



Board of Behavioral Sciences

ASSOCIATE MARRIAGE AND FAMILY THERAPIST

ONLINE APPLICATION INSTRUCTIONS

INITIAL ASSOCIATE REGISTRATION

IMPORTANT

This application is for individuals who have **never** been issued an Associate Marriage and Family Therapist (AMFT) registration. **Before you begin, review the section that starts on page 3** to ensure you meet all qualifications and have all required documentation ready for upload to the online application. For example, certificates of completion for additional coursework or military documentation.

File formats accepted: .pdf, .jpe, .jpeg, .jpg, .png, .tif, .tiff, .gif, .bmp

Fees

Non-refundable Application Fee: \$75.

Out-of-State Fingerprinting Fee: \$49 processing fee ONLY if you are submitting fingerprint hard cards due to being fingerprinted outside of California.

BreEZe Technical Issues

For technical questions such as creating accounts, unlocking accounts, password resets, adding licenses, and BreEZe error messages contact the BreEZe Help Desk (Monday - Friday 8:00am PST to 4:45pm PST).

Phone: (916) 557-1208 Email: BREEZE@dca.ca.gov

Online Application Questions

For questions or guidance regarding the online application that are NOT covered under the “BreEZe Technical Issues” section above, email BBS.ONLINEAPPS@dca.ca.gov

Application Qualifications Questions

For questions about application qualifications such as degree or coursework requirements, or to submit additional documentation, email the evaluators at BBS.AMFT@dca.ca.gov

Processing Times

The typical processing time is 6 to 8 weeks and may be longer due to high application volumes during the months following graduation (June-October). Applications are processed in date order received. The date you submit this application online is your “received” date. Follow the Board’s [Facebook](#), [Instagram](#), or [Twitter](#) pages for weekly updates to processing times.

Expedites for Military / Refugees / Asylees / Special Visa Holders

The Board will expedite your application if you meet the qualifications listed below. You will be asked to upload the documentation specified to be considered for an expedite.

Active-duty military members: To qualify, attach documentation, such as a copy of your official military orders, indicating your active-duty status.

Honorably discharged veterans - U.S. Armed Forces or California National Guard:

To qualify, you must have served as an active-duty member of the U.S. Armed Forces OR as an active-duty member of the California National Guard AND were honorably discharged. Attach documentation, such as a copy of your DD-214 long form.

Spouses/Partners of persons on active duty in the U.S. Armed Forces assigned to a duty station in California: To qualify, include ALL of the following:

1. Attach a copy of your marriage certificate or certified declaration or registration of domestic partnership from the Secretary of State verifying that you are married to, or in a domestic partnership or other legal union with, an active-duty member of the Armed Forces of the U.S. who is officially assigned to a duty station in California (for other forms of legal union not recognized by California, submit documentation issued by the state that recognizes your legal union); AND
2. Attach evidence that your spouse or partner has been assigned to a duty station in California under official active-duty military orders. For example, attach a copy of your spouse or partner's military orders; AND
3. Provide information about your current license or registration in another state, district, or territory of the United States in the same profession for which you seek licensure or registration from the Board of Behavioral Sciences.

A \$75 fee waiver is also available to spouses/partners who provide all of the above information.

Refugees / Asylees / Special Immigrant Status Holders ("SI" or "SQ"):

To qualify, attach ONE of the following documents:

- Form I-94, Arrival / Departure Record, with an admission class code such as "RE" (Refugee) or "AY" (Asylee) or other information designating you a refugee or asylee; OR
- Special immigrant visa that includes the category of "SI" or "SQ"; OR
- Permanent Resident Card (Form I-551), commonly known as a "Green Card" with a category designation indicating that you were admitted as a refugee or asylee; OR
- An order from a court or administrative agency having jurisdiction and legal authority to deal with the subject matter or other documentary evidence that provides reasonable assurance that you qualify for expedited licensure.

INITIAL (FIRST) AMFT REGISTRATION APPLICATION INFORMATION AND REQUIREMENTS

Carefully read and follow the instructions provided below before beginning your online application. These instructions provide you with important steps you should take prior to applying to avoid application deficiencies. Instructions for completing the online application are provided in the following section of this guide.

IMPORTANT: Apply within 90 days of your degree award date to be eligible to count post-degree experience toward licensure immediately after your degree award date. Eligibility depends on your associate application submission date and whether your employer requires you to be fingerprinted. If you cannot meet all requirements of the 90-day rule, you **cannot** begin counting hours until your registration has been issued. For more information, see the [90-Day Rule FAQ](#).

1. 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:

Read the Instructions for Live Scan Fingerprinting and complete the *Request for Live Scan Service* form: <https://www.bbs.ca.gov/pdf/forms/livescan.pdf>.

- The information on your Live Scan form must match the information you provide on your application.
- Be sure to note your **ATI Number** as you will be asked to enter it on 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.

YOU MUST SUBMIT TWO COMPLETED FINGERPRINT CARDS WITH THE APPROPRIATE FEE TO THE BOARD.

DOJ processing time for hard card fingerprints is 8 or more weeks.

Click [here](#) for answers to frequently asked questions about fingerprinting.

2. OFFICIAL TRANSCRIPTS

You are required to provide official transcripts verifying the following:

- Your master's or doctorate degree (with degree title and date of conferral posted).
- Any remediated coursework (only allowed for certain courses if you have an out-of-state degree).
- If the school that awarded your degree accepted courses transferred in from another school, you must **also** provide a transcript from the other school to enable proper evaluation of your degree.

Provide transcripts as directed below:

- Mailed to the Board (1625 N. Market Blvd, Suite S-200, Sacramento, CA 95834) IN AN ENVELOPE SEALED BY THE SCHOOL; or
- Emailed BY THE SCHOOL to the Board at BBStranscripts@dca.ca.gov.
- Click [here](#) for answers to frequently asked questions about electronic submission.

3. DEGREE PROGRAM CERTIFICATION

You are required to provide a *Degree Program Certification* completed by your school. To determine the correct *Degree Program Certification* form, consult with your school. The form options are provided below:

- **In-State Degree:**
https://www.bbs.ca.gov/pdf/forms/mft/mft_cert_a.pdf OR
https://www.bbs.ca.gov/pdf/forms/mft/mft_cert_b.pdf
- **Out-of-State Degree:**
https://www.bbs.ca.gov/pdf/forms/mft/mft_degree.pdf

Note: A *Degree Program Certification* is not required for degrees awarded outside of the U.S. or its territories.

Submit the completed *Degree Program Certification* as directed below:

- Mailed to the Board (1625 N. Market Blvd, Suite S-200, Sacramento, CA 95834) in an ENVELOPE SEALED BY YOUR SCHOOL; or
- Emailed BY YOUR SCHOOL to BBStranscripts@dca.ca.gov.

If your school accepted any transferred-in units: The school must include a letter of explanation identifying those courses and describing how they were applied to your degree program.

NOTE: The Board recommends obtaining an additional copy of the completed Degree Program Certification form for your use **prior to submitting your application and non-refundable fee**. This will help you determine whether your degree qualifies for AMFT registration.

4. ADDITIONAL REQUIREMENTS FOR APPLICANTS WITH AN OUT-OF-STATE OR OUT-OF-COUNTRY DEGREE

Degree Requirements

If your degree was awarded from a school located outside of California OR from a program NOT designed to meet California's requirements, read the [Guide to Educational Requirements for Out-of-State and Out-of-Country AMFT Applicants](#) **before applying**.

If your degree or other education was earned **outside of the United States or its territories**, you must have your education evaluated to determine equivalency by a foreign credential evaluation service that is a member of the [National Association of Credential Evaluation Services](#). Provide the evaluation as directed below:

- Mailed to the Board (1625 N. Market Blvd, Suite S-200, Sacramento, CA 95834) in an envelope SEALED BY THE EVALUATING AGENCY; or
- Emailed BY THE AGENCY to BBStranscripts@dca.ca.gov.

NOTE: The Board recommends completing the optional [Out-of-Country Degree Program Worksheet](#) to help determine whether your degree will qualify prior to paying a service for an evaluation.

California Law and Ethics Course

If your degree is from a school located outside of California OR from a program that was NOT designed to meet California's requirements, you must upload documentation of completion of a **California** Law and Ethics course with your application as described below:

- **If you have taken a 2 semester unit or 3 quarter unit course on Law and Ethics that did not contain California content:**

You must take a 12-hour California course. See [BPC section 4980.78\(b\)\(2\)](#) for course content requirements. This course must be taken from an [acceptable continuing education provider](#). A certificate of completion is required.

- **If you have NOT taken a 2 semester unit or 3 quarter unit course on Law and Ethics:**

You must complete a graduate level California course to bring your total to 2 semester units or 3 quarter units. See [BPC section 4980.81\(a\)\(8\)](#) for course content requirements. This course must be taken from a school that holds a regional or national institutional accreditation recognized by the USDE, or a school approved by the BPPE. A transcript is required to demonstrate completion. CE courses **cannot** be accepted.

5. OPTIONAL: ADDITIONAL COURSEWORK REQUIRED PRIOR TO LICENSURE

The coursework listed below must be completed by applicants prior to submitting your *Application for Licensure*. You may upload documentation of completion with your Associate application OR wait until you apply for licensure. If this content was provided within your degree program, there is a section that may be used for verification by your school on the *Degree Program Certification* form.

All Applicants

Suicide Risk Assessment and Intervention

Six (6) hours of coursework or applied experience. For more information see [BPC section 4980.396](#).

Provision of Mental Health Services via Telehealth

Three (3) hours of coursework that includes law and ethics related to telehealth. See [BPC section 4980.395](#) for more information.

Applicants who began graduate study prior to August 1, 2012

See SECTION G of the “Application Instructions” within the [Application for Licensure](#) for courses that must be completed prior to applying for licensure. This coursework may have been earned either within or outside of your qualifying degree program.

See the Board's [website](#) for information on **acceptable course providers**.

Applicants with an Out-of-State/Out-of-Country Degree ONLY

The courses listed beginning on Page 6 of the [Guide to Educational Requirements for Out-of-State/Out-of-Country AMFT Applicants](#) are NOT required for Associate registration. However, the courses are required prior to submission of your *Application for Licensure*. Include the course description or syllabus if the course content is not easily identifiable by the course title.

See the Board's [website](#) for information on **acceptable course providers**.

6. OPTIONAL: BACKGROUND STATEMENT FOR PENDING CRIMINAL ACTIONS, PAST CONVICTIONS OR ACTION ON A PROFESSIONAL HEALTH CARE LICENSE

Pending Criminal Actions and Past Convictions

All currently pending criminal actions and some past 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 may review, see the [Criminal Conviction FAQ](#).

You are not required to disclose any past convictions or pending criminal cases on this application. However, voluntarily providing the information may facilitate the review of your background information. You may therefore choose to complete the [Background Statement](#) form and upload it with your application along with evidence of rehabilitation.

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.

Action on a Professional Health Care License

If, within the 7 years preceding your submission of this application, you were 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, the Board recommends that you complete the [Background Statement](#) form to facilitate processing of your application. We recommend that you answer “Yes” to this question on the application even if you have previously reported it to the Board. You do not need to resubmit documentation previously on file.

WHAT HAPPENS ONCE MY APPLICATION IS REVIEWED BY THE BOARD?

If Your Application has been Approved

In BreEZe your application will disappear from the “View Application Status” menu. You will see the registration number issued to you in the **License/Registration Information** (top right section of the screen), and the menu under “License Activities” will change to **Manage your license information**. The Board will also send you an email when your registration number is issued.

If Your Application has a Deficiency

If additional information is necessary to determine your qualifications, you will receive a notice via email describing the deficiency and instructions on how to clear the deficiency.

If you do not submit documentation that clears a deficiency specified in your deficiency notice within one (1) year from the date of the initial deficiency letter, OR if you do not complete your application within one (1) year after it has been filed, 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.

WHAT HAPPENS IF I EXIT MY APPLICATION BEFORE SUBMISSION?

If you have NOT progressed to a payment screen:

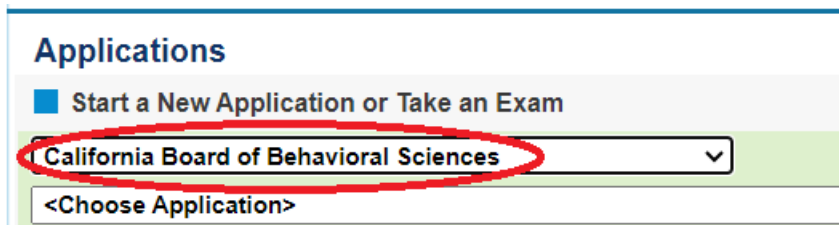
Under the Quick Start Menu you will be able to resume your application under Finish Incomplete Applications

If you HAVE progressed to a payment screen:

Under the Quick Start Menu, Additional Activities, select “Payment/View Cart”.

ONLINE INITIAL AMFT APPLICATION INSTRUCTIONS

1. Log in to your online BreEZe account at www.breeze.ca.gov. If you haven't created one yet, see [BreEZe Helpful Hints](#) for instructions.
2. After logging in OR after creating your BreEZe account:
Under **Start a New Application or Take an Exam** section, select **California Board of Behavioral Sciences** in the **<Choose Board>** drop-down menu.



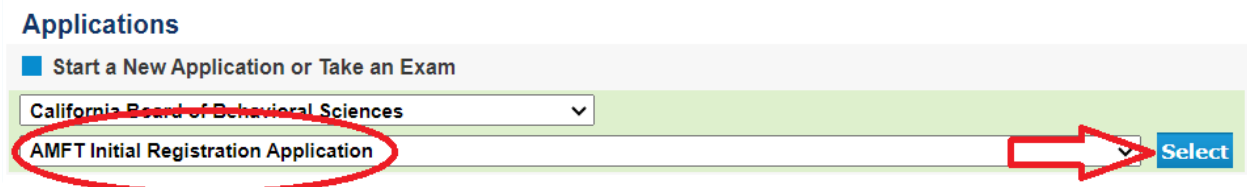
Applications

■ Start a New Application or Take an Exam

California Board of Behavioral Sciences ▼

<Choose Application>

3. In the **<Choose Application>** drop-down menu, select the **AMFT Initial Registration Application**, then click **Select** to proceed.



Applications

■ Start a New Application or Take an Exam

California Board of Behavioral Sciences ▼

AMFT Initial Registration Application ▼

Select

4. Read the Introduction, then click **Next**. NOTE: The Live Scan form is NOT required to be submitted with the online application, but you should retain a copy until your associate number is issued.

Introduction

Information Privacy Act

Application Questions

Name and Personal/Organization Details

Contact Details

Additional Application Questions

File Attachments

Application Summary

AMFT Initial Registration Application - Introduction

Welcome to the California Board of Behavioral Sciences online application for an Associate Marriage and Family Therapist (AMFT) Initial Registration. Follow the instructions on each screen to complete your application. Your application is not submitted until you complete the application and pay the fees.

For application requirements and other information, please visit <https://bbs.ca.gov/applicants/lmft.html>

All applications are processed in date order received. The date you submit an online application on Breeze, is considered the received date. You can follow our social media accounts for weekly updates to the processing times, www.bbs.ca.gov

If you are missing items in your application, the evaluators will contact you by email.

Upon approval, you will be notified by email.

IMPORTANT: Ensure your email address is up to date and correct on the Contact Details section of this application. If your email address is missing or incorrect, you may delay receiving important notices from the evaluators regarding your application status.

YOU MUST USE YOUR LEGAL NAME
Your legal name is the name established legally by your birth certificate, marriage or domestic partnership, or divorce decree (for example).

If you have an existing Breeze account and your legal name has changed and you have not yet notified the Board, submit the Name Change application online at www.breeze.ca.gov.

Press "Next" to continue.

To save and exit this application, click on the "Cancel" button.

If you currently reside in California:
Read the Instructions for Live Scan Fingerprinting and complete the Request for Live Scan Services form at <https://www.bbs.ca.gov/pdf/forms/livescan.pdf>

1. The information on this form must match the information you provide on your application
2. 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.

1. You must submit your two completed fingerprint cards with the appropriate fee to the Board
2. DOJ processing time for hard card fingerprints is **8 or more weeks**

OFFICIAL TRANSCRIPTS
Provide an official transcript verifying your master's or doctorate degree (with degree title and date of conferral posted). If the school that issued your degree accepted courses transferred in from another school, you must also provide a transcript from the other school to enable proper evaluation of your degree. Provide transcripts as directed below:

1. Provided IN AN ENVELOPE SEALED BY THE SCHOOL; or
2. Emailed BY THE SCHOOL to the Board at bbstranscripts@dca.ca.gov
3. For questions about electronic submission, see the FAQ (available at https://www.bbs.ca.gov/updates_faqs/updates.html).

DEGREE PROGRAM CERTIFICATION
Provide a Degree Program Certification (Form A or Form B) as directed below:

1. Provided IN AN ENVELOPE SEALED BY THE SCHOOL; or
2. Emailed BY THE SCHOOL to the Board at bbstranscripts@dca.ca.gov
3. For questions about electronic submission, see the FAQ (available at https://www.bbs.ca.gov/updates_faqs/updates.html).

See the Degree Program Certification forms at <https://www.bbs.ca.gov/applicants/lmft.html> to determine whether to have your school fill out Form A or Form B.

TRANSFER COURSEWORK
If your school accepted any transferred-in units, the school must provide a letter of explanation identifying those courses and describing how they were applied to your degree program. The school where you completed the coursework must also provide transcripts as directed below:

1. Provided IN AN ENVELOPE SEALED BY THE SCHOOL; or
2. Emailed BY THE SCHOOL to the Board at bbstranscripts@dca.ca.gov
3. For questions about electronic submission, see the FAQ (available at https://www.bbs.ca.gov/updates_faqs/updates.html).

OUT-OF-COUNTRY EVALUATION
To meet the requirements for this application, you must obtain an evaluation of your degree by a foreign credential evaluation service to determine equivalency with California's requirements, and have forwarded to the Board by mail or email from the credentialing agency to bbstranscripts@dca.ca.gov (per BPC section 4980.76). The evaluation service must be a member of the National Association of Credential Evaluation Services (www.naces.org). You will also be required to forward an official transcript as directed below:

1. Provided IN AN ENVELOPE SEALED BY THE EVALUATION SERVICE; or
2. Emailed BY THE EVALUATION SERVICE to the Board at bbstranscripts@dca.ca.gov
3. For questions about electronic submission, see the FAQ (available at https://www.bbs.ca.gov/updates_faqs/updates.html).

Suggestion: Before paying a credentials evaluation service for an evaluation, compare your degree to California's requirements by using the optional "Out-of-Country Degree Program Worksheet" on our website <https://bbs.ca.gov/applicants/lmft.html> to help you determine whether to proceed.

Next

Cancel

4. Read the **Information Privacy Act** information, then click **Agree**.

AMFT Initial Registration Application - Information Privacy Act

Please see the Notice on Collection of Personal Information on our website for details regarding the personal information requested on this application, www.bbs.ca.gov/cdn/docs/pi_collection_notice.pdf.

Exception – Email addresses and phone numbers will **NOT** be made public but an email is required for fastest correspondence from the evaluators. If no email address is provided, correspondence will be mailed.

Press "Agree" to continue.

To save and exit this application, click on the "Cancel" button.

Agree **Cancel**

5. Responses to the **Application Questions** section determine whether you qualify for expedites, fee waivers, require file attachments, or hard card fingerprinting fees.

Be sure to read the important information below the questions and click any links for additional information.

Answer all Application Questions, click on any applicable links, then click **Next**.

AMFT Initial Registration Application - Application Questions	
Introduction	Answer the questions and press "Next" to continue.
Information Privacy Act	Press "Previous" to return to the previous section.
Application Questions	To save and exit this application, click on the "Cancel" button.
Name and Personal/Organization Details	I am applying as an IN-STATE applicant To qualify as an IN-STATE applicant, I have verified my master's degree is from a school on the list provided at https://www.bbs.ca.gov/applicants/education_resources.html v
Contact Details	I am applying as an OUT-OF-STATE/OUT-OF-COUNTRY applicant v
Additional Application Questions	Are you an active-duty member of the United States Armed Forces or California National Guard? Would you like to request expedited processing? (If you select YES, you must attach documentation, such as a copy of your official military orders, indicating your active-duty status.) To qualify for an expedite, you must be an active-duty member of the U.S. Armed Forces or the California National Guard. v
File Attachments	Were you an active-duty member that was honorably discharged from the United States Armed Forces or California National Guard? Would you like to request expedited processing? (If you select YES, you must attach documentation, such as a copy of your DD-214 long form, indicating that you meet the above qualifications.) To qualify for an expedite, you must have served as an active-duty member of the U.S. Armed Forces OR as an active-duty member of the California National Guard AND were honorably discharged. v
Application Summary	Are you married to, in a domestic partnership, or other legal union with, a member of the United States Armed Forces that is assigned to a duty station in California under official active-duty military orders AND hold a CURRENT license or registration in another state or territory of the United States as a Marriage and Family Therapist, Professional Clinical Counselor, Clinical Social Worker, or Educational Psychologist? Would you like to request expedited processing and fee waiver? (If you select YES, you must attach documentation, such as a copy of your marriage certificate or certified declaration or registration of domestic partnership from the Secretary of State. For other forms of legal union not recognized by California, submit documentation issued by the state that recognized the union, indicating that you meet the above qualifications. AND attach a copy of your spouse or partner's military orders) Current license or registration information. v
	Pursuant to Business and Professions Code Section 115.4, beginning July 1, 2024, the board/bureau shall expedite the initial licensure process for an applicant who is an active duty member of the US Armed Forces and enrolled in the US Department of Defense SkillBridge program. Do you request expediting of your application under this authority? (If you select YES, you must attach documentation of enrollment to this application.) v
	Are you a refugee, asylee, or holder of a Special Immigrant Visa (SIV) seeking expedited application processing? To qualify, you must meet one of the following requirements. You were admitted to the United States as a refugee pursuant to section 1157 of title 8 of the United States Code; OR You were granted asylum by the Secretary of Homeland Security or United States Attorney General pursuant to section 1158 of title 8 of the United States Code; OR You hold a special immigrant visa and were granted a status pursuant to section 1244 of Public Law 110-181, Public Law 109-163, or section 602(b) of title VI of division F of Public Law 111-8, relating to Iraqi or Afghan translators/interpreters, or those who worked for or on behalf of the United States Government. v
	Did your school accept any transferred-in units? If yes, your school must provide a letter of explanation identifying those courses and describing how they were applied to your degree program. The school where you completed the coursework must also provide transcripts. v
	Will you be submitting a Background Statement form or additional documentation regarding your background information? See the Background Check Information below for details. If not applicable, answer No. v
	BACKGROUND CHECK INFORMATION All currently pending criminal actions or past 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 may review, see the Criminal Conviction FAQ at https://www.bbs.ca.gov/consumers/criminal_convictions.html . You are not required to disclose any past convictions or pending criminal cases on this application, however, voluntarily providing the information may facilitate the review of your background information. The Board will NOT deny your application because you exercised your right not to provide criminal history information in your initial application. See the Background Statement Instructions on the Board's website, https://www.bbs.ca.gov/pdf/forms/cony_background_statement_form.pdf for details about the documentation that may be submitted with the application regarding pending criminal actions or past convictions. You may seek legal advice before providing any information about your criminal history.
	SKILLBRIDGE Pursuant to Business and Professions Code Section 115.4 , beginning July 1, 2024, the board/bureau shall expedite the initial licensure process for an applicant who is an active duty member of the US Armed Forces and enrolled in the US Department of Defense SkillBridge program.
Previous Next Cancel	

6. Enter your personal information, then click **Next**. You **MUST** use your legal name and it **MUST** match your current government issued photo ID. You will be able to enter other names previously used later in the application.

Introduction	AMFT Initial Registration Application - Name and Personal Details
Information Privacy Act	YOU MUST USE YOUR LEGAL NAME Your legal name is the name established legally by your birth certificate, marriage or domestic partnership, or divorce decree (for example).
Application Questions	If you have an existing Breeze account and changed your legal name and have not yet notified the Board, submit the Name Change application online at www.breeze.ca.gov .
Name and Personal/Organization Details	Press "Previous" to return to the previous screen.
Contact Details	Enter your personal details and Press "Next" to continue.
Additional Application Questions	To save and exit this application, click on the "Cancel" button.
File Attachments	
Application Summary	

* First Name:

Middle Name:

* Last Name:

Suffix:

* SSN/ITIN:

* Birth Date: (mm/dd/yyyy)

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, 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.

State Tax Obligation
Pursuant to Business and Professions Code section 31(e), the California Department of Tax and Fee Administration 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.

[Previous](#) [Next](#) [Cancel](#)

- 7.A. To enter your contact information, click **Add**.

Introduction	AMFT Initial Registration Application - Address Detail Summary
Information Privacy Act	Please enter your address and email address if you have one. If you do not provide an email address, you may delay important correspondence regarding your application.
Application Questions	The following address types are mandatory. Please add these in order to continue.
Name and Personal/Organization Details	• Address of Record
Contact Details	Press "Add" to add an optional or mandatory address.
Additional Application Questions	Press "Previous" to return to the previous section.
File Attachments	Press "Next" when finished adding/changing addresses.
Application Summary	To save and exit this application, click on the "Cancel" button.

The address is public information and will be placed on the Internet pursuant to Business and Professions Code Section 27. 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.

Exception: Your email address and phone number will **NOT** be displayed to the public. You must have valid email address to receive important correspondence regarding your application and future exam eligibility information.

[Previous](#) [Next](#) [Add](#) [Cancel](#)

[Back to Top](#) | [Conditions of Use](#) | [Privacy Policy](#) | [Accessibility](#)

7.B. Select **Address of Record** from the drop-down menu and click **Next**

AMFT Initial Registration Application - Add Address Details - Select Address Type

Select an address type from the drop-down list and press "Next".
Press "Back" to return to the Address Detail Summary Screen.

* Address Type:  Address of Record ▾

 **Next** **Back**

7.C. **Enter your address and email address**, then click **Continue**. **Your address of record will be displayed to the public.** 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.

Be sure to enter a valid email address that you check frequently to receive important correspondence regarding your application and future exam notifications. **Your email address and phone number will NOT be displayed to the public.**

AMFT Initial Registration Application - Add Address Details

Please enter your address of record. If you are using an employer's address, be sure to enter the suite or unit number and the employer or agency name. If you are not authorized to receive mail at your employer's address, your mail may be returned to us by the post office. Please check with your employer to ensure you are able to receive mail at their address.

Enter/Update your address, phone number and email address and press "Continue" when done.
Press "Back" to return the previous screen.

Address of Record

* Address Line 1:

Address Line 2:

Address Line 3:

* City:

* State: **California** ▾

* Zip Code:

County:

Country: **United States** ▾

Phone Number:

Extension:

Email:

Alternate Phone:

The address is public information and will be placed on the Internet pursuant to Business and Professions Code Section 27. 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.

Exception: Your email address and phone number will **NOT** be displayed to the public. You must have valid email address to receive important correspondence regarding your application and future exam eligibility information.

 **Continue** **Back**

7.D. **Verify that the information you entered is correct**, then click **Next**. If it is not **correct**, click the link titled **Address of Record** to edit your information.

AMFT Initial Registration Application - Address Detail Summary

Please enter your address and email address if you have one. If you do not provide an email address, you may delay important correspondence regarding your application.

Press "Previous" to return to the previous section.
Press "Next" when finished adding/changing addresses.
To save and exit this application, click on the "Cancel" button.

License Specific Addresses		
Address of Record	Address:	1234 Main St Sacramento , CA 95834 US
	Email:	bbstesting1@domain.com
	Alternate Phone	

The address is public information and will be placed on the Internet pursuant to Business and Professions Code Section 27. 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.

Exception: Your email address and phone number will **NOT** be displayed to the public. You must have valid email address to receive important correspondence regarding your application and future exam eligibility information.

[Previous](#) [Next](#) [Cancel](#)

7. Responding to the “Additional Application Questions” section assists evaluators in reviewing your application. **Answer the questions**, then click **Next**.

AMFT Initial Registration Application - Additional Application Questions - Information

Press "Previous" to return to the previous section.
Enter appropriate details and press "Next" to continue.
To save and exit this application, click on the "Cancel" button

Additional Application Questions

- * Have you ever been known by another name? ☐ Yes ☐ No
- * Have you ever applied for or been issued a license, registration, or certificate to practice marriage and family therapy or any other health care profession in California or any other state? If yes, provide the information requested below. ☐ Yes ☐ No
- If you completed Live Scan fingerprinting, list the ATI number from Section 4 of the Live Scan form. This is not your employer's ATI, but the Live Scan for the Board with ORI A0462.
- * Did your school submit your official transcripts electronically? ☐ Yes ☐ No
- * Did your school submit your Degree Program Certification form electronically? ☐ Yes ☐ No

Previous **Next** **Cancel**

If you completed Live Scan fingerprinting, be sure to add your ATI number in the field indicated above. The ATI number can be found on Section 4 of the completed Live Scan form - see highlighted area below. Leave it blank if you have not yet fingerprinted or if you are submitting hard cards.

SECTION 4

Live Scan Transaction Completed By: Date:

Transmitting Agency: LSID:

ATI No.: Amount Collected/Billed:

8. **If you answered “Yes” to having a health care license or registration within or outside of California**, enter the license or registration information on this screen by selecting **Add**. You can add multiple records. **If you answered “No” to this question**, this screen will not appear.

If the state or country that issued your license does NOT have a public online license database, you must provide a verification of license from that agency to the Board. A Verification of License form is available on the Board’s website at

<https://www.bbs.ca.gov/applicants/lmft.html>.

AMFT Initial Registration Application - Out of State License Information - Information

Enter any license, registration, or certificate information below that permits you to practice marriage and family therapy or any other health care profession in California, other state, or country.
Press the "Edit" link to edit the record.
Press the "Remove" link to remove the record.
Press "Add" to add a new record.
Press "Previous" to return to the previous section.
Enter appropriate details and press "Next" to continue.
To save and exit this application, click on the "Cancel" button

State	Country	License Type	License Number	Issue Date (mm/dd/yyyy)	Current Status
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Add **Previous** **Next** **Cancel**

9. If you answered Yes to application questions about expedite status or submitting documents, you will be required to attach the documentation at this point. File formats accepted: .pdf, .jpe, .jpeg, .jpg, .png, .tif, .tiff, .gif, .bmp

The specific required documents will be indicated at the bottom of the screen. If multiple attachments are required, they will be indicated next to the asterisk after you click "Next". Click **Choose File** to attach the required documentation, then click **Next**.

AMFT Initial Registration Application - Attachments
Active Duty/Veteran Military Expedite:
To qualify for an active-duty/veteran military expedite, you MUST attach documentation verifying your active-duty or honorable discharge status, such as a copy of your official military orders or DD214 Long Form.
Military spouse/domestic partner fee waiver and expedite request:
To qualify for a military spouse/domestic partner fee waiver and expedite request, you MUST attach the following documentation: Verification that you are married to, in a domestic partnership, or other legal union with an active duty member of the Armed Forces of the U.S., such as a copy of your marriage certificate, certified declaration, registration of domestic partnership from the Secretary of State, or other documentation issued by a state other than California that recognizes your legal union.
AND
Verification that your spouse or partner has been assigned to a duty station in California under official active-duty military orders, such as a copy of your spouse or partners DD214 Long Form.
REFUGEE / ASYLEE / SPECIAL IMMIGRANT VISA HOLDER EXPEDITE REQUEST:
To qualify for the refugee, asylee, or holder of a Special Immigrant Visa (SIV) expedite, you MUST attach ONE of the following documents verifying your status:

Form I-94 Arrival/Departure Record with an admission class code or other information designating you as a refugee or asylee for example, RE or AY.

Special immigrant visa that includes the category of SI or SQ.

Permanent Resident Card (Form I-551), commonly known as Green Card, with a category designation indicating that you were admitted as a refugee or asylee.

An order from a court of competent jurisdiction (a court or administrative agency having jurisdiction and legal authority to deal with the subject matter) or other documentary evidence that provides reasonable assurance that you qualify for expedited licensure.

Additional Coursework:
Attach certificates of completion for additional coursework completed outside of your degree program.

Locate the file with the "Browse" button and press "Next" to attach the file.
Press "Previous" to return to the previous screen.

To save and exit this application, click on the "Cancel" button.

* Background Information

Choose File

No file chosen

Previous

Next

Cancel

10. After all of the required documentation has been attached, **you will be able to upload additional information if needed.**

To add documents, click on **Choose File** to select your document. Then click the **Attach** button highlighted in yellow to upload your document to the application.

Files Uploaded

Accommodations - ESL.pdf	DD214 Long Form	View	Remove
--------------------------	-----------------	----------------------	------------------------

Total Size of Attached Files (MB): 0.24

File Name: No file chosen

Notes:

To attach files click CHOOSE FILE/BROWSE to locate and select the files, then click ATTACH.
If you do not click ATTACH your files will not be submitted with your application.
Your online application is considered incomplete if the required documents are not attached and submitted.

[Attach](#) [Previous](#) [Next](#) [Cancel](#)

Verify that your documents have been attached to the application by **reviewing the attachments listed under Files Uploaded.** If it is correct, click **Next** to proceed with the application.

Files Uploaded

Test.pdf	Background Information	View	Remove
Test 2.pdf	Additional Docs	View	Remove

Total Size of Attached Files (MB): 0.08

File Name: No file chosen

Notes:

[Attach](#) [Previous](#) [Next](#) [Cancel](#)

11. Verify that information entered on the Application Summary screen is correct, especially personal details and email address. Application Date corresponds to the application processing dates posted weekly on the Board's social media.

AMFT Initial Registration Application - Application Summary

Please review the information you have entered. If you have made any errors, please press the previous button to return to the page where the information was entered and make your corrections.

Press "Previous" to return to the previous section.

Review the data and press "Proceed to Payment" to submit this application.

To save and exit this application, click on the "Cancel" button.

AMFT Initial Registration Application Summary

License Type:	Associate Marriage & Family Therapist
Application Date:	10/19/2026 (mm/dd/yyyy)

Application Questions

I am applying as an IN-STATE applicant. To qualify as an IN-STATE applicant, I have verified my master's degree is from a school on the list provided at https://www.bbs.ca.gov/applicants/education_resources.html	Yes
I am applying as an OUT-OF-STATE/OUT-OF-COUNTRY applicant	No
Are you an active-duty member of the United States Armed Forces or California National Guard? Would you like to request expedited processing? (If you select YES, you must attach documentation, such as a copy of your official military orders, indicating your active-duty status.) To qualify for an expedite, you must be an active-duty member of the U.S. Armed Forces or the California National Guard.	No
Were you an active-duty member that was honorably discharged from the United States Armed Forces or California National Guard? Would you like to request expedited processing? (If you select YES, you must attach documentation, such as a copy of your DD-214 long form, indicating that you meet the above qualifications.) To qualify for an expedite, you must have served as an active-duty member of the U.S. Armed Forces OR as an active-duty member of the California National Guard AND were honorably discharged.	No
Are you married to, in a domestic partnership, or other legal union with, a member of the United States Armed Forces that is assigned to a duty station in California under official active-duty military orders AND hold a CURRENT license or registration in another state or territory of the United States as a Marriage and Family Therapist, Professional Clinical Counselor, Clinical Social Worker, or Educational Psychologist? Would you like to request expedited processing and fee waiver? (If you select YES, you must attach documentation, such as a copy of your marriage certificate or certified declaration or registration of domestic partnership from the Secretary of State. For other forms of legal union not recognized by California, submit documentation issued by the state that recognized the union indicating that you meet the above qualifications. AND attach a copy of your spouse or partner's military orders) Current license or registration information.	No
Are you a refugee, asylee, or holder of a Special Immigrant Visa (SIV) seeking expedited application processing? To qualify, you must meet one of the following requirements. You were admitted to the United States as a refugee pursuant to section 1157 of title 8 of the United States Code; OR You were granted asylum by the Secretary of Homeland Security or United States Attorney General pursuant to section 1158 of title 8 of the United States Code; OR You hold a special immigrant visa and were granted a status pursuant to section 1244 of Public Law 110-181, Public Law 109-163, or section 602(b) of title VI of division F of Public Law 111-8, relating to Iraqi or Afghan translators/interpreters, or those who worked for or on behalf of the United States Government.	No
Did your school accept any transferred-in units? If yes, your school must provide a letter of explanation identifying those courses and describing how they were applied to your degree program. The school where you completed the coursework must also provide transcripts.	No
Will you be submitting a Background Statement form or additional documentation regarding your background	No

Personal Details

First Name:	Javier
Middle Name:	
Last Name:	Gonzalez
SSN/ITIN:	123000456
Birth Date:	**/**/****

Addresses

License Specific Addresses

Address of Record	Address:	PO Box 123456 Sacramento SACRAMENTO 95555 US
	Phone Number:	123456789
	Email:	bbsbbs@mailenator.net
	Alternate Phone	

Additional Application Questions

12. If you completed Live Scan fingerprinting, double-check to make sure you entered the **ATI number** as indicated in the highlighted section below. Also verify that you have attached any documentation needed for this application in the **Attachments** section.

To change any information, click **Previous**.

After you have verified the information is correct, pause for a moment. **You will NOT be able to go back and make corrections after clicking Proceed to Payment.** If you do **not** need to make any corrections, click **Proceed to Payment**.

License Attributes Selected	
Qualification	OOS Education
Additional Application Questions	
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 healthcare 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?	No
List any other legal names you have previously used:	
Did your school submit your official transcripts electronically?	Yes
Did your school submit your Degree Program Certification form electronically?	Yes
List the school(s) you attended:	UCSF
If you completed Live Scan fingerprinting, list the ATI number from Section 4 of the Live Scan form:	3D85Y234
Attachments	
Test.pdf	Background Information
Test 2.pdf	Additional Docs
All applications are processed in date order received. The date you submit the online application is considered the received date for your application. You can follow the Board's Facebook, Instagram, or Twitter pages for weekly updates to processing times. If you are missing any documents from your application, an evaluator will email you a letter with details about your application status. When your application is approved, it will disappear from your Breeze account, and you should be able to look up your registration information on the DCA License Search. Upon issuance of your registration, your certificate will be mailed to your address of record. Allow up to 4 weeks to receive your certificate in the mail.	
Previous Proceed to Payment Cancel	

Reminder: You will NOT be able to go back and make corrections after clicking Proceed to Payment

13. Answer the Attestation question, then click **Proceed to Payment**.

AMFT Initial Registration Application - Attestation

Press "Previous" to return to the previous section.

Answer "Yes" or "No" to the Attestation and press "Proceed to Payment" to continue.

To save and exit this application, click on the "Cancel" button.

I, the undersigned, am the person making the foregoing application. I have read the foregoing application in its entirety and know the contents thereof. I hereby certify under penalty of perjury under the laws of the State of California, that any statements made herein or attached hereto are true in every respect. I understand that any misstatements or omissions of material fact may be cause for denial, suspension, or revocation of a license.

☐ Yes

☐ No

[Previous](#) [Proceed to Payment](#) [Cancel](#)

14. On the Fee and Summary Report you can review the fees for your application. If you indicated that you are submitting hard card fingerprints you will see the \$49 fee in addition to the \$75 application fee.

Click **Pay Now** to proceed with payment.

Fee and Summary Report

The AMFT Registration application fee is \$75
Hard card fingerprinting fee is \$49.
Live Scan fees are paid to the live scan operator.

FEES
The fees for this application are non-refundable.

Your application data has been submitted. Click on "View PDF Summary Report" and print this report for your records.

You are required to pay the amount below for your application to be processed.

Press "Pay Now" to proceed to the fee payment page.

Press "Add to Cart" to Add to Shopping Cart and return to the main menu.

Fees	
AMFT Application:	\$75.00
Total Amount Due:	\$75.00

STATE TAX OBLIGATION
Pursuant to Business and Professions Code section 494.5, the State Board of Equalization and the Franchise Tax Board may share taxpayer information with a board. California law requires you to pay your state tax obligation. If you fail to pay your state tax obligation, your license may be suspended.

[Pay Now](#) [Add to Cart](#) [View PDF Summary Report](#)



15. Select your **Payment Method**, then click **Next**.

Online Application Payment

Optionally, reduce payment amount where allowed by deselecting the checkboxes below.
Press "Show Fee Details" to show a breakdown of the fee amounts.
Press "Cancel" to cancel the payment.

Application Number	Description	License Number	License Type	Applicant Name	Fee
14967434	AMFT Initial Registration Application		Associate Marriage and Family Therapist	GONZALEZ, JAVIER	\$75.00 ☒

Payment Method

☐ Visa
☐ MasterCard
☐ Discover
☐ American Express

Next Show Fee Details Cancel

16. Verify your payment method selection, then click **Next**.

Confirm Payment Details

PLEASE NOTE: When entering your credit card number on the following screen, please DO NOT include spaces, dashes, or hypens. This action will cause an error, and you will then need to log back into the Online Application Payment portion of the application process.
Please review the information below and make sure everything is correct. Then, press "Next" to pay for the selected application(s).
Press "Cancel" if you do not wish to continue with the payment.

Application Number	Description	Applicant Name	Fee
19	AMFT Initial Registration Application	SMITH, BOB JOHN	\$75.00
Total			\$75.00

Payment Method: Visa

Next Cancel

17. Click **Checkout** to proceed.

Order Section

Amount 75.00 USD

Checkout

 **Secure**
Payment

18. **Enter your payment information and Billing Address** (click “Same as billing” for Shipping Address - there will not be any “shipment”), then click **Submit Payment**.

Order Section	Billing Address
Amount75.00 USD	Company
Payment PAYMENT CARD  Card Number * ***** Change Card Expiration Date(MMY) * ***** CVV2 * *** ?	First NameLast name Address1 * Address2 CityState/ProvincePostal Code * Country Email Address Phone
	Shipping Address ☐ Same as billing Ship to Company Ship to First NameShip to Last name Ship to Address1 Ship to Address2 Ship to CityShip to State/ProvinceShip to Postal Code Ship to Country Ship to Phone

Submit Payment

19. Review your payment information, then click **Complete**.

Order Section		Billing Address
Amount	75.00 USD	
Confirmation		123 Main , 95834
Your payment has been approved.		
Payment Type	CREDITCARD	
Transaction Type	SALE	
Card Type	VISA	
Card Number	41*****9990	
Transaction ID	191026067-17725D50-E788-4FAE-9CE2-19487F01E654	
Date / Time	10/19/2026 03:06:55 PM	
Message	APPROVAL	
Approve Code	281405	
AVS Response	U	
CVV2 Response	P	
Complete		

20. This screen indicates your application payment has successfully been submitted. To proceed to the main menu, click **Next**. After completing the payment you'll be sent an email acknowledging receipt of the application.

Online Application Payment Success			
Press "Next" to return to the main menu.			
Amount Paid:	\$		
Authorization Number:	9099		
Trace Number:	5601		
Application Number	Description	Applicant Name	Fee
2011-1	AMFT Initial Registration Application	Smith, Bob John	\$75.00
			Next

21. Back at the **Main Menu**, you will see your application under **View Application Status**. You may download a **Payment Receipt** under “Additional Activities”.

If you need to **change any personal information** on your application while it is pending, select the application from the **Manage Your Application** menu.

Quick Start Menu
To start, choose an option, and you will return to this Quick Start menu after you have finished.

License/Registration Information
No License Information Available

Applicant Activities

- Manage your application**
Associate Marriage and Family Therapist File #8
<Choose Application> **Select**

Applications

- Start a New Application or Take an Exam**
<Choose Board> **Select**
<Choose Application> **Select**
- View Application Status**
California Board of Behavioral Sciences - AMFT Initial Registration Application
Status: Pending **Details**

Additional Activities

- Payment Receipts (1)** **Select**
- Add Authorized Representative** **Select**
- License Notification Subscriptions** **Select**

22. When your application is approved:

- You will see the registration number that has been issued to you in the **“License/Registration Information” at the top right side of the screen;**
- The menu under “License Activities” will change to **Manage Your License Information;**
- **Your application will disappear** from the “View Application Status” menu; and
- You will also receive a notification via email when your registration number is issued.

Quick Start Menu
To start, choose an option, and you will return to this Quick Start menu after you have finished.

License/Registration Information [Show Details](#)

License/Registration Number:	5
License/Registration Type	Associate Marriage & Family Therapist

License Activities

☒ Manage your license information

Associate Marriage & Family Therapist 5

<Choose Application> [Select](#)

Applications

☒ Start a New Application or Take an Exam

<Choose Board>

<Choose Application> [Select](#)

Additional Activities

☒ Payment Receipts (1) [Select](#)

☒ Add Authorized Representative [Select](#)

☒ License Notification Subscriptions [Select](#)

IMPORTANT INFORMATION

PRACTICE RESTRICTIONS

It is against the law for you to provide clinical services in a private practice setting or in a professional corporation prior to issuance of your associate registration. Ask your employer if you are not sure about their business type.

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. When you have a change in your mailing or email address, be sure to update it ASAP online in your BreEZe account.

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](#).

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.

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, 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.