



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



PROFESSIONAL CLINICAL COUNSELOR

OUT-OF-STATE DEGREE PROGRAM CERTIFICATION

This form is for use by applicants with an Out-of-State Degree

➔ INSTRUCTIONS FOR APPLICANT

The purpose of this form is for your school to verify the specifics of a degree program from a school located outside of California, or from an online program that is not designed to meet California's requirements. It may also be used to verify completion of additional coursework required prior to licensure. The Board may require additional information to verify course content, such as course syllabi. *Note: This form is not required for applicants with a degree earned outside of the United States or its territories.*

- This form must be provided with your application in an envelope that has been sealed by your school OR sent by your school directly to the Board via email.
- To qualify, your degree must **fully** contain all of the requirements specified in the [Guide to Educational Requirements for Out-of-State APCC Applicants](#), or if applying for licensure, the [Guide to LPCC Licensure Requirements for Out-of-State Applicants](#). There are no exceptions.
- The Board recommends obtaining a copy of this completed form and reviewing it prior to applying so that you can determine whether your degree qualifies.

➔ INSTRUCTIONS FOR SCHOOL

The applicant is applying for a registration or license with the Board of Behavioral Sciences. Please complete this form including the certification on the last page and provide the applicant with the original IN A SEALED ENVELOPE or send directly to the Board at BBStranscripts@dca.ca.gov.

If any transferred-in units were accepted, attach a letter of explanation identifying those courses and describing how they were applied to the student's program.

The full legal text of the degree requirements is located in Business and Professions Code (BPC) section [4999.62](#), which also contains references to BPC sections [4999.32](#) and [4999.33](#). These code sections are also available on the Board's website under [Statutes and Regulations](#).

IMPORTANT: *Units for Core Content Areas (CCAs), Practicum, and Advanced Coursework **can only be applied once** (cannot be double-counted). For example, if the applicant has 3 semester units being applied to fulfill the Assessment CCA, those units cannot be applied to a different CCA, nor can they be applied to Practicum or Advanced Coursework. However, course units can be split.*

PROFESSIONAL CLINICAL COUNSELOR
OUT-OF-STATE DEGREE PROGRAM CERTIFICATION

Applicant Name: Last	First	Middle
SSN or Individual Taxpayer ID Number:	Date Began Graduate Study mm/dd/yyyy	

1. Number of units in degree: _____ Semester units Quarter Units
(If the degree does not contain a minimum of 48 semester units or 72 quarter units it does not qualify)
2. At the time the degree was conferred, was the program CACREP accredited? Yes No
If YES, attach documentation of accreditation.
3. **CORE CONTENT AREAS:** Has the applicant completed coursework that is the equivalent of at least **three (3) semester units or four (4) quarter units** in each of the following areas?
 - A. Yes No Counseling and psychotherapeutic theories and techniques, including the counseling process in a multicultural society, an orientation to wellness and prevention, counseling theories to assist in selection of appropriate counseling interventions, models of counseling consistent with current professional research and practice, development of a personal model of counseling, and multidisciplinary responses to crises, emergencies, and disasters.
Number of units: _____ Course number(s): _____

 - B. Yes No Human growth and development across the lifespan, including normal and abnormal behavior and an understanding of developmental crises, disability, psychopathology, and situational and environmental factors that affect both normal and abnormal behavior.
Number of units: _____ Course number(s): _____

Applicant Name: Last	First	Middle
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3. **CORE CONTENT AREAS (continued):** Has the applicant completed coursework that is the equivalent of at least **three (3) semester units or four (4) quarter units** in each of the following areas?

C. Yes No Career development theories and techniques, including career development decision-making models and interrelationships among and between work, family, and other life roles and factors, including the role of multicultural issues in career development.

Number of units: _____ Course number(s): _____

D. Yes No Group counseling theories and techniques, including principles of group dynamics, group process components, developmental stage theories, therapeutic factors of group work, group leadership styles and approaches, pertinent research and literature, group counseling methods, and evaluation of effectiveness.

Number of units: _____ Course number(s): _____

E. Yes No Assessment, appraisal, and testing of individuals, including basic concepts of standardized and non-standardized testing and other assessment techniques, norm-referenced and criterion-referenced assessment, statistical concepts, social and cultural factors related to assessment and evaluation of individuals and groups, and ethical strategies for selecting, administering, and interpreting assessment instruments and techniques in counseling. **(NOTE: Must be fully within degree program, or degree does not qualify)**

Number of units: _____ Course number(s): _____

F. Yes No Multicultural counseling theories and techniques, including counselors' roles in developing cultural self-awareness, identity development, promoting cultural social justice, individual and community strategies for working with and advocating for diverse populations, and counselors' roles in eliminating biases and prejudices, and processes of intentional and unintentional oppression and discrimination.

Number of units: _____ Course number(s): _____

Applicant Name: Last	First	Middle
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3. **CORE CONTENT AREAS (continued):** Has the applicant completed coursework that is the equivalent of at least **three (3) semester units or four (4) quarter units** in each of the following areas:?

G. Yes No Principles of the diagnostic process, including differential diagnosis, and the use of current diagnostic tools, such as the current edition of the Diagnostic and Statistical Manual, the impact of co-occurring substance use disorders or medical psychological disorders, established diagnostic criteria for mental or emotional disorders, and the treatment modalities and placement criteria within the continuum of care. **(NOTE: Must be fully within degree program, or degree does not qualify)**

Number of units: _____ Course number(s): _____

H. Yes No Research and evaluation, including studies that provide an understanding of research methods, statistical analysis, the use of research to inform evidence-based practice, the importance of research in advancing the profession of counseling, and statistical methods used in conducting research, needs assessment, and program evaluation.

Number of units: _____ Course number(s): _____

I. Yes No Professional orientation, ethics, and law in counseling, including professional ethical standards and legal considerations, licensing law and process, regulatory laws that delineate the profession's scope of practice, counselor-client privilege, confidentiality, the client dangerous to self or others, treatment of minors with or without parental consent, relationship between practitioner's sense of self and human values, functions and relationships with other human service providers, strategies for collaboration, and advocacy processes needed to address institutional and social barriers that impede access, equity, and success for clients.

Number of units: _____ Course number(s): _____

J. Yes No Psychopharmacology, including the biological bases of behavior, basic classifications, indications, and contraindications of commonly prescribed psychopharmacological medications so that appropriate referrals can be made for medication evaluations and so that the side effects of those medications can be identified.

Number of units: _____ Course number(s): _____

Applicant Name: Last	First	Middle
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3. **CORE CONTENT AREAS (continued):** Has the applicant completed coursework that is the equivalent of at least **three (3) semester units or four (4) quarter units** in each of the following areas?

K. Yes No Addictions counseling, including substance abuse, co-occurring disorders, and addiction, major approaches to identification, evaluation, treatment, and prevention of substance abuse and addiction, legal and medical aspects of substance abuse, populations at risk, the role of support persons, support systems, and community resources.

Number of units: _____ *Course number(s):* _____

L. Yes No Crisis or trauma counseling, including crisis theory; multidisciplinary responses to crises, emergencies, or disasters; cognitive, affective, behavioral, and neurological effects associated with trauma; brief, intermediate, and long-term approaches; and assessment strategies for clients in crisis and principles of intervention for individuals with mental or emotional disorders during times of crisis, emergency, or disaster.

Number of units: _____ *Course number(s):* _____

M. Yes No Advanced counseling and psychotherapeutic theories and techniques, including the application of counseling constructs, assessment and treatment planning, clinical interventions, therapeutic relationships, psychopathology, or other clinical topics.

Number of units: _____ *Course number(s):* _____

4. Yes No **ADVANCED COURSEWORK:** In addition to the course requirements listed in #A – M above, the applicant’s degree contains 15 semester units or 22.5 quarter units that develop knowledge of specific treatment issues or special populations.

Number of units: _____ *Course numbers:* _____

5. Yes No **SUPERVISED PRACTICUM:** The applicant’s degree program contained 6 semester units or 9 quarter units of practicum or field study that included at least 280 hours of face-to-face supervised clinical experience counseling individuals, families, or groups.

Course numbers: _____

Applicant Name: Last	First	Middle
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6. **ADDITIONAL COURSEWORK:** The following courses are NOT required to be part of the applicant's degree program, but are required for licensure. Please provide information about any of the following content provided within the applicant's degree.

Mark "Yes" if the applicant's degree program contained any of the specified content, and list the number of units or hours and course numbers. If the applicant completed some, but not all of the content listed, you may mark "Yes" but please indicate the missing content on the last page under "Notes".

- A. Yes No Suicide risk assessment and intervention. *Number of Hours:* _____
Course Number(s): _____
- B. Yes No Human sexuality, including the study of the physiological, psychological, and social cultural variables associated with sexual behavior, gender identity, and the assessment and treatment of psychosexual dysfunction. *Number of Hours:* _____
Course Number(s): _____
- C. Yes No Aging and long-term care, including biological, social, cognitive, and psychological aspects of aging, and including instruction on the assessment and reporting of, as well as treatment related to, elder and dependent adult abuse and neglect.
Number of Hours: _____ *Course Number(s):* _____
- D. Yes No Spousal/partner abuse assessment, detection, intervention strategies, and same-gender abuse dynamics.
Number of Hours: _____ *Course Number(s):* _____
- E. Yes No Mental health recovery oriented care and methods of service delivery in recovery-oriented practice environments.
Number of Hours: _____ *Course Number(s):* _____

- F. Yes No Structured meetings with various consumers and family members of consumers of mental health services to enhance understanding of their experiences of mental illness, treatment, and recovery.
Number of Hours: _____ *Course Number(s):* _____

Applicant Name: Last	First	Middle
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Notes:

CERTIFICATION

I hereby certify that all of the foregoing is true and correct

Signature of Chief Academic Officer or
Authorized Designee

Name of Institution

Print Name

Campus City and State

Date Signed

Institution Accredited or Approved by

Email Address