



Board of Behavioral Sciences
1625 North Market Blvd., Suite S200, Sacramento, CA 95834
Telephone: (916) 574-7830 TTY: (800) 326-2297
www.bbs.ca.gov



ASSOCIATE PROFESSIONAL CLINICAL COUNSELOR REGISTRATION

IN-STATE APPLICATION

FOR USE BY APPLICANTS WITH A CALIFORNIA DEGREE

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

BOARD OF BEHAVIORAL SCIENCES



Board of Behavioral Sciences
1625 North Market Blvd., Suite S200, Sacramento, CA 95834
Telephone: (916) 574-7830 TTY: (800) 326-2297
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APPLICATION INSTRUCTIONS

**ASSOCIATE PROFESSIONAL CLINICAL
COUNSELOR REGISTRATION**

IN-STATE APPLICANT

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

Carefully read the following instructions to ensure 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 the application being deficient or delayed.

- A. APPLICATION:**
- Complete all sections of the application in ink.
 - The application must have your original signature.
 - 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).
 - Email Address: Though providing your email address is optional, the Board strongly recommends submission to facilitation communication.
- B. PHOTOGRAPH:** Should measure approximately 2” x 2” and be taken within 60 days of the filing of this application. The photograph must be of passport quality of your head and shoulders only. Attach the photograph to the application in the space provided.
- C. FEE:** Submit a \$100.00 check or money order made payable to the Behavioral Sciences Fund. The fee is NOT REFUNDABLE.



D. FINGERPRINTS:

The Board requires a Department of Justice (DOJ) and Federal Bureau of Investigation (FBI) criminal history background check on all applicants.

If you currently reside in California:

Download the *Request for Live Scan Service Applicant Submission form* (Form BCII 8016) from our web site. The information on this form must match the information you provide on your application. The second copy of this form, with box 6 completed, must be submitted with your application.

DO NOT COMPLETE FINGERPRINTS MORE THAN 60 DAYS PRIOR TO SUBMITTING YOUR APPLICATION. Fingerprint results without an application on file will only be held for 6 months.

If you currently reside out of state:

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 BBS.Fingerprint@dca.ca.gov with "Fingerprint Hard Cards" in the subject line and we will mail them to you.

DO NOT SUBMIT YOUR FINGERPRINTS TO THE BOARD UNTIL YOU HAVE SUBMITTED YOUR APPLICATION – we are unable to process them until your application is received. **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, the Board recommends fingerprints be taken at a law enforcement agency in the state of residence.



E. VERIFICATION OF EDUCATION

1) TRANSCRIPTS:

Provide official transcripts verifying your master's or doctoral degree with the degree title and date of conferral posted. TRANSCRIPTS MUST BE IN AN ENVELOPE SEALED BY THE EDUCATIONAL INSTITUTION.

2) DEGREE PROGRAM CERTIFICATION:

Provide one of the following *Degree Program Certification* forms, completed and signed by your school's Chief Academic Officer or authorized designee IN AN ENVELOPE SEALED BY THE EDUCATIONAL INSTITUTION as described below. The Board may require additional information to verify course content.

- **FORM A – Have your school complete the *In-State Degree Program Certification, Form A* if you began graduate study BEFORE August 1, 2012 AND completed that study on or before December 31, 2018.**

All degree requirements are specified in Business and Professions Code (BPC) section 4999.32.

Overall Units: Your degree MUST contain a minimum of 48 semester units or 72 quarter units. There are no exceptions.

Core Content Areas: 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) 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.

- **FORM B – Have your school complete the *In-State Degree Program Certification, Form B* if you began graduate study ON OR AFTER August 1, 2012.**

All degree requirements are specified in Business and Professions Code (BPC) section 4999.33.

Overall Units: Your degree MUST contain a minimum of 60 semester units or 90 quarter units. There are no exceptions.

Core Content Areas: 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 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.

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

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.

The courses can be taken from any of the following: a school that holds a regional or national institutional accreditation recognized by the U.S. Department of Education; a school approved by the California Bureau for Private Postsecondary Education; a governmental entity; or an acceptable Continuing Education provider.

**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.*

Course	Length	Content Required
1. Child Abuse Assessment and Reporting	7 hours	Must be based on California law. Also see Title 16, California Code of Regulations (CCR) 1807.2
2. Human Sexuality	10 hours	See Business and Professions Code (BPC) section 25 and 16 CCR section 1807
3. Alcoholism and Chemical Substance Abuse and Dependency	15 hours	See Title 16, CCR section 1810
4. Aging, Long Term Care and Elder/Dependent Adult Abuse	10 hours	See BPC section 4999.32(e)(7)
5. Spousal/Partner Abuse Assessment, Detection and Intervention	15 hours	See BPC section 4999.32(e)(4)
6. Psychopharmacology	2 semester units or 3 quarter units	See BPC section 4999.32(e)(3)
7. California Law and Professional Ethics	18 hours required only if "Core Content Area" Law and Ethics course was not based on California Law	See BPC section 4999.32(c)(1)(I)
8. Crisis or Trauma Counseling	15 hours	See Title 16, CCR section 1810.2



G. BACKGROUND QUESTIONS (A - D)

If you answered YES to application questions A, B, C or D, complete the *Background Statement*, available on the Board's [website](#). Please be aware that your processing time will be delayed and will also be dependent on your providing all information required by the Board.

**Board of Behavioral Sciences**

1625 North Market Blvd., Suite S200, Sacramento, CA 95834

Telephone: (916) 574-7830 TTY: (800) 326-2297

www.bbs.ca.gov

IMPORTANT INFORMATION FOR ASSOCIATE PROFESSIONAL CLINICAL COUNSELOR APPLICANTS

1. VETERANS HONORABLY DISCHARGED RECEIVE EXPEDITED REVIEW

The board is required to expedite the licensure process for an applicant who is a honorably discharged veteran of the U.S. Armed Forces. Download the request form from the Board's [website](#) and include it ON TOP OF your application.

2. SPOUSES OR PARTNERS OF PERSONS ON ACTIVE MILITARY DUTY RECEIVE EXPEDITED REVIEW

The board is required to expedite the licensure process for an applicant whose spouse or partner or partner by way of another legal union, is an active duty member of the U.S. Armed Forces and meets other criteria pursuant to Business and Professions Code section 115.5. Please download the request form from the Board's [website](#) and include it ON TOP OF your application.

3. RECEIPT OF APPLICATION

If you would like to know whether the Board has received your application, the Board recommends that you mail your application in a manner that includes tracking. You can also check with the bank to see if your check or money order has been cashed. Another option is to include a self-addressed stamped postcard or envelope ON TOP OF your application, which will be mailed back to you upon receipt.

4. 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. A 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.

About the California Law and Ethics Exam

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 Board's website for more information.

5. MAXIMUM RENEWALS AND ISSUANCE OF SUBSEQUENT REGISTRATIONS

Your registration can be renewed five (5) times, for a total six (6)-year length. If you need to retain a registration after this time, you will need to 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.

6. POST-DEGREE EXPERIENCE

Post-degree hours of experience will only begin accruing from the issuance date of your Associate registration, unless you applied for registration within 90 days from the date your qualifying degree was conferred, as posted on your transcript.

7. ABANDONMENT OF APPLICATION

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

- Applicant does not submit evidence that he or she has cleared the deficiencies specified in the deficiency letter within one (1) year from the date of the initial deficiency letter **OR**
- Applicant does not complete the 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. SCOPE OF PRACTICE – TREATMENT OF COUPLES AND FAMILIES

Licensed Professional Clinical Counseling does not include the assessment or treatment of couples or families unless the professional clinical counselor has completed additional training and education. An Associate Professional Clinical Counselor may gain experience with couples and families if the experience is obtained under the supervision of a Licensed Marriage and Family Therapist, or a LPCC who has already met the scope of practice qualifications to see couples and families. Please see the Board's [website](#) for more information.

9. PUBLIC ADDRESS and CHANGE OF ADDRESS

The address you enter on any Board form is public information and will be placed on the Internet pursuant to Business and Professions Code 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. California law requires all persons regulated by the Board to [notify the Board in writing](#) within 30 days of any change of address.

10. STATUTES AND REGULATIONS

To obtain a copy of the Board's *Statutes and Regulations*, please access it from the Board's [website](#) or submit a written request to the Board.

11. 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.

12. 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 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.

13. MANDATORY REPORTER

Under California law each person licensed by the Board of Behavioral Sciences is a "mandated reporter" for both child, elder and/or dependent adult abuse or neglect purposes. California Penal Code section 11166 and Welfare and Institutions Code section 15630 require that all mandated reporters make a report to an agency specified [generally law enforcement, state, and/or county adult protective services agencies, etc...] in Penal Code section 11165.9 and Welfare and Institutions Code section 15630(b)(1) whenever the mandated reporter, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a child, elder and/or dependent adult whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or elder abuse or neglect.

The mandated reporter must make a report of such abuse or neglect immediately, or as soon as practically possible, in the manner specified in Penal Code section 11166 (for child abuse or neglect) or in Welfare and Institutions Code section 15630 (for elder or dependent adult abuse or neglect). Failure to comply with the requirements of Penal Code Section 11166 or Welfare and Institutions Code Section 15630 is a misdemeanor, punishable by up to six months in a county jail, by a fine of one thousand dollars (\$1,000),

or by both imprisonment and fine. For further details about these requirements, consult Penal Code sections 11164 and Welfare and Institutions Code section 15630, and subsequent sections.

14. STATE TAX OBLIGATION – EFFECTIVE JULY 1, 2012

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 his or her state tax obligation, the Associate registration may be suspended.

15. NOTICE OF COLLECTION OF PERSONAL INFORMATION:

The Board of Behavioral Sciences of the Department of Consumer Affairs collects the personal information requested on this form as authorized by Business and Professions Code sections 27, 30, 114.5, 480, 4990.38, 4999.32, 4999.33, 4999.42, 4999.46, 4999.50, 4999.51, 4999.60, 4999.61, 4999.62, 4999.90 and 4999.91; Title 16 of the California Code of Regulations sections 1805 and 1806; and the Information Practices Act. The Board uses this information principally to identify and evaluate applicants for licensure, issue and renew licenses, and enforce licensing standards set by statutes and regulations.

Mandatory Submission. Submission of the requested information is mandatory. The Board cannot consider your application for registration, licensure or renewal unless you provide all of the requested information.

Access to Personal Information. You may review the records maintained by the Board of Behavioral Sciences that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. We make every effort to protect the personal information you provide us. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code section 6250 and following), as allowed by the Information Practices Act (Civil Code section 1798 and following);
- To another government agency as required by state or federal law; or
- In response to a court or administrative order, a subpoena, or a search warrant.

Contact Information. For questions about this notice or access to your records, you may contact the Board at (916) 574-7830 or by email at BBS.info@dca.ca.gov. For questions about the Department of Consumer Affairs' privacy policy or the Information Practices Act, you may contact the Department of Consumer Affairs, 1625 North Market Blvd., Sacramento, CA 95834, (800) 952-5210 or email dca@dca.ca.gov.

Applicant Name: Last	First	Middle
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12. Have you ever applied for or been issued a license, registration or certificate to practice professional clinical counseling or any other healing art 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

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

If Yes, SKIP question #14

14. 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.

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 #F.7 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 QUESTIONS

A. Have you been convicted of, pled guilty to, or pled nolo contendere to any misdemeanor or felony in the United States, its territories, or a foreign country? Convictions dismissed under sections 1203.4, 1203.4a, or 1203.41 of the Penal Code (or equivalent non-California law) must be disclosed. If you have obtained a dismissal of such a conviction, submit a certified copy of the court order.

DO NOT INCLUDE:

- Convictions prior to your 18th birthday, unless you were charged as an adult;
- Charges dismissed under section 1000.3 of the Penal Code;
- Convictions under sections 11357(b), (c), (d), (e) or section 11360(b) of the Health and Safety Code which are two (2) years or older;
- Traffic violations for which a fine of \$500 or less was imposed; or
- Infractions

Yes No

If YES, you must complete Part A of the [Background Statement](#) form, available on the Board's website.

You must answer "Yes" even if the conviction(s) have been previously reported to the Board. In a written statement, please list each conviction, including the date(s) of the conviction(s). It is not necessary for you to resubmit documentation previously on file.

B. Is any criminal action pending against you, or are you currently awaiting judgment and sentencing following entry of a plea or jury verdict?

DO NOT INCLUDE:

- Traffic violations for which a fine of \$500 or less was imposed; or
- Infractions

Yes No

If YES, you must complete Part B of the [Background Statement](#) form, available on the Board's website.

Applicant Name: Last	First	Middle
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C. Have you ever been denied a professional license ("license" includes registrations, certificates, or other means to engage in practice) OR had a professional license 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, you must complete Part C of the [Background Statement](#) form, available on the Board's website.

You must answer "Yes" even if you have previously reported it to the Board. In a written statement, please indicate the type of professional license was denied, suspended, disciplined, or surrendered, including the date(s) of the denial, suspension, disciplinary action, or surrender. It is not necessary for you to resubmit documentation previously on file.

D. Does your current use of chemical substances in any way impair or limit your ability to interact safely with the public while engaging in the practice of professional clinical counseling?

Yes No N/A

If YES, you must complete Part D of the [Background Statement](#) form, available on the Board's website.

NOTE: Knowingly providing false information or omitting pertinent information may be grounds for denial of this application. The board has the right to refuse to issue any registration or license, or may suspend or revoke the license or registration of any registrant or licensee if the applicant secures the license or registration by fraud, deceit, or misrepresentation.

Signature of Applicant: _____ **Date:** _____

**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.***

**** Disclosure of your tax identification number is mandatory. You may provide either your Social Security Number or Individual Taxpayer Identification Number, as applicable. This number must match the number you provide on your fingerprint forms. 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.*



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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.

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.

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):* _____

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):* _____

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):* _____

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):* _____

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):* _____

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):* _____

- 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):* _____

- 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):* _____

- 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):* _____

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): _____

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



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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.

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.

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. 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 the Board for information on how to proceed.
 - If YES, answer the questions below and indicate in question #5 how the applicant's program differs from the Board-accepted program.

Applicant Name: Last	First	Middle
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3. Did this student complete the degree program as accepted by the Board? Yes No
4. 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
5. If you answered NO to any of the prior questions, 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): _____
- _____
- _____

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



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www.bbs.ca.gov



INSTRUCTIONS FOR LIVE SCAN FINGERPRINTING

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 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 application. Once your fingerprints have been scanned, the Live Scan Operator will complete Box 6 of this form and return the second and third copies to you.

The second copy of this form, with Box 6 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 <http://ag.ca.gov/fingerprints/publications/contact.php>

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.

Filling Out Your Live Scan Form

To facilitate prompt and accurate processing, please **TYPE or print legibly**

SECTION 1: Job Title or Type of License, Certification or Permit:

Check the box for the applicable license, or registration you are applying for with the BBS. If you are a Licensee with multiple licenses, only check your most used license type. Your fingerprint results will be put towards ALL licenses you hold. You will not need to pay and/or be fingerprinted for each individual BBS license you hold. **CHECK THE BOX FOR ONLY ONE 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: Place an "X" in the appropriate box

Height: Indicate your height in feet and inches

Weight: Indicate your weight in pounds (lbs.)

Eye Color: Indicate eye color abbreviation:

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

Hair Color: Indicate hair color abbreviation:

BAL - Bald	BRO - Brown	SDY - Sandy	BLK - Black
GRY - Gray	WHI - White	BLN - Blonde	RED - 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.

SECTION 4:

Your number:

Enter your current BBS license or registration number. Enter all that apply. If you are a brand new applicant and do not currently hold an identifying number, leave this line blank.

If resubmission, list the 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.)

SECTION 5: Leave this section blank.

SECTION 6: To be completed by the Live Scan operator.

APPLICANT

SECTION 1

ORI: **A0462**
(Code assigned by DOJ)

Type of Application: **LIC/CERT/PERMIT**

Job Title or Type of License, Certification or Permit: **(Only One Title)**

Marriage and Family Therapist

Clinical Social Worker

Educational Psychologist

Professional Clinical Counselor

SECTION 2

Agency Address Set Contributing Agency

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: _____ Driver's License No: _____
Last First

Date of Birth: _____ SEX: Male Female Misc. No. BIL: **APPLICANT MUST PAY**
Agency Billing Number

Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____ Address: _____
Street No.

Place of Birth: _____ City State Zip

Social Security Number: _____

SECTION 4

Your Number _____
BBS File Number (Example: 103123)

BBS Applicant: Please mail a copy of this form to the address in Box 2 upon completion.

If resubmission, list Original ATI No. _____ Level of Service DOJ FBI

SECTION 5

Employer: (Additional response for agencies specified by statute)

LEAVE THIS SECTION BLANK

Employer Name _____

Street No. _____ Street or PO Box _____

Mail Code (assigned by DOJ) _____

City _____ State _____ Zip Code _____

Agency Telephone No. (optional) _____

SECTION 6

Live Scan Transmission Completed By: _____ Date: _____

Transmitting Agency _____ ATI No. _____ Amount Collected/Billed _____

ORIGINAL- Live Scan Operator SECOND COPY- Requesting Agency THIRD COPY- Applicant

APPLICANT

SECTION 1

ORI: A0462
(Code assigned by DOJ)

Type of Application: LIC/CERT/PERMIT

Job Title or Type of License, Certification or Permit: **(Only One Title)**

Marriage and Family Therapist

Clinical Social Worker

Educational Psychologist

Professional Clinical Counselor

SECTION 2

Agency Address Set Contributing Agency

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: _____ Driver's License No: _____
Last First

Date of Birth: _____ SEX: Male Female Misc. No. BIL: **APPLICANT MUST PAY**
Agency Billing Number

Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____ Address: _____
Street No.

Place of Birth: _____ City State Zip

Social Security Number: _____

SECTION 4

Your Number _____
BBS File Number (Example: 103123)

BBS Applicant: Please mail a copy of this form to the address in Box 2 upon completion.

If resubmission, list Original ATI No. _____ Level of Service DOJ FBI

SECTION 5

Employer: (Additional response for agencies specified by statute)

Employer Name _____

LEAVE THIS SECTION BLANK

Street No. Street or PO Box Mail Code (assigned by DOJ)

City State Zip Code Agency Telephone No. (optional)

SECTION 6

Live Scan Transmission Completed By: _____ Date: _____

Transmitting Agency _____ ATI No. _____ Amount Collected/Billed _____

ORIGINAL- Live Scan Operator SECOND COPY- Requesting Agency THIRD COPY- Applicant

APPLICANT

SECTION 1

ORI: **A0462**
(Code assigned by DOJ)

Type of Application: **LIC/CERT/PERMIT**

Job Title or Type of License, Certification or Permit: **(Only One Title)**

Marriage and Family Therapist

Clinical Social Worker

Educational Psychologist

Professional Clinical Counselor

SECTION 2

Agency Address Set Contributing Agency

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: _____ Driver's License No: _____
Last First

Date of Birth: _____ SEX: Male Female Misc. No. BIL: **APPLICANT MUST PAY**
Agency Billing Number

Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____ Address: _____
Street No.

Place of Birth: _____ City State Zip

Social Security Number: _____

SECTION 4

Your Number _____
BBS File Number (Example: 103123)

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SECTION 5

Employer: (Additional response for agencies specified by statute)

LEAVE THIS SECTION BLANK

Employer Name _____

Street No. Street or PO Box _____

Mail Code (assigned by DOJ) _____

City State Zip Code _____

Agency Telephone No. (optional) _____

SECTION 6

Live Scan Transmission Completed By: _____ Date: _____

Transmitting Agency _____ ATI No. _____ Amount Collected/Billed _____

ORIGINAL- Live Scan Operator SECOND COPY- Requesting Agency THIRD COPY- Applicant