	No
			Yes, Previously	

* 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
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1. Have you ever applied for or been issued a license, registration or certificate to practice educational psychology 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

2. 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.

3. Other post-graduate education:

School Name	Course of Study	Degree	Date Awarded



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LICENSED EDUCATIONAL PSYCHOLOGIST VERIFICATION OF SUPERVISED PROFESSIONAL EXPERIENCE

Complete either the “Path I” OR “Path II” section of this form. All information on this form is subject to verification. Be sure to use a separate form for each work setting and:

- Make certain that the form is complete and correct prior to signing
- Provide an original or electronic signature and have the signer initial any changes

PATH I OPTION FIELD EXPERIENCE OR INTERNSHIP

An individual with professional knowledge of your field experience or internship must complete this section in order to verify completion of at least 1,200 hours of supervised professional experience in an accredited school psychology program. NOTE: If you do not have this type of experience, complete the section for Path II only.

APPLICANT

Applicant Name: Last	First	Middle
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SCHOOL OR SCHOOL DISTRICT

1. School or School District Where Experience Completed:	2. Telephone Number:
3. Address of School or School District:	
4. Mark one: <input type="checkbox"/> Public School <input type="checkbox"/> Private School <input type="checkbox"/> Parochial School <i>If you marked “Private” or “Parochial” school, attach a job description or duty statement for the applicant’s position.</i>	
5. Dates of Experience: From: _____ mm/dd/yyyy To: _____ mm/dd/yyyy	6. Number of Hours: _____

I have professional knowledge that the above applicant completed the above experience. NOTE: Knowingly providing false information or omitting pertinent information may be grounds for denial of this application.

 Signature of Employer/School District’s Authorized Designee

 Date Signed

 Print Name

 Title

**LICENSED EDUCATIONAL PSYCHOLOGIST
 VERIFICATION OF SUPERVISED PROFESSIONAL EXPERIENCE
 PATH II OPTION
 EXPERIENCE UNDER A LICENSED EDUCATIONAL PSYCHOLOGIST**

Your supervisor must complete this section to verify your experience as a California-Credentialed School Psychologist obtained under the direction of a California-Licensed Educational Psychologist. All information on this form is subject to verification. If you do not have this type of experience, complete the section for Path I only.

APPLICANT

Applicant Name: Last	First	Middle
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SUPERVISOR

1. Supervisor's Name: Last		First	Middle
2. Supervisor's LEP License Number		State	Date Originally Licensed
3. Phone Number		4. Name of School or School District	
5. Address of School or School District:			
6. Mark one: <input type="checkbox"/> Public School <input type="checkbox"/> Private School <input type="checkbox"/> Parochial School <i>If you marked "Private" or "Parochial" school, attach a job description or duty statement for the applicant's position.</i>			
7. List the school term(s) (aka school year(s)) worked:			
From: _____ to _____		Number of hours completed in this term: _____	
mm/dd/yyyy mm/dd/yyyy			
From: _____ to _____		Number of hours completed in this term: _____	
mm/dd/yyyy mm/dd/yyyy			
From: _____ to _____		Number of hours completed in this term: _____	
mm/dd/yyyy mm/dd/yyyy			
8. Was the minimum of 35 weeks completed? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Applicant Name: Last	First	Middle
Employer/School District Name:		

9. Total number of hours of supervised experience: _____

I hereby attest that the applicant completed the above supervised experience under my direction. NOTE: Knowingly providing false information or omitting pertinent information may be grounds for denial of this application and/or may be grounds for disciplinary action.

Signature of Supervisor

Date Signed



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LICENSED EDUCATIONAL PSYCHOLOGIST VERIFICATION OF EXPERIENCE AS A CREDENTIALLED OR LICENSED SCHOOL PSYCHOLOGIST

This form must be completed by an authorized school district employee with professional knowledge of the applicant's experience as a Credentialed or Licensed School Psychologist. All information on this form is subject to verification. Be sure to:

- Use a separate form for each employment setting.
- Make certain that the form is complete and correct prior to signing.
- Provide an original or electronic signature and have the signer initial any changes.

APPLICANT:

Applicant Name: Last	First	Middle
PPS Credential* Number	State	Date Issued

**AKA Document or License Number*

EMPLOYER / SCHOOL DISTRICT:

1. Employer/School District Name:	2. Telephone Number:
3. Mark one: <input type="checkbox"/> Public School <input type="checkbox"/> Private School <input type="checkbox"/> Parochial School <i>If you marked "Private" or "Parochial" school attach a job description or duty statement for the applicant's position.</i>	
4. Address: Number and Street	
City	State Zip Code
5. Applicant's Position: <input type="checkbox"/> School Psychologist <input type="checkbox"/> Other: _____	

Applicant Name: Last	First	Middle
Employer/School District Name:		

6. List the school term(s) (aka school year(s)) worked:

From: _____ to _____ Number of hours completed in this term: _____
mm/dd/yyyy mm/dd/yyyy

From: _____ to _____ Number of hours completed in this term: _____
mm/dd/yyyy mm/dd/yyyy

From: _____ to _____ Number of hours completed in this term: _____
mm/dd/yyyy mm/dd/yyyy

7. Was the minimum of 70 weeks completed? Yes No

I have professional knowledge that the applicant completed the experience listed above as a Credentialed or Licensed School Psychologist. NOTE: Knowingly providing false information or omitting pertinent information may be grounds for denial of this application.

Signature of Employer/School District's Authorized Designee

Date Signed

Print Name

Title



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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 notification¹ 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>*

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)

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:

Mail Code: **01484**

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

Contact Name: Fingerprint Unit

Contact Phone: (916) 574-7859

SECTION 3

Name of Applicant: _____
(Please Print) Last

First _____ MI _____

Alias: _____
Last First

Driver's License No.: _____

Date of Birth: _____ Sex: Male Female

Billing No.: **APPLICANT MUST PAY**

Height: _____ Weight: _____

Address:

Eye Color: _____ Hair Color: _____

Number and Street _____

Place of Birth: _____

City _____ State _____ Zip _____

Social Security Number: _____

BBS File Number: _____

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

If Resubmission, list Original ATI No.: _____

(Must provide proof of rejection)

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