



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



## **ASSOCIATE PROFESSIONAL CLINICAL COUNSELOR REGISTRATION**

### **IN-STATE APPLICATION**

#### **FOR USE BY APPLICANTS WITH A CALIFORNIA DEGREE**

Apply within 90 days of graduation\* to ensure your ability to count experience hours immediately after graduating. See [90-day Rule FAQ](#).

Dear In-State Applicant:

Thank you for your interest in becoming an Associate Professional Clinical Counselor. Included in this packet are the following forms and documents:

1. Application Instructions
2. Application Checklist
3. Important Information for Applicants
4. In-State Application for Registration as an Associate Professional Clinical Counselor
5. In-State Degree Program Certification, Form A
6. In-State Degree Program Certification, Form B
7. Instructions for Live Scan Fingerprinting
8. Request for Live Scan Service Form

BOARD OF BEHAVIORAL SCIENCES

*\*per the graduation date posted on your transcript*

APPLICATION FOR  
**ASSOCIATE PROFESSIONAL  
CLINICAL COUNSELOR  
REGISTRATION**



**Applicants with a California Degree**

***Application Instructions***

**Read Carefully Before Completing Your Application**

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

**Be sure to submit an accurate and complete application package and that all required original documents are furnished to the Board.**

***All items are mandatory unless otherwise indicated.***

**Any omission may result in your application being deficient and/or delayed.**

**NOTE:** If you are applying for a subsequent (second or third) APCC registration, please use the [Application for Subsequent APCC Registration Number](#).

**EXPEDITED REVIEW**

The Board is required to expedite the licensure process for the following applicants:

- **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. 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.

The above forms can be accessed at [bbs.ca.gov](http://bbs.ca.gov)>Applicants>LPCC>Forms.

**PROOF OF RECEIPT OF APPLICATION**

If you would like to know whether the Board has received your application, 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"> <li>• Complete all sections of the <i>Application for Associate Professional Clinical Counselor Registration</i> in ink.</li> <li>• The application must have your original signature.</li> <li>• 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).</li> <li>• <u>Email Address</u>: Provide your email address if you have one. This address is not subject to public disclosure.</li> </ul>	<p><b>Completed and signed Application for Associate Professional Clinical Counselor Registration</b></p>

## B. FEE

Instructions	Document(s) Required
<p><u>Application Fee:</u> Attach a \$150.00 check or money order made payable to the Behavioral Sciences Fund. This is an earned fee for evaluation of your application and is NOT REFUNDABLE.</p>	<p><b>\$150.00 check or money order payable to the Behavioral Sciences Fund</b></p>
<p><u>Out-of-State Fingerprinting Fee:</u> Attach a \$49 fee if ONLY you are submitting fingerprint “hard cards” due to being fingerprinted outside of California (see next section for details).</p>	<p><b>If submitting fingerprint “hard cards” also attach a \$49 check or money order payable to the Behavioral Sciences Fund</b></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><b><u>If you currently reside in California:</u></b> Read the <i>Instructions for Live Scan Fingerprinting</i>, and complete the <i>Request for Live Scan Service</i> form, both of which are included in this application packet.</p> <ul style="list-style-type: none"> <li>The information on your Live Scan form must match the information you provide on your APCC application.</li> <li>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.</li> </ul> <p><b><u>If you currently reside out of state:</u></b> 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 <a href="mailto:BBS.Fingerprint@dca.ca.gov">BBS.Fingerprint@dca.ca.gov</a> with "Fingerprint Hard Cards" in the subject line, and we will mail them to you.</p> <ul style="list-style-type: none"> <li>YOU MUST SUBMIT YOUR TWO COMPLETED FINGERPRINT CARDS TO THE BOARD <u>WITH</u> YOUR APPLICATION. We are unable to process them until your application is received.</li> <li>Note: The DOJ processing time for hard card fingerprints is a minimum of 8 weeks.</li> </ul>	<p><b><u>If you currently reside in California:</u></b> Submit the second copy of your completed <i>Request for Live Scan Service Applicant Submission</i> form.</p> <p><b><u>If you currently reside out of state:</u></b> Submit two completed fingerprint hard cards (FBI and DOJ) and \$49 fee payable to Behavioral Sciences Fund.</p>

### D. OFFICIAL TRANSCRIPTS

Instructions	Document(s) Required
<p>Provide official transcript(s) verifying your master's or doctoral degree.</p> <ul style="list-style-type: none"> <li>Mailed to the Board IN AN ENVELOPE SEALED BY THE EDUCATIONAL INSTITUTION; or</li> <li>Sent electronically BY YOUR SCHOOL to the Board at <a href="mailto:BBSLPCCtranscripts@dca.ca.gov">BBSLPCCtranscripts@dca.ca.gov</a> OR, if applying for both AMFT and APCC registration, send to <a href="mailto:BBStranscripts@dca.ca.gov">BBStranscripts@dca.ca.gov</a> (for questions about electronic submission, see <a href="#">FAQ</a> available at <a href="http://www.bbs.ca.gov/Updates/FAQs/Updates">www.bbs.ca.gov/Updates/FAQs/Updates</a>).</li> </ul>	<p><b>Official transcript(s) with degree title and date of conferral posted.</b></p> <p><b>MUST BE SENT ELECTRONICALLY BY THE SCHOOL OR MAILED IN A SEALED ENVELOPE AS DIRECTED</b></p>

## E. DEGREE QUALIFICATIONS AND REMEDIATION

Information	Document(s) Required
<p>You must possess a master’s or doctoral degree from a school that holds a regional or national institutional accreditation recognized by the U.S. Department of Education (USDE) or a school approved by the California Bureau for Private Postsecondary Education (BPPE).</p> <p><b>OVERALL UNITS:</b></p> <p><b>If you began graduate study <u>BEFORE August 1, 2012</u> AND completed that study on or before <b>December 31, 2018</b>:</b></p> <ul style="list-style-type: none"> <li>Your degree must contain a minimum of 48 semester units or 72 quarter units or it will not qualify for registration or licensure. Remediation is not permitted. See Business and Professions Code (BPC) section 4999.32 for more information.</li> </ul> <p><b>If you entered a degree program <u>AFTER August 1, 2012</u>:</b></p> <ul style="list-style-type: none"> <li>Your degree must contain a minimum of 60 semester units or 90 quarter units or it will not qualify for registration or licensure. Remediation is not permitted. See BPC section 4999.33 for more information.</li> </ul> <p><b>CORE CONTENT AREAS</b></p> <p><b>If you began graduate study <u>BEFORE August 1, 2012</u> AND completed that study on or before <b>December 31, 2018</b>:</b></p> <ul style="list-style-type: none"> <li>With the exception of the core content areas “Assessment, appraisal and testing of individuals” and “Principles of the diagnostic process,” you may remediate up to two (2) of the nine (9) required core content areas outside of your degree program by completing graduate coursework from a school that holds a regional or national institutional accreditation recognized by the U.S. Department of Education, or a school approved by the California Bureau for Private Postsecondary Education. No other remediation is permitted. See BPC section 4999.32 for more information.</li> </ul> <p><b>If you entered a degree program <u>AFTER August 1, 2012</u>:</b></p> <ul style="list-style-type: none"> <li>With the exception of the core content areas “Assessment, appraisal and testing of individuals” and “Principles of the diagnostic process,” you may remediate up to three (3) of the 13 required core content areas outside of your degree program by completing graduate coursework from a school that holds a regional or national institutional accreditation recognized by the USDE, or a school approved by the BPPE. No other remediation is permitted. See BPC section 4999.33 for more information.</li> </ul>	<p><b>Official transcripts showing remediated core content areas (if applicable)</b></p>

## F. DEGREE PROGRAM CERTIFICATION

Instructions	Document(s) Required
<p>Provide one of the following <i>Degree Program Certification</i> forms, completed and signed by your school's Chief Academic Officer or authorized designee in an envelope sealed by your school, or emailed by your school to <a href="mailto:BBSLPCtranscripts@dca.ca.gov">BBSLPCtranscripts@dca.ca.gov</a>:</p> <ul style="list-style-type: none"> <li>• <b>FORM A</b> – Have your school complete the <i>In-State Degree Program Certification, Form A</i> if you began graduate study BEFORE August 1, 2012, AND completed that study on or before December 31, 2018 (and your degree program does not meet the “2012” requirements stipulated in BPC section 4999.32).</li> <li>• <b>FORM B</b> – Have your school complete the <i>In-State Degree Program Certification, Form B</i> if either of the following apply to you: <ul style="list-style-type: none"> <li>➤ You began graduate study on or after August 1, 2012 OR</li> <li>➤ You began graduate study before August 1, 2012, AND you graduated from a degree program that meets the requirements of BPC section 4999.33.</li> </ul> </li> </ul>	<p><b><i>Degree Program Certification</i> form IN A SEALED ENVELOPE OR EMAILED AS DIRECTED</b></p>

## G. ADDITIONAL COURSEWORK REQUIREMENTS FOR APPLICANTS WHO ENTERED A DEGREE PROGRAM BEFORE 08/01/2012:

Instructions	Document(s) Required
<p>The coursework listed on the next page is required of applicants who entered their degree program prior to August 1, 2012. This coursework may have been earned either within or outside of your qualifying degree program. If this coursework or training is not identified on your transcripts, submit a copy of the certificate of completion.</p> <p>The courses can be taken from a school that holds a regional or national institutional accreditation recognized by the USDE; a school approved by the BPPE; a governmental entity; or an acceptable continuing education (CE) provider, as listed on page 2 of the <a href="#">Registrant CE Brochure</a> (access at <a href="http://www.bbs.ca.gov">www.bbs.ca.gov</a>&gt;Licensees&gt;Continuing Education&gt;Mandatory Coursework&gt;Associate Registration CE Requirements).</p>	<p><b>Proof of course completion (if applicable)</b></p>

**G. ADDITIONAL COURSEWORK REQUIRED OF APPLICANTS  
WHO ENTERED A DEGREE PROGRAM PRIOR TO AUGUST 1, 2012**

**NOTE:** *These topics continue to be required for in-state applicants who entered a degree program after 08/01/2012, however, this content is now required to be provided within the degree program.*

<b>Course</b>	<b>Length</b>	<b>Content Required</b>
<b>1. Child Abuse Assessment and Reporting</b>	7 hours	Must be based on California law. See Business and Professions Code (BPC) <a href="#">section 28</a>
<b>2. Human Sexuality</b>	10 hours	See BPC <a href="#">section 25</a> and 16 CCR <a href="#">section 1807</a>
<b>3. Alcoholism and Chemical Substance Abuse and Dependency</b>	15 hours	See Title 16, CCR <a href="#">section 1807.3</a>
<b>4. Aging, Long Term Care and Elder/Dependent Adult Abuse</b>	10 hours	See BPC <a href="#">section 4999.32(e)(7)</a>
<b>5. Spousal/Partner Abuse Assessment, Detection and Intervention</b>	15 hours	See BPC <a href="#">section 4999.32(e)(4)</a>
<b>6. Psychopharmacology</b>	2 semester units or 3 quarter units	See BPC section <a href="#">4999.32(e)(3)</a>
<b>7. California Law and Professional Ethics</b>	18 hours required only if “Core Content Area” Law and Ethics course was not based on California Law	See BPC section <a href="#">4999.32(c)(1)(I)</a>
<b>8. Crisis or Trauma Counseling</b>	15 hours	See BPC section <a href="#">4999.32(e)(8)</a>

# ASSOCIATE PROFESSIONAL CLINICAL COUNSELOR REGISTRATION



## APPLICATION CHECKLIST

### For Applicants with a California Degree

The below checklist is designed to assist you with submitting a complete In-State Application for APCC Registration.

**Avoid application deficiencies! Carefully read the preceding *Application Instructions* to ensure you meet all requirements for submitting the documents listed below.**

- Completed Application (form number 37A-647).
  
- Official transcript(s) with degree title and date of conferral posted.
  
- Official transcript(s) showing any remediated core content areas and additional coursework (if applicable).
  
- Completed Degree Program Certification (form number 37A-666 or 37A-667).
  
- 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).
  
- \$150.00 check or money order payable to the Behavioral Sciences Fund.



# **Important Information for ASSOCIATE PROFESSIONAL CLINICAL COUNSELOR APPLICANTS**



## **1. PUBLICATIONS FOR APCCs**

The following Board publications provide important information for APCCs (access at [www.bbs.ca.gov](http://www.bbs.ca.gov)>Applicants>LPCC>Forms/Pubs):

- [Handbook for future LPCCs \( Text Only Version \)](#)
- [Answers to Most Frequently Asked Questions Relating to APCCs](#)
- [APCC Supervisor Qualification Summary](#)
- [APCC Guide to Supervision](#)

## **2. WHEN CAN I BEGIN COUNTING POST-DEGREE EXPERIENCE? WHAT IS THE 90-DAY RULE?**

The date that you may begin counting post-degree hours of experience toward licensure depends on all of the following:

If you submit your *Application for Associate Registration* WITHIN 90 days from the date your qualifying degree was conferred, as posted on your transcript, you may begin accruing hours immediately upon graduation.

If you submit your *Application for Associate Registration* MORE than 90 days after the date your qualifying degree was conferred, as posted on your transcript, you may not begin accruing hours until your Associate registration (APCC) number has been issued.

### **Live Scan Requirement for Applicants who Graduated on or after January 1, 2020:**

Hours may only be accepted under the “90-day-rule” described above IF the hours are obtained at a workplace that, prior to the applicant gaining hours, required Live Scan fingerprinting. The applicant must provide documentation to the Board consisting of a copy of the processed “State of California Request for Live Scan Service” form provided by the employer. This form must be submitted with the ***Application for Licensure*** in order for the hours gained between graduation and registration issuance to be accepted. A copy of the processed form is the **ONLY** acceptable documentation specified in law. There are no exceptions. See the [FAQ](#) about the 90-day rule for more information (access at [www.bbs.ca.gov](http://www.bbs.ca.gov)>Updates/FAQs).

Please note that applicants may not work in a private practice or professional corporation until their Associate registration number has been issued.

### **3. EXAM REQUIREMENT FOR RENEWAL OF REGISTRATION**

#### ***Registrants Must Take a California Law and Ethics Exam to Renew***

After your Associate registration is issued, you will be required to take the LPCC California Law and Ethics Exam. Your registration will not be renewable until the exam has been taken. You will be given instructions on applying for this exam once your registration has been issued. The California Law and Ethics Exam is designed to assess an applicant's knowledge of and ability to apply legal and ethical standards relating to clinical practice. See the [Exams](#) tab of the Board's website for more information.

### **4. CONTINUING EDUCATION REQUIREMENT FOR RENEWAL OF REGISTRATION**

#### ***Registrants Must Complete 3 Hours of CE in California Law and Ethics to Renew***

Three (3) hours of continuing education (CE) in California Law and Ethics is required once every renewal cycle in order to renew your registration. For more information see the [Registrant CE Information Brochure](#) (access at [www.bbs.ca.gov](http://www.bbs.ca.gov)>Applicants>LPCC>Forms/Pubs).

### **5. SUPERVISION AND WORK SETTING REQUIREMENTS**

You are required to work under the supervision of a qualified supervisor in order to gain hours of experience toward licensure. In addition, it is against the law for you to provide clinical services in a private practice setting or in a professional corporation without a registration and without the required supervision.

### **6. MAXIMUM RENEWALS AND ISSUANCE OF SUBSEQUENT REGISTRATIONS**

Your registration can only be renewed five (5) times, for a total six (6)-year length. If you need to continue beyond six years, you must apply for a subsequent registration number. A subsequent registration can only be issued to applicants who have passed the LPCC California Law and Ethics Exam.

### **7. AVOID YOUR FILE BEING CLOSED BY MEETING THE TIME FRAMES BELOW**

In accordance with Title 16, California Code of Regulations section 1806, an application shall be deemed abandoned in either of the following circumstances:

- 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 do not complete your application within one (1) year after it has been filed.

To re-open an abandoned application, you must submit a new application, fee and all required documentation, as well as meet all current registration requirements in effect at the time the new application is submitted.

## 8. ADDITIONAL COURSEWORK REQUIRED UPON APPLYING FOR LICENSURE

### Suicide Risk Assessment and Intervention

Six (6) hours of coursework or applied experience in Suicide Risk Assessment and Intervention will be required when you submit your *Application for Licensure* (see the [Application for Licensure](#) Instructions for details (access at [www.bbs.ca.gov](http://www.bbs.ca.gov)>Applicants>LPCC>Forms/Pubs).

### Telehealth

Three (3) hours of coursework in Telehealth will be required when you submit your *Application for Licensure*. See the [AB 1759 FAQ](#) for details (access at [www.bbs.ca.gov](http://www.bbs.ca.gov)>Updates/FAQs>Updates).

## 9. 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.

## 10. 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](http://www.breeze.ca.gov).

## 11. STATUTES AND REGULATIONS

To obtain a copy of the Board's *Statutes and Regulations*, please access it from the Board's [website](#) (go to [www.bbs.ca.gov](http://www.bbs.ca.gov)>Applicant and scroll to the bottom of the page).

## 12. AMERICANS WITH DISABILITIES ACT

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 ADA. Information concerning the provisions of the ADA, and the rights provided thereunder, are available from the Board's ADA coordinator.

## 13. 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, your 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.

#### **14. 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 registrant does not pay their state tax obligation, the associate registration may be suspended.

#### **15. NOTICE ON COLLECTION OF PERSONAL INFORMATION:**

Please see the [Notice on Collection of Personal Information](#) (access at [www.bbs.ca.gov](http://www.bbs.ca.gov)>About Us>About the Board>Other Information>Policies).

#### **16. QUESTIONS?**

Please visit the **Contact Us** link at [www.bbs.ca.gov](http://www.bbs.ca.gov) and select an option under "Message the Board."

APPLICATION FOR  
**ASSOCIATE PROFESSIONAL  
 CLINICAL COUNSELOR  
 REGISTRATION**



**In-State Applicant**

Office Use Only:

**Carefully read the Application Instructions FIRST**

**Attach a \$150 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)	

\* Disclosure of your 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 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 (access at [www.bbs.ca.gov](http://www.bbs.ca.gov)>Consumer>Criminal Convictions>Forms/Pubs) 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.*

4. Have you submitted official transcripts verifying your qualifying master’s degree? See *Application Instructions* for transcript requirements. Yes – Sealed Transcripts via Mail   
Yes – Electronic Transcripts   
No

Applicant Name:	Last	First	Middle
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5. Have you submitted a *Degree Program Certification* form as directed in the *Application Instructions*? Yes – Sealed Form via Mail   
 Yes – Sent Electronically   
 No

6. Did you begin graduate study on or after August 1, 2012? Yes  No

**If YES, SKIP question #7**

7. ADDITIONAL COURSEWORK: Mark the box if you have completed the following courses and submit documentation of completion. If the course title does NOT describe required course content, submit a syllabus or other documentation of content. See *Application Instructions* for more information.

**Completed?**

- a) Alcoholism / Chemical Substance Abuse and Dependency (15 hours)
- b) Human Sexuality Training (10 hours)
- c) Psychopharmacology (2 semester or 3 quarter units)
- d) Spousal or Partner Abuse Assessment and Intervention (15 hours)
- e) Child Abuse Assessment and Reporting (7 hours)
- f) California Law and Ethics (18 hours – see *Application Instructions* to determine if needed)
- g) Aging, Long-Term Care and Elder / Dependent Adult Abuse (10 hours)
- h) Crisis or Trauma Counseling (15 hours)

Applicant Name:	Last	First	Middle
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**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](http://www.bbs.ca.gov/Consumer/Criminal%20Convictions/Forms/Pubs) (access at [www.bbs.ca.gov>Consumer>Criminal Convictions>Forms/Pubs](http://www.bbs.ca.gov/Consumer/Criminal%20Convictions/Forms/Pubs)). 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](http://www.bbs.ca.gov/Consumer/Criminal%20Convictions/Forms/Pubs) form (access at [www.bbs.ca.gov>Consumer>Criminal Convictions>Forms/Pubs](http://www.bbs.ca.gov/Consumer/Criminal%20Convictions/Forms/Pubs)) 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](http://www.bbs.ca.gov)



## PROFESSIONAL CLINICAL COUNSELOR IN-STATE DEGREE PROGRAM CERTIFICATION FORM A

**This form is for applicants who began graduate study before August 1, 2012,  
 and completed the degree on or before December 31, 2018**

*Type or print clearly in ink*

Applicant Name: Last	First	Middle
SSN or Taxpayer ID Number	Enrollment Date	Degree Award Date

**APPLICANT:** The purpose of this form is for your school to verify the specifics of a degree earned in California. Enclose it with your application in an envelope that has been sealed by your school or sent via email by your school.

**SCHOOL:** The above applicant is applying for a counseling license or registration. Please complete this form including the certification on the next page, and provide applicant with the original IN A SEALED ENVELOPE or sent via email to [BBSLPCctranscripts@dca.ca.gov](mailto:BBSLPCctranscripts@dca.ca.gov).

The full legal text of the “pre-2012” educational requirements is located in Business and Professions Code (BPC) section 4999.32, available on the Board’s website under [Statutes and Regulations](#).

Yes  No  A. The student was notified by means of public documents or otherwise in writing that the degree program is designed to meet the requirements of BPC section 4999.32 (as required by BPC section 4999.40(a)). *If NO, attach an explanation.*

Yes  No  B. The degree program contained no less than 48 semester or 72 quarter units of instruction.

*If NO, number of units in degree: \_\_\_\_\_ Semester units  Quarter units*

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

Yes  No  1. 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)/Term(s):* \_\_\_\_\_

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Yes  No  2. 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)/Term(s):* \_\_\_\_\_

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Yes  No  3. 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)/Term(s):* \_\_\_\_\_

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Yes  No  4. 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)/Term(s):* \_\_\_\_\_

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Yes  No  5. 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: Course must be within degree program, or degree will not qualify)*

*Number of units:* \_\_\_\_\_ *Course Number(s)/Term(s):* \_\_\_\_\_

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Applicant Name: Last	First	Middle
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Yes  No  6. 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)/Term(s):* \_\_\_\_\_

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Yes  No  7. 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: Course must be within degree program, or degree will not qualify)

*Number of units:* \_\_\_\_\_ *Course Number(s)/Term(s):* \_\_\_\_\_

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Yes  No  8. 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)/Term(s):* \_\_\_\_\_

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Yes  No  9. Professional orientation, ethics, and law in counseling, including professional ethical standards and legal considerations, licensing law and process, regulatory laws that delineate 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 impeded access, equity, and success for clients.

*Number of units:* \_\_\_\_\_ *Course Number(s)/Term(s):* \_\_\_\_\_

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Applicant Name: Last	First	Middle
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Yes  No  D. PRACTICUM UNITS: The applicant's program contained at least 6 semester or 9 quarter units of supervised practicum or field study experience as defined in BPC section 4999.32(c)(3).

Number of units: \_\_\_\_\_ Course Number(s)/Term(s): \_\_\_\_\_

Yes  No  E. PRACTICUM HOURS: The applicant's practicum or field study experience included a minimum of 150 hours of face-to-face supervised clinical experience counseling individuals, families or groups in a clinical setting.

If NO, specify number of hours completed: \_\_\_\_\_

Yes  No  F. ADVANCED COURSEWORK: In addition to all course requirements listed above, the degree contains 12 semester or 18 quarter units of Advanced Coursework to develop knowledge of specific treatment issues, special populations, application of counseling constructs, assessment and treatment planning, clinical interventions, therapeutic relationships, psychopathology, or other clinical topics.

Number of units: \_\_\_\_\_ Course Number(s)/Term(s): \_\_\_\_\_

Yes  No  G. Did the applicant's degree program contain 6 hours of content in suicide risk assessment and intervention? *(Note: Not required to be part of degree program)*

Yes  No  H. Did the applicant's degree program contain 3 hours of coursework in the provision of mental health services via telehealth, including law and ethics related to telehealth? *(Note: Not required to be part of degree program)*

**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

\_\_\_\_\_  
Institution Accredited or Approved by

\_\_\_\_\_  
Date Signed



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



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

**This form is for use by the following applicants:**

- 1) You began graduate study on or after August 1, 2012 **OR**
- 2) You 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**

*Type or print clearly in ink*

Applicant Name: Last	First	Middle
SSN or Individual Taxpayer ID Number	Enrollment Date	Degree Award Date

**APPLICANT:** The purpose of this form is for your school to verify completion of a degree program that complies with California law. Enclose it with your application in an envelope that has been sealed by your school or sent via email by your school.

**SCHOOL:** The above applicant is applying for a counseling license or registration. Please complete this form including the certification on the next page, and provide applicant with the original form IN A SEALED ENVELOPE or sent via email to [BBSLPCtranscripts@dca.ca.gov](mailto:BBSLPCtranscripts@dca.ca.gov).

The full legal text of the educational requirements can be found in the Business and Professions Code (BPC), available on the Board's website under [Statutes and Regulations](#).

1. Did the applicant's degree program contain 6 hours of content in suicide risk assessment and intervention? (*Note: Not required to be part of degree program*). Yes  No
2. Did the applicant's degree program contain 3 hours of coursework in the provision of mental health services via telehealth, including law and ethics related to telehealth? (*Note: Not required to be part of degree program*). Yes  No
3. 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
4. Has this specific degree program been reviewed and accepted by the Board? Yes  No 
  - If NO, contact the Board for information on how to proceed.
  - If YES, answer the questions on the following page and indicate in question #7 how the applicant's program differs from the Board-accepted program.

Applicant Name: Last	First	Middle
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5. Did this student complete the degree program as accepted by the Board? ..... Yes  No
6. The following required content was contained within the 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
7. If you answered NO to questions 5 or 6, 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: \_\_\_\_\_
  - Other (explain): \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

<b><u>CERTIFICATION</u></b>	
<i><b>I hereby certify that all of the foregoing is true and correct</b></i>	
Signature of Chief Academic Officer or Authorized Designee	Name of Institution
Print Name	Institution Accredited or Approved by
Date Signed	



**Board of Behavioral Sciences**  
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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](mailto: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.

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## **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:

<b>BLK</b> - Black	<b>GRY</b> - Gray	<b>MAR</b> - Maroon	<b>BLU</b> - Blue	<b>GRN</b> - Green
<b>PNK</b> - Pink	<b>BRO</b> - Brown	<b>HAZ</b> - Hazel	<b>MUL</b> - Multicolor	

Hair Color: Indicate hair color abbreviation:

<b>BAL</b> - Bald	<b>BRO</b> - Brown	<b>SDY</b> - Sandy	<b>BLK</b> - Black
<b>GRY</b> - Gray	<b>WHI</b> - White	<b>BLN</b> - Blonde	<b>RED</b> - 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

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**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](mailto: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

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**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

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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 notification<sup>1</sup> 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.<sup>2</sup>
- 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.<sup>3</sup>

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.<sup>4</sup>

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>*

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<sup>1</sup> Written notification includes electronic notification, but excludes oral notification

<sup>2</sup> <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

<sup>3</sup> See 28 CFR 50.12(b) <sup>4</sup> 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)

<sup>4</sup> 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**

## 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**

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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**

## 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**

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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: \_\_\_\_\_