



Board of Behavioral Sciences
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PROFESSIONAL CLINICAL COUNSELOR

IN-STATE DEGREE PROGRAM CERTIFICATION

FORM B

This form is for use by the following applicants:

- 1) The applicant began graduate study on or after August 1, 2012 **OR**
- 2) The applicant began graduate study before August 1, 2012, AND did not complete the degree on or before December 31, 2018

Contact your school if you have questions about which form to use

➡ INSTRUCTIONS FOR APPLICANT

The purpose of this form is for your school to verify completion of a degree program that complies with California Business and Professions Code (BPC) [section 4999.33](#). It may also be used to verify completion of “additional coursework”.

- 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.
- Unless otherwise indicated on this form, your degree must **fully** contain all of the requirements specified herein to qualify for registration. There are no exceptions.
- The Board recommends obtaining a copy of this completed form and reviewing it prior to submitting your application so that you can determine whether your degree qualifies.

➡ INSTRUCTIONS FOR SCHOOL

The applicant is applying for a registration 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 can be found in the Business and Professions Code (BPC) [section 4999.33](#), also available on the Board’s website under [Statutes and Regulations](#).

ASSOCIATE PROFESSIONAL CLINICAL COUNSELOR IN-STATE DEGREE PROGRAM CERTIFICATION FORM B

Applicant Name: Last	First	Middle
SSN or Individual Taxpayer ID Number	Date Began Graduate Study	Degree Award Date

1. Was the student notified by a public document or otherwise in writing that the degree program was designed to meet the requirements of BPC section 4999.33? Yes ☐ No ☐

2. Has this specific degree program been reviewed and accepted by the Board? Yes ☐ No ☐
 • If NO, contact BBStranscripts@dca.ca.gov for information on how to proceed.

3. Did this student complete the program as accepted by the Board? Yes ☐ No ☐
 • If NO, answer question #4 and specify where the program differed in question #5.
 • If YES, answer the questions on the next page.

4. Was the following required content fully contained within the applicant's degree program?:

a. TOTAL UNITS: At least 60 semester units or 90 quarter units of instruction: Yes ☐ No ☐

b. CORE CONTENT AREAS (CCAs): Fulfills the CCAs as reported to and accepted by the Board for this program: Yes ☐ No ☐

c. ADVANCED COURSEWORK (*must be in ADDITION to CCA courses*):
15 semester units or 22.5 quarter units: Yes ☐ No ☐

d. SUPERVISED PRACTICUM OR FIELD STUDY: At least 6 semester units or 9 quarter units that included a minimum of 280 supervised hours providing face-to-face clinical counseling of individuals, families or groups: Yes ☐ No ☐

e. ADDITIONAL CONTENT: As required by BPC section 4999.33(d): Yes ☐ No ☐

Applicant Name: Last	First	Middle
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5. If you answered NO to questions 3 or 4, mark the area where the program differed and specify how it differed. Attach additional sheets if necessary.

☐ Total Units: _____

☐ Core Content Areas: _____

☐ Advanced Coursework: _____

☐ Practicum Units or Hours: _____

☐ Additional Content required by BPC section 4999.33(d): _____

☐ Other (explain): _____

6. ADDITIONAL COURSEWORK REQUIRED PRIOR TO LICENSURE: The following are NOT required to be part of the applicant's degree program but are required for licensure. Completion of this section will assist the applicant in the licensure process. Mark "Yes" if the applicant had any content in this area and specify the number of hours.

Yes ☐ No ☐ Provision of mental health services via telehealth, including law and ethics related to telehealth (3 hours of coursework required). *Number of Hours:* _____

Yes ☐ No ☐ Suicide risk assessment and intervention (6 hours of training or coursework required). *Number of Hours:* _____

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