



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



LICENSED PROFESSIONAL CLINICAL COUNSELOR REQUEST FOR CONFIRMATION OF QUALIFICATIONS TO ASSESS AND TREAT COUPLES AND FAMILIES

INSTRUCTIONS

- Type or print clearly in ink.
- If you would like to know whether the Board has received your request, you will need to mail your documents using a service that includes tracking.
- Processing time will vary depending on the volume of applications received.
- **This form will not be accepted unless you currently hold an LPCC license in California.**

ENCLOSE ALL OF THE FOLLOWING IN ADDITION TO THE COMPLETED FORMS
(*unless otherwise specified on the request form*):

- Official transcripts verifying that you have met the educational qualifications, in an envelope sealed by the educational institution (another transcript is not required if you have submitted them within the past year).
- A course description or course syllabus if the course title does not clearly indicate the content.
- Documentation of your supervised experience working with couples, families and/or children.

Required Notice to Couple or Family Clients and Certain Supervisees

An LPCC who wishes to treat couples or families **must** obtain written confirmation from the Board stating that he or she meets the requirements to assess and treat couples and families, and must provide a copy of this written confirmation to all of the following:

- Couple or family clients prior to commencement of treatment **AND**
- The types of supervisees listed below, prior to commencement of supervision:
 - A marriage and family therapist trainee or associate
 - An LPCC or Associate Professional Clinical Counselor who is gaining the supervised experience necessary to treat couples or families

For more information on “couples and families” requirements, including FAQs, see the Board’s [website](#).



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LICENSED PROFESSIONAL CLINICAL COUNSELOR

REQUEST FOR CONFIRMATION OF QUALIFICATIONS TO ASSESS AND TREAT COUPLES AND FAMILIES

Type or print clearly in ink

A. APPLICANT INFORMATION

LPCC License Number:		BBS File Number (if known):	
Legal name*:	Last	First	Middle
Maiden name and any other AKA			
Business Telephone:	Residence Telephone:	E-Mail Address (OPTIONAL):	

Name or Address Change: If you have changed your legal name without notifying the Board, submit a Notification of Name Change form with your request along with the required documentation. If you have a change of address, please make the change [online](#).

<p>Do you currently hold a license as a Licensed Marriage and Family Therapist (LMFT)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES: → Enter your LMFT license number: _____ State: _____ AND → SKIP TO SECTION D</p>
<p>Do you hold a LPCC license in another state? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES: → LPCC license number: _____ State: _____</p> <p>→ Does the scope of practice in that state clearly allow LPCCs to assess and treat couples, families and children? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES: ○ SKIP TO SECTION C</p> <p>If NO: ○ Submit documentation of experience as described in Section B, and complete Sections C and D.</p>

B. EXPERIENCE REQUIREMENT

To qualify, you must have a minimum of 500 hours of documented supervised experience working directly with couples, families and/or children under the supervision of one of the following, who has been licensed for at least two (2) years:

- A Licensed Professional Clinical Counselor who, at the time of supervision, had met the education and experience requirements to treat couples and families;
- A Licensed Marriage and Family Therapist; **or**
- Any of the following licensed persons who have sufficient education and experience to competently practice couples and family therapy:
 - Licensed Clinical Social Worker
 - Licensed Educational Psychologist (may only supervise the provision of educationally related mental health services consistent with the LEP scope of practice described in BPC section 4989.14, which may include children or families.)
 - Licensed Clinical Psychologist
 - Licensed Physician Board-Certified in Psychiatry by the American Board of Psychiatry and Neurology

TO VERIFY SUPERVISED EXPERIENCE:

Attach a completed *Supervised Experience with Couples, Families or Children* form signed by your supervisor. If your supervisor is not available, your employer at the time you gained your experience may complete the form.

Applicant Name: Last	First	Middle
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C. EDUCATION REQUIREMENT

I. A minimum of six (6) semester units or nine (9) quarter units of graduate coursework specifically focused on the theory and application of marriage and family therapy

OR

II. A named specialization or emphasis area on the qualifying degree in one of the following:

- Marriage and family therapy
- Marriage, family and child counseling
- Marital and family therapy
- Couple and family therapy

TO VERIFY, COMPLETE ONE OF THE FOLLOWING SECTIONS (I or II) AND ATTACH OFFICIAL, SEALED TRANSCRIPTS

I. Coursework focused on the theory and application of marriage and family therapy:

School	Course Number	Course Title	Units

OR

II. Degree Title/Specialization:

Degree Title:	Named Specialization or Emphasis: <input type="checkbox"/> Marriage and family therapy <input type="checkbox"/> Marital and family therapy <input type="checkbox"/> Marriage, family and child counseling <input type="checkbox"/> Couple and family therapy
Name of School, College or University:	

D. APPLICANT SIGNATURE

NOTE: Knowingly providing false information or omitting pertinent information may be grounds for denial of this application. The Board may take disciplinary action on a licensee or registrant who misrepresents his or her education or professional qualifications.

Applicant Signature

Date



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LICENSED PROFESSIONAL CLINICAL COUNSELOR SUPERVISED EXPERIENCE WITH COUPLES, FAMILIES OR CHILDREN

NOTE: This form will NOT be accepted as verification for purposes of a LPCC licensing application.

The supervisor* of your experience working directly with couples, families and/or children must complete this form as follows:

- Use a separate form for each supervisor and employer.
- An original signature in ink is required. Have the signer initial any changes.
- Submit with your *Request for Confirmation of Qualifications to Assess and Treat Couples and Families* form.

APPLICANT INFORMATION

LPCC License Number:		BBS File Number (if known):	
Legal name: Last	First	Middle	

EMPLOYER INFORMATION

Applicant's Employer's Name	Employer Telephone
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SUPERVISOR INFORMATION

Supervisor's Name			Supervisor's Telephone	
Supervisor's License Type	License Number	Issue Date	State	
Do you have sufficient education and experience to competently practice couples or family therapy?			<input type="checkbox"/> No <input type="checkbox"/> Yes	
Have you received professional training in supervision?			<input type="checkbox"/> No <input type="checkbox"/> Yes	

** If your supervisor is not available, your employer may sign*

Applicant Name: Last	First	Middle
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SUPERVISOR INFORMATION (Continued)

<p>Physicians: Were you certified in Psychiatry by the American Board of Psychiatry and Neurology during this supervision?</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes: Certificate number: _____
<p>California-licensed LPCCs: Did you meet California's qualifications to treat couples and families during this supervision?</p>	<input type="checkbox"/> No <input type="checkbox"/> Yes: Date you met the qualifications: _____

APPLICANT'S SUPERVISED EXPERIENCE

<p>Dates (mm/dd/yyyy): From _____ to _____</p> <p>Total supervised hours working directly with couples, families and/or children: _____ hours</p>

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: _____