

APPLICATION FOR  
**SUBSEQUENT  
ASSOCIATE PROFESSIONAL  
CLINICAL COUNSELOR  
(APCC) REGISTRATION**



## 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

#### WORKING IN A PRIVATE PRACTICE OR PROFESSIONAL CORPORATION IS PROHIBITED

APCCs issued a subsequent registration are prohibited from working in a private practice or professional corporation per Business and Professions Code (BPC) section 4999.46.1. There are no exceptions. All other work settings are permissible.

#### DO NOT APPLY UNLESS YOU HAVE PASSED THE LPCC LAW AND ETHICS EXAM

There are no exceptions to this requirement, which is mandated by BPC section 4999.45(b). Exam applications are available on the Board's [website](#).

#### EXPEDITED REVIEW

The Board will expedite the licensure process for the following applicants who meet the qualifications specified on the forms linked below (*all expedite forms are available at [www.bbs.ca.gov](http://www.bbs.ca.gov)>Applicants>(License Type)>Forms/Pubs*):

- **Active-duty military members.** Download the form [here](#) and include it ON TOP OF your application.
- **Honorably discharged veterans of the U.S. Armed Forces or the California National Guard.** Download the form [here](#) and include it ON TOP OF your application.
- **Spouses/Partners of persons on active duty in the U.S. Armed Forces assigned to a duty station in California.** A \$150 fee waiver is also available to these applicants. Download the form [here](#) and include it ON TOP OF your application.
- **Refugees / Asylees / Special Immigrant Status Holders ("SI" or "SQ").** Download the form [here](#) and include it ON TOP OF your application.

#### 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.

## 1. APPLICATION

Instructions	Document(s) Required
<ul style="list-style-type: none"><li>• Complete all sections of the <i>Application for Subsequent 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>• If you have changed your legal name and have not yet notified the Board, submit a <a href="#">Notification of Name Change</a> form with your application along with the required documentation.</li><li>• <u>Email Address</u>: Provide your email address if you have one. This address is not subject to public disclosure.</li></ul>	<b>Completed and signed <i>Application for Subsequent Associate Professional Clinical Counselor Registration</i></b>

## 2. FEE

Instructions	Document(s) Required
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.	<b>\$150.00 check or money order payable to the Behavioral Sciences Fund</b>
<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 ( <i>see next page for details</i> ).	<b>If submitting fingerprint “hard cards” also attach a \$49 check or money order payable to the Behavioral Sciences Fund</b>

### 3. APPLICATION REQUIREMENTS

Use the scenarios below as a guide to determine your application requirements. You must meet all requirements for Associate registration that are in effect at the time your subsequent registration application is received. For questions please contact the Board at [bbs.apcc@dca.ca.gov](mailto:bbs.apcc@dca.ca.gov).

Determine your application requirements below:	Document(s) Required
<p style="text-align: center;"><b><u>SCENARIO A</u></b></p> <p>1. Your Associate number has been cancelled (met its 6-year limit);</p> <p style="text-align: center;">AND</p> <p>2. The Board has already approved your supervised experience;</p> <p style="text-align: center;">AND</p> <p>3. You are currently eligible to take the clinical exam (you have an active <i>Application for Licensure</i> that has been approved by the Board).</p> <p style="text-align: center;"><b>OR</b></p> <p>You have an Associate registration number that is due to cancel or has been cancelled for no longer than 30 days from the date the Board receives the attached application.</p>	<p><input type="checkbox"/> <b>Application</b></p> <p><input type="checkbox"/> <b>\$150 fee</b></p>
<p style="text-align: center;"><b><u>SCENARIO B</u></b></p> <p>1. Your Associate number has been cancelled for over 30 days (from the date the Board receives the attached application);</p> <p style="text-align: center;">AND</p> <p>2. You are NOT currently eligible to take the clinical exam (you do not have an active <i>Application for Licensure</i> approved by the Board).</p>	<p><input type="checkbox"/> <b>Application</b></p> <p><input type="checkbox"/> <b>\$150 fee</b></p> <p><input type="checkbox"/> <b>Official Transcripts</b></p> <p><input type="checkbox"/> <b>Degree Program Certification</b></p> <p><input type="checkbox"/> <b>Fingerprints</b></p> <p><input type="checkbox"/> <b>(if submitting fingerprint hard cards, include additional \$49 fee)</b></p>

#### 4. SCENARIO B APPLICANTS ONLY - OFFICIAL TRANSCRIPTS

Instructions	Document(s) Required
<p>Scenario B applicants must provide official sealed transcript(s) verifying your master's or doctorate degree. The degree title and date of conferral must be posted. Submit as directed below:</p> <ul style="list-style-type: none"> <li>• Provided IN AN ENVELOPE SEALED BY THE SCHOOL; or</li> <li>• Emailed BY YOUR SCHOOL to the Board at <a href="mailto:BBStranscripts@dca.ca.gov">BBStranscripts@dca.ca.gov</a>.</li> <li>• 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 sealed transcript(s) with degree title and date of conferral posted</b></p> <p><b>MUST BE IN AN ENVELOPE SEALED BY THE SCHOOL OR EMAILED BY THE SCHOOL AS DIRECTED</b></p>

#### 5. SCENARIO B APPLICANTS ONLY – DEGREE PROGRAM CERTIFICATION

Instructions	Document(s) Required
<p>Scenario B applicants must provide one of the following <i>Degree Program Certification</i> forms in an envelope sealed by your school, or emailed BY YOUR SCHOOL to <a href="mailto:BBStranscripts@dca.ca.gov">BBStranscripts@dca.ca.gov</a>:</p> <ul style="list-style-type: none"> <li>• <b>FORM A</b> – Have your school complete <u>Form A</u> 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 <a href="#">BPC section 4999.32</a>).</li> <li>• <b>FORM B</b> – Have your school complete <u>Form B</u> 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 <a href="#">BPC section 4999.33</a>.</li> </ul> </li> </ul>	<p><b>Degree Program Certification</b></p> <p><b>MUST BE IN AN ENVELOPE SEALED BY THE SCHOOL OR EMAILED BY THE SCHOOL AS DIRECTED</b></p>

## 6. SCENARIO B APPLICANTS ONLY - 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 Scenario B applicants.</p> <p><b><u>If you currently reside in California:</u></b></p> <p>Read the <i>Instructions for Live Scan Fingerprinting</i> and complete the <a href="#">Request for Live Scan Service</a> form (access at <a href="http://www.bbs.ca.gov">www.bbs.ca.gov</a>&gt;Applicant&gt;LPCC&gt;License Requirements).</p> <ul style="list-style-type: none"> <li>• The information on this form must match the information you provide on your 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></p> <p>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>• DOJ processing time for hard card fingerprints is <b>8 or more weeks</b>.</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>

# SUBSEQUENT ASSOCIATE PROFESSIONAL CLINICAL COUNSELOR APPLICANTS



## FREQUENTLY ASKED QUESTIONS

**If I apply for a second number, will I lose all of my hours because they were gained under my first number?**

Not necessarily, but all hours of experience must be gained within the immediate six (6) years prior to the date the Board receives your *Application for Licensure*. Hours older than six (6) years prior to the date you apply will not count.

**For example:** The Board receives your *Application for Licensure*, postmarked on 4/27/2020. All of the hours you gained (under all Associate numbers) between 4/27/2014 and 4/27/2020 will be acceptable (as long as your experience meets all other requirements).

**My supervised experience hours have been approved. Do I need a current Associate number to continue testing?**

The Board encourages all individuals to maintain a current Associate registration and to continue recording experience hours until licensed as an LPCC, as a safeguard in the event that some of the hours submitted are unable to be accepted by the Board either now or in the future due to application abandonment and/or the “six-year rule” (see the [FAQs for APCCs](#) for more information).

If you are working in a non-exempt setting, you are required to maintain a current Associate registration until your LPCC license has been issued. If you are working in an exempt setting (an institution that is both non-profit and charitable, a school or a governmental entity), you are not required to maintain a registration. However, your employer may require it as a condition of employment.

**Must I continue to have supervision after my experience hours have been approved?**

Once the required number of experience hours are gained, you must receive a minimum of one hour of direct supervisor contact per week for each practice setting in which direct clinical counseling is performed. Once the required number of experience hours are gained, further supervision for nonclinical practice shall be at the supervisor’s discretion.

## IMPORTANT INFORMATION

### WORKING IN A PRIVATE PRACTICE OR PROFESSIONAL CORPORATION IS PROHIBITED

APCCs issued a subsequent registration are prohibited from working in a private practice or professional corporation per Business and Professions Code (BPC) section 4999.46.1. There are no exceptions. All other work settings are permissible.

### 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).

### 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).

### 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.

### NOTICE OF 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).

### 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 **SUBSEQUENT ASSOCIATE PROFESSIONAL CLINICAL COUNSELOR REGISTRATION**



Office Use Only:

**Carefully read the Application Instructions FIRST**

**Attach a \$150 Fee Payable to Behavioral Sciences Fund**

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 to facilitate processing of your application (access at [bbs.ca.gov>Consumers>Criminal Convictions>Forms](https://bbs.ca.gov/Consumers/CriminalConvictions/Forms)).*

*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.*

Applicant Name: Last	First	Middle
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4. Have you passed the LPCC California Law and Ethics Exam? Yes ☐ No ☐

*Applicants must pass this exam before a subsequent number can be issued.*

5. **SCENARIO B APPLICANTS ONLY:** Have you submitted official transcripts verifying your qualifying master's or doctorate degree? See *Application Instructions* for transcript requirements. Yes – Sealed Transcripts via Mail ☐  
Yes – Electronic Transcripts ☐  
No ☐

6. **SCENARIO B APPLICANTS ONLY:** Have you submitted a Degree Program Certification? See Application Instructions for requirements. Yes – Sealed Certification via Mail ☐  
Yes – Electronic Certification ☐  
No ☐

### **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](#) (access at [bbs.ca.gov>Consumers>Criminal Convictions>Publications](#)). 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](#) form (access at [bbs.ca.gov>Consumers>Criminal Convictions>Forms](#)) 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 last page, and provide applicant with the original IN A SEALED ENVELOPE, or send it directly to the Board via email to [BBSLPCtranscripts@dca.ca.gov](mailto:BBSLPCtranscripts@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. **(NOTE: If the degree does not contain the minimum number of units, it does not qualify)**

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: Must be fully 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): \_\_\_\_\_

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: Must be fully 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). **(NOTE: Must be fully within degree program, or degree will not qualify)**

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. **(NOTE: Must be fully within degree program, or degree will not qualify)**

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. **(NOTE: Must be fully within degree program, or degree will not qualify)**

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

G. ADDITIONAL COURSEWORK: The following courses are NOT required to be part of the applicant's degree program, but are required for registration or licensure. Please provide information about any of the following content provided within the applicant's degree.

Yes ☐ No ☐ Provision of mental health services via telehealth, including law and ethics related to telehealth (3 hours). *Number of Hours:* \_\_\_\_\_  
*Course Number(s)/Term(s):* \_\_\_\_\_

Yes ☐ No ☐ Suicide risk assessment and intervention (6 hours). *Number of Hours:* \_\_\_\_\_  
*Course Number(s)/Term(s):* \_\_\_\_\_

Yes ☐ No ☐ Child abuse assessment and reporting (7 hours). *Number of Hours:* \_\_\_\_\_  
*Course Number(s)/Term(s):* \_\_\_\_\_

Yes ☐ No ☐ Human sexuality (10 hours). *Number of Hours:* \_\_\_\_\_  
*Course Number(s)/Term(s):* \_\_\_\_\_

Yes ☐ No ☐ Alcohol and substance abuse/dependency (15 hours). *Number of Hours:* \_\_\_\_\_  
*Course Number(s)/Term(s):* \_\_\_\_\_

Applicant Name: Last	First	Middle
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Yes ☐ No ☐ Aging, long-term care and elder/dependent adult abuse (10 hours).  
 Number of Hours: \_\_\_\_\_ Course Number(s)/Term(s): \_\_\_\_\_

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Yes ☐ No ☐ Spousal/partner abuse assessment, detection and intervention (15 hours).  
 Number of Hours: \_\_\_\_\_ Course Number(s)/Term(s): \_\_\_\_\_

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Yes ☐ No ☐ Psychopharmacology (2 semester units or 3 quarter units).  
 Number of Hours: \_\_\_\_\_ Course Number(s)/Term(s): \_\_\_\_\_

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Yes ☐ No ☐ Crisis or trauma counseling (15 hours).  
 Number of Hours: \_\_\_\_\_ Course Number(s)/Term(s): \_\_\_\_\_

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Yes ☐ No ☐ California law and professional ethics (18 hours required only if #C.9. above was not based on California law).  
 Number of Hours: \_\_\_\_\_ Course Number(s)/Term(s): \_\_\_\_\_

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<b><u>CERTIFICATION</u></b> <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	Campus City and State
Date Signed	Institution Accredited or Approved by



**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): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### **CERTIFICATION**

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

Signature of Chief Academic Officer or  
Authorized Designee

Name of Institution

Print Name

Campus City and State

Date Signed

Institution Accredited or Approved by