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

LICENSED PROFESSIONAL CLINICAL COUNSELOR

APPLICATION FOR LICENSURE

IN-STATE* Applicants

➡ Use this application when you are ready to have your supervised experience evaluated to qualify to take the NCMHCE Clinical Exam

➡ This application can be submitted before you pass the LPCC Law and Ethics Exam

➡ Your hours of experience must have been gained within the six (6) years prior to the date your application is received by the Board

Thank you for your interest in becoming a California Licensed Professional Clinical Counselor (LPCC). This packet contains the following:

1. Application Instructions
2. Application Checklist
3. Important Information for Applicants
4. Application for Licensure (In-State)
5. Experience Verification (In-State)

***You may submit this IN-STATE application if either of the following apply:**

➡ **You hold a California Associate Registration; OR**

➡ **You have an Out-of-State degree and have gained experience hours in California** (You may have coursework to complete - refer to the notice sent upon approval of your Associate application).

APPLICATION FOR LICENSURE

LICENSED PROFESSIONAL CLINICAL COUNSELOR

Board of Behavioral Sciences

APPLICATION INSTRUCTIONS

In-State Applicants

READ ALL PAGES CAREFULLY BEFORE SUBMITTING YOUR APPLICATION

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

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

AVOID DELAYS! Use the included *Application Checklist* and read all instructions closely. This will help you submit a complete application package 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>LPCC>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 or the California National Guard**. Download the form here and include it ON TOP OF your application.
- **Spouses/Partners of persons on active duty in the U.S. Armed Forces assigned to a duty station in California**. A $125 fee waiver is also available to these applicants. Download the form here and include it ON TOP OF your application.
- **Refugees / Asylees / Special Immigrant Status Holders ("SI" or "SQ")**. Download the form here 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.

A. APPLICATION FORM

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***

B. FEE

Instructions	Document(s) Required
Your application fee is an earned fee for evaluation of your application and is NOT REFUNDABLE. Attach a **$125.00** check or money order made payable to the Behavioral Sciences Fund.	**Check or money order payable to Behavioral Sciences Fund**

C. EXAMINATIONS

Instructions	Document(s) Required
If you have not previously passed the LPCC California Law and Ethics Exam, you must first pass this exam before proceeding with the National Clinical Mental Health Counseling Exam (NCMHCE). You will be eligible to take your initial exam after your *Application for Licensure* has been approved, and you will receive information on how to register at that time. You will be provided with a one-year window in which to participate in the exam *(Note: if you miss your one-year deadline, your application will be closed)*. The Board does not administer the NCMHCE and your exam fees must be paid by you directly to the exam administrator, the National Board of Certified Counselors (NBCC). For more information see the Exams tab on the Board's website.	None at this time

D. SUPERVISED EXPERIENCE

Instructions	Document(s) Required
Supervised post-degree work experience must total at least **two years** (104 weeks) and 3,000 hours. • A minimum of 1,750 of those hours shall be in providing direct clinical counseling. • A maximum of 1,250 of those hours may be in nonclinical practice which includes direct supervisor contact, administering and evaluating psychological tests, writing clinical reports, writing progress or process notes, client-centered advocacy, and workshops, seminars, training sessions, or conferences. Your supervised experience must have been obtained within the six (6) years immediately preceding the date on which your *Application for Licensure* is received by the Board.	

Continued on next page

D. SUPERVISED EXPERIENCE (continued)

Instructions	Document(s) Required
EXPERIENCE VERIFICATION: Each supervisor of your experience hours must verify your experience. *In-State Experience Verification* form is provided in this packet for this purpose. If you have any Out-of-State experience, use an *Out-of-State Experience Verification* form. • Use separate *Experience Verification* forms for each supervisor and each employer. • All versions of the *Experience Verification* forms are accepted. • *Weekly Logs* CANNOT be accepted in place of an *Experience Verification* form. Do not submit *Weekly Logs* unless requested. WORKSHOPS, SEMINARS, TRAINING AND CONFERENCES: If you completed any of these activities as part of your supervised experience, the hours must be included on your *Experience Verification* form. Do not submit other proof of completion. ***NOTE: The documents listed below and on the next page are NOT required for out-of-state experience.***	**Original *Experience Verification* form(s)**
W-2 FORMS / CHECK STUB FOR CURRENT YEAR: 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. Please note: • 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 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 in accordance with BPC section 4999.46.3(i), an explanation is required.	**Copies of W-2 Form(s) / Check Stub for Current Year *(if applicable)***
VOLUNTEER LETTERS: If you volunteered while gaining hours, a letter from your employer is required indicating your voluntary status on your employer's letterhead. The letter must state the time frame (date range) during which you volunteered. See sample letter on the Board's website.	**Signed Volunteer Letter(s) *(if applicable)***

Continued on next page

D. SUPERVISED EXPERIENCE

Instructions	Document(s) Required
SUPERVISOR RESPONSIBILITY STATEMENTS AND SUPERVISORY PLANS **OR** SUPERVISION AGREEMENTS: Submit the initial *Supervisor Responsibility Statement and Supervisory Plan (for supervisory relationships that began PRIOR to January 1, 2022)* OR *Supervision Agreement (for supervisory relationships that began ON OR AFTER January 1, 2022)* signed by EACH supervisor. NOTE: For those submitting a *Supervision Agreement*, a *Supervisory Plan* is part of that agreement and does not need to be submitted separately.	**Signed Supervisor Responsibility Statement(s) and Supervisory Plan(s) OR Supervision Agreement(s)**
EXPERIENCE HOURS GAINED IMMEDIATELY AFTER GRADUATION / EMPLOYER LIVE SCAN FORM REQUIREMENT: If you graduated on or after January 1, 2020, the Board shall only accept experience hours gained between the date your degree was awarded and the date your Associate registration was issued IF your workplace required you to complete Live Scan fingerprinting prior to gaining those hours. If this applies to you, attach a copy of your completed "Request for Live Scan Service" form for each employer. For more information see 90-Day Rule FAQ. **Your employer information must be listed under section 2 of the Live Scan form for your hours to be accepted under the 90-day rule.**	**Employer Live Scan Form(s) *(if applicable)***
WRITTEN OVERSIGHT AGREEMENTS: Submit a signed and dated written oversight agreement for each supervisor and each employer, if applicable. See BPC section 4999.46.4 to determine whether required. See sample letter online *(access at www.bbs.ca.gov>Applicant>LPCC> Forms/Pubs).*	**Signed Written Oversight Agreement(s) *(if applicable)***

E. SUICIDE RISK ASSESSMENT AND INTERVENTION TRAINING

Instructions	Document(s) Required
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. If this content was included within your qualifying degree program and your school did not provide verification with the Degree Program Certification included with your Associate application, 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 six-hour course from an acceptable continuing education provider *(access at www.bbs.ca.gov> Licensees>Continuing Education).*	**Proof of course completion**

F. TELEHEALTH COURSEWORK

Instructions	Document(s) Required
Three (3) hours of coursework in the provision of mental health services via telehealth is required. This coursework must include law and ethics related to telehealth. If this content was included within your qualifying degree program and your school did not provide verification with the Degree Program Certification included with your Associate application, submit 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 three-hour course from an acceptable continuing education provider.	**Proof of course completion**

G. APPLY FOR INITIAL LICENSE ISSUANCE

Instructions	Document(s) Required
After you have met all requirements for licensure, you must apply online to have your initial license issued, including the initial licensure fee *(access the application at www.breeze.ca.gov).* **Do not submit the form or fee until you have passed both exams – if you submit it too early it will be rejected.**	AFTER you pass BOTH exams, submit a *Request for Initial License Issuance* and fee

LICENSED PROFESSIONAL CLINICAL COUNSELOR

Board of Behavioral Sciences

APPLICATION CHECKLIST

In-State Application for Licensure

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-632)*

☐ Telehealth Coursework – proof of completion *(if not previously submitted)*

☐ Suicide Risk Assessment and Intervention Training– proof of completion *(if not previously submitted)*

☐ Experience Verification form(s)

☐ Supervisor Responsibility Statement AND Supervisory Plan OR Supervision Agreement *(for each supervisor)*

☐ W-2 or letter verifying voluntary employment status *(for each employer)*

☐ Employer Request for Live Scan *(if applicable)*

☐ Written Oversight Agreement(s) *(if applicable)*

☐ Check or money order payable to the Behavioral Sciences Fund

Important Information for

LICENSED PROFESSIONAL CLINICAL COUNSELOR 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 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. 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 Clinical Mental Health Counseling Examination (NCMHCE) until you have passed the LPCC California Law and Ethics Exam. See *Application Instructions* in this packet for more information.

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 on the Board's website.

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 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 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 ADDRESS AND PUBLIC 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.

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 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 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?

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

APPLICATION FOR LICENSURE

LICENSED PROFESSIONAL CLINICAL COUNSELOR

In-State Applicant

Board of Behavioral Sciences

Office Use Only:

Carefully read the Application Instructions FIRST

Attach Fee

APCC Number: _____

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 ☐ No ☐
Yes, Previously ☐

2. Have you ever applied for or been issued a license, registration or certificate to practice professional clinical counseling 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.

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

Applicant Name: Last	First	Middle

4. Did you attach all required documents as listed in the *Application Checklist* and as described in the *Application Instructions*? Yes ☐ No ☐

If NO, specify which items were NOT attached and explain why below:

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.** 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 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
Telephone: (916) 574-7830
www.bbs.ca.gov

PROFESSIONAL CLINICAL COUNSELOR
IN-STATE Experience Verification

This form is to be completed by the applicant's California supervisor and submitted by the applicant with their *Application for Licensure*. All information on this form is subject to verification.

- Use separate forms for each supervisor and each employment setting.
- Ensure that the form is complete and correct prior to signing.
- Supervisor must initial any changes.
- Do not submit *Weekly Log* forms unless specifically requested.
- Please see the Notice on Collection of Personal Information *(access at www.bbs.ca.gov>About Us>About the Board>Other Information>Policies).*

APPLICANT NAME:

Last	First	Middle	Associate Number APC

Dates of experience being claimed (mm/dd/yyyy):	From:	To:

SUPERVISOR INFORMATION:

Supervisor's Name		Email Address *(if supervisor has one)*	
Business Phone	License Type	License Number	Date First Licensed*

- Physicians: Were you certified in Psychiatry by the American Board of Psychiatry and Neurology during the entire period of supervision? ☐ N/A ☐ No ☐ Yes: Date Certified: _____
  Certification Number: _____

**If licensed in California for less than two years on the first date of experience claimed by the applicant, attach your out-of-state license information*

Were you (the supervisor) employed by the supervisee's employer? ☐ Yes ☐ No

If NO, did you and the supervisee's employer sign a written agreement pertaining to oversight of the supervisee? ☐ Yes ☐ No *If YES, applicant must submit a copy of this agreement.*

Applicant: Last	First	Middle

APPLICANT'S EMPLOYER INFORMATION:

Name of Applicant's Employer			Business Phone
Address: Number and Street	City	State	Zip Code

1. Was this experience gained in a private practice or professional corporation setting?	☐ Yes ☐ No
2. Was the applicant receiving pay? *If YES, applicant must submit a copy of their W-2 statement for each year experience is claimed (if a W-2 has not yet been issued for this year, submit a copy of the current paystub).* *If NO (applicant volunteered), applicant must submit a letter from the employer verifying volunteer status.*	☐ Yes ☐ No

EXPERIENCE INFORMATION:

1. Dates of experience (mm/dd/yyyy):	From:	To:

2. Number of weeks of supervised experience:	
3. Hours of Experience:	**Logged Hours**
a. Total Direct Clinical Counseling Experience:	
b. Total Non-Clinical Experience:	
• Of the above hours, how many were Face-to-Face Supervision?	**Logged Hours**
○ Individual or Triadic Supervision:	
○ Group Supervision:	

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

Signature of Supervisor: _____ Date: _____

ORIGINAL OR ELECTRONIC SIGNATURE REQUIRED