



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



APPLICATION FOR

**ASSOCIATE MARRIAGE AND FAMILY
THERAPIST REGISTRATION**

Out-of-State* and Out-of-Country Applicants**

➔ *Apply within 90 days of graduation*** to count experience hours gained in California immediately after graduating*

See [90-day Rule FAQ](#) on the Board's website for details.

Thank you for your interest in becoming an Associate Marriage and Family Therapist (AMFT). Included in this packet are the following forms and documents:

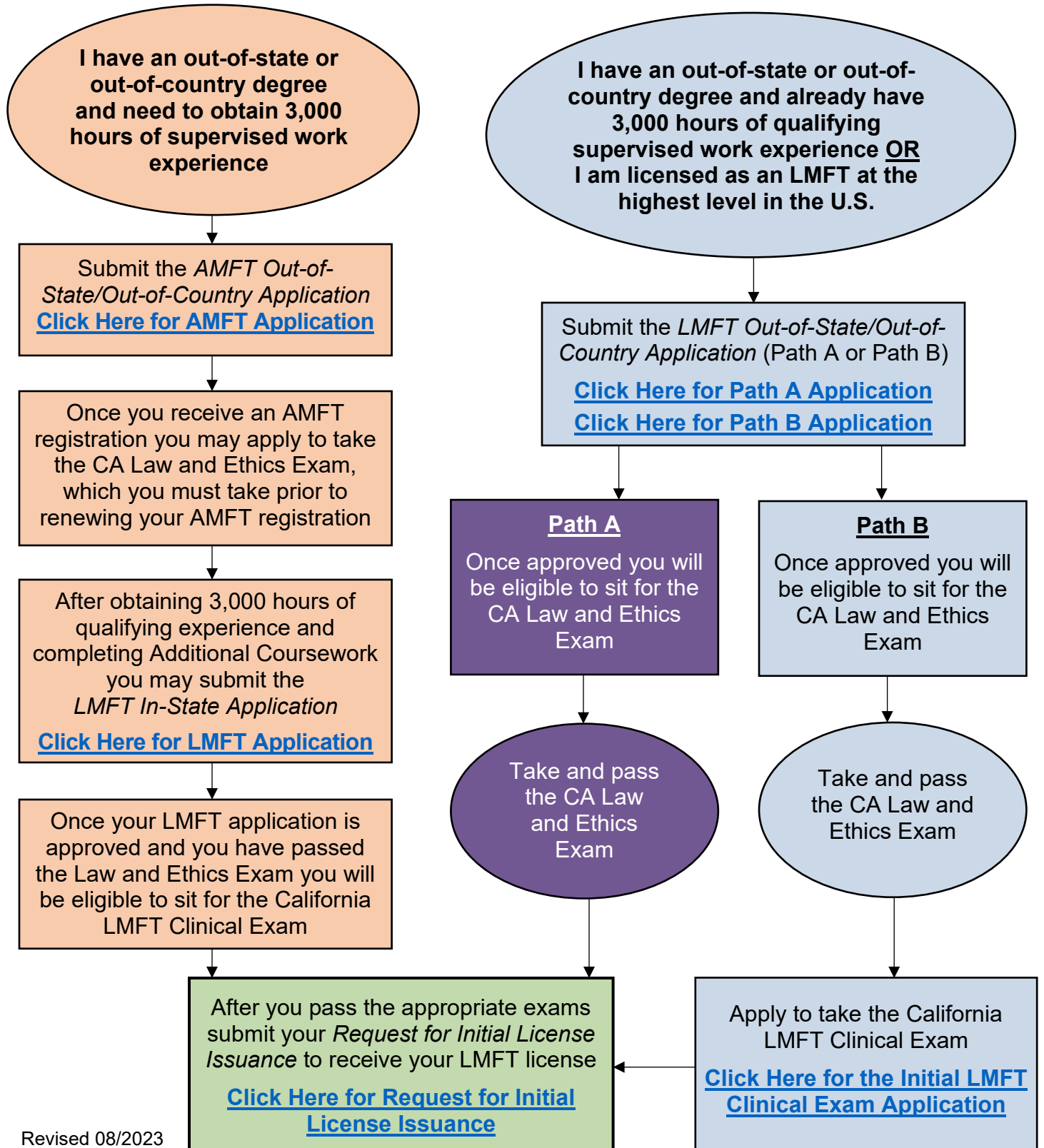
1. Application Selector and Overview of Licensure Process
2. Guide to Educational Requirements for AMFTs
3. Application Instructions
4. Application Checklist
5. Important Information for Applicants
6. Application for Registration as an Associate Marriage and Family Therapist
7. Degree Program Certification Form (Out-of-State)
8. Degree Program Worksheet (Degree Earned Outside the U.S.)
9. Verification of License or Registration in Another State or Country
10. Instructions for Live Scan Fingerprinting
11. Request for Live Scan Service Form

***Out-of-State** means an applicant with a degree from a school located outside of California, or from an online program that is not designed to meet California's requirements.

****Out-of-Country** means an applicant with a degree from a school located outside of the United States or its territories.

*****Per the degree award date posted on your transcript**

This is a summary. For a full description of licensure requirements, see [Statutes and Regulations](#).



This guide is for Associate Marriage and Family Therapist (AMFT) applicants with a degree earned outside of California. “Out-of-State” means a degree from a school located outside of California, or from an online program that is not designed to meet California’s requirements. “Out-of-Country” means a degree earned from a school located outside of the United States or its territories.

AMFT applicants with an out-of-state or out-of-country degree must meet the educational requirements specified in Business and Professions Code (BPC) sections [4980.74](#), [4980.78](#) and [4980.81](#). This document provides a summary of those requirements.

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1. How will I know if my degree qualifies for registration as an AMFT?

California law requires a degree to meet certain minimum requirements to qualify for AMFT registration. The law allows for some types of coursework to be remediated, and also allows a limited number of units to be remediated. Unfortunately, in some cases an applicant’s degree will not qualify at all, and a new degree would be required. This guide will help you determine whether your degree qualifies.

Note: *If you have been licensed for two or more years in another U.S. state, and hold a current LMFT license in good standing at the highest level in the other state, you may be able to qualify for LMFT licensure under “Path A” regardless of degree qualifications. See the [Guide to LMFT Out-of-State Applicant Requirements](#) for more information (available at www.bbs.ca.gov>Applicant>LMFT>Out-of-State Applicants).*

2. What are the minimum degree requirements for AMFT registration?

If your out-of-state or out-of-country degree does NOT fully contain ALL of the minimum requirements listed below, it will NOT qualify for AMFT registration in California and a new degree would be required in order to qualify.

➔ These are minimums only - see question 4 for ADDITIONAL requirements you must meet prior to approval of your *Application for LMFT Licensure*.

✓ **A master's or doctorate degree obtained from a school that holds a regional or national institutional accreditation recognized by the United States Department of Education (USDE), or a school approved by the California Bureau for Private Postsecondary Education (BPPE)**

✓ **Degree fully contains a minimum of 48 semester units or 72 quarter units**

✓ **Degree fully contains a minimum of 12 semester units or 18 quarter units in marriage, family and child counseling and systems approaches to treatment**

✓ **Degree fully contains 6 semester units or 9 quarter units of practicum that includes 225 hours of supervised face-to-face counseling experience (up to 75 of those hours may be client-centered advocacy)**

⇒ *Exception: If you hold a current LMFT license in good standing in another state or country at the highest level, the practicum requirements are waived.*

3. What additional coursework must I take prior to issuance of my AMFT registration?

You must complete a California Law and Ethics course as described below.

➔ **If you completed a 2 semester unit or 3 quarter unit law and ethics course that does NOT contain California content:**

You must complete a 12-hour California Law and Ethics course that contains the content specified in BPC section [4980.78\(b\)\(2\)](#). This course must be taken from an acceptable continuing education provider.

➔ **If you completed a law and ethics course that is LESS THAN 2 semester units or 3 quarter units:**

You must complete a graduate level California law and ethics course to bring your total to 2 semester units or 3 quarter units. This course must be taken from an accredited or approved school (see question 5 for details). **A CE course will not be accepted.**

4. What additional units and coursework must I complete prior to approval of my *Application for LMFT Licensure*?

Prior to approval of your *Application for LMFT Licensure*, you will be required to complete additional units and coursework if any of the following are deficient within your degree:

Overall Units: If you began your degree program on or after August 1, 2012 OR graduated after December 31, 2018, and your degree contained less than 60 semester units or 90 quarter units, you must take graduate level coursework to bring your total to 60 semester units or 90 quarter units (you may remediate a maximum of 12 semester units or 18 quarter units). **CE courses will not be accepted.**

Additional Coursework: You must also complete “Additional Coursework” at the graduate level from an acceptable CE provider as specified in BPC sections [4980.78](#) and [4980.81](#) prior to approval of your *Application for LMFT Licensure*. Certain courses must be California-specific. See the chart beginning on page 5 for a list of courses and required content.

REMEDICATION OF UNITS AND ADDITIONAL COURSEWORK

If you are remediating overall degree units and are deficient in Additional Coursework, you may fulfill both at the same time.

For Example:

You take a course on “Multicultural Counseling Theories and Techniques.”

- ➔ The course provides education about California cultures.
 - ✓ This course may then also count toward fulfilling Additional Coursework Item d) “California Cultures and the Social and Psychological Implications of Socioeconomic Position.”
- ➔ The course also contained content that covers “experiences of race, ethnicity, class, spirituality, sexual orientation, gender, and disability, and their incorporation into the psychotherapeutic process.”
 - ✓ This course may then also count toward fulfilling Additional Coursework item I) “Multicultural Development and Cross-Cultural Interaction.”

5. Who is an acceptable course provider?

➔ For Overall Degree Units OR

➔ California Law and Ethics (2 semester units or 3 quarter units) course

Courses must be taken at the graduate level from a school with a regional or national institutional accreditation recognized by the USDE, or from a school approved by the BPPE. **CE courses will not be accepted.**

Continued on next page

5. Who is an acceptable course provider? *(continued)*

➔ **12-hour California Law and Ethics course OR**

➔ **Additional Coursework**

Must be taken at the graduate level from an [accepted continuing education provider](#) (available at www.bbs.ca.gov>Licensees>Continuing Education).

6. What if my degree is from a school located outside of the United States?

In addition to meeting the requirements listed in this document, you must obtain an evaluation of your degree by a foreign credential evaluation service to determine equivalency with California's requirements, and submit it with your AMFT application (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 submit an official transcript.

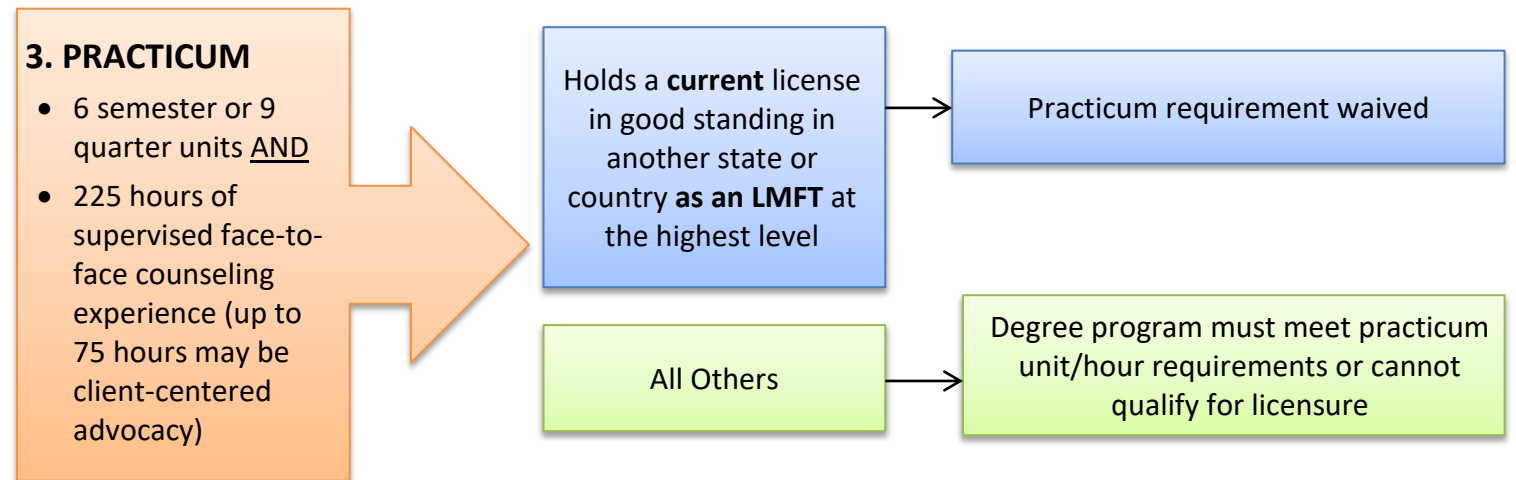
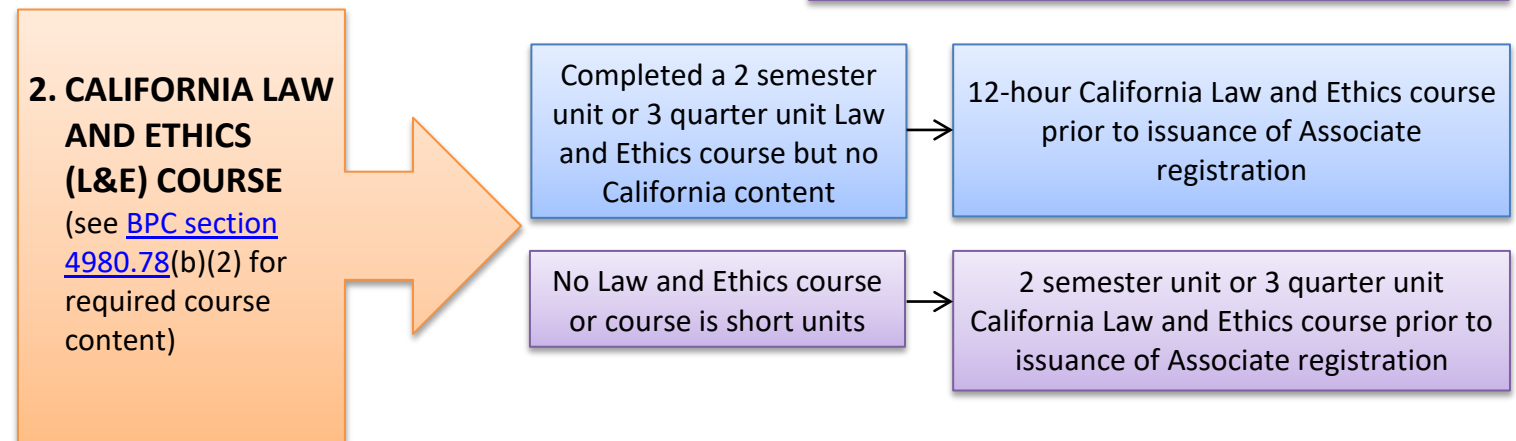
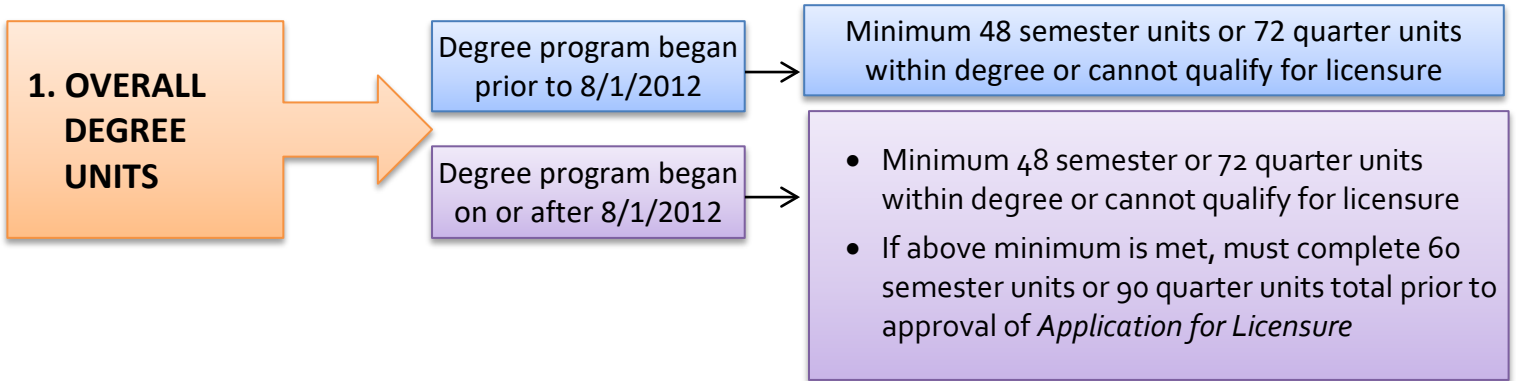
Suggestion: Before paying a credentials evaluation service for an evaluation, compare your degree to California's requirements by using the optional "Out-of-Country Degree Program Worksheet" contained in the *Application for AMFT Registration* to help you determine whether to proceed.

For QUESTIONS about out-of-state or out-of-country requirements, contact:

bbs.amft@dca.ca.gov

For information about EXPERIENCE and EXAMINATION requirements that you must meet prior to licensure:

See **Path B** of the [Guide to LMFT Out-of-State Applicant Requirements](#) (available at www.bbs.ca.gov>Applicant>LMFT>Out of State and Out-of-Country Applicants).



4. MARRIAGE, FAMILY & CHILD COUNSELING & SYSTEMS APPROACH
12 semester units or 18 quarter units within degree or cannot qualify for licensure

5. ADDITIONAL COURSEWORK
Must remediate prior to approval of *Application for Licensure*. Required courses listed on the following pages.

**ADDITIONAL COURSEWORK REQUIRED PRIOR TO LMFT LICENSURE
FOR APPLICANTS WITH AN OUT-OF-STATE OR OUT-OF-COUNTRY DEGREE**

*Note: 1 semester unit = 15 hours; 1 quarter unit = 10 hours
1 semester unit = 1.5 quarter units*

COURSE	LENGTH	CONTENT REQUIRED
a) Suicide Risk Assessment and Intervention	6 hours of coursework or applied experience	See BPC section 4980.396 .
b) Mental Health Recovery Oriented Care and Methods of Service Delivery	45 hours or 3 semester units	Instruction must cover principles of mental health recovery-oriented care and methods of service delivery in recovery-oriented practice environments, including structured meetings with various consumers and family members of consumers of mental health services to enhance understanding of their experience of mental illness, treatment and recovery.
c) California Cultures and the Social and Psychological Implications of Socioeconomic Position	15 hours or 1 semester unit	Instruction must include an understanding of various California cultures and the social and psychological implications of socioeconomic position.
d) Diagnosis, Assessment, Prognosis and Treatment of Mental Disorders	2 semester units	Must include diagnosis, assessment, prognosis and treatment of mental disorders, including: <ul style="list-style-type: none"> • Severe mental disorders • Promising mental health practices • Evidence-based practices
e) Psychological Testing	15 hours or 1 semester unit	Instruction must cover psychological testing.
f) Psychopharmacology	15 hours or 1 semester unit	Instruction must cover psychopharmacology.

**ADDITIONAL COURSEWORK REQUIRED PRIOR TO LMFT LICENSURE
FOR APPLICANTS WITH AN OUT-OF-STATE OR OUT-OF-COUNTRY DEGREE *(continued)***

COURSE	LENGTH	CONTENT REQUIRED
<p>h) Developmental Issues from Infancy to Old Age</p>	<p>15 hours or 1 semester unit <i>(if deficient in a single topic listed, may remediate by taking 3 hours of instruction in each missing topic)</i></p>	<p>Instruction must include:</p> <ul style="list-style-type: none"> • Developmental Issues from infancy to old age • The effects of developmental issues on individuals, couples and family relationships. • The psychological, psychotherapeutic, and health implications of developmental issues and their effects. • The understanding of the impact that personal and social insecurity, social stress, low educational levels, inadequate housing and malnutrition have on human development.
<p>i) Child Abuse Assessment and Reporting in California</p>	<p>7 hours</p>	<p>Instruction must include detailed knowledge of the California Child Abuse Neglect and Reporting Act (CANRA). It must also include assessment and methods of reporting of sexual assault, neglect, severe neglect, general neglect, willful cruelty or unjustifiable punishment, corporal punishment or injury, and abuse in out-of-home care. The training shall also include physical and behavioral indicators of abuse, crisis counseling techniques, community resources, rights and responsibilities of reporting, consequences of failure to report, caring for a child's needs after a report is made, sensitivity to previously abused children and adults, and implications and methods of treatment for children and adults. See BPC section 28.</p>
<p>j) Aging, Long Term Care and Elder/Dependent Adult Abuse, End-of-Life and Grief</p>	<p>10 hours</p>	<p>Instruction must cover aging and long-term care, including biological, social, cognitive and psychological aspects of aging, end-of-life, grief, and instruction on the assessment and reporting of, as well as treatment related to, elder and dependent adult abuse and neglect.</p>

**ADDITIONAL COURSEWORK REQUIRED PRIOR TO LMFT LICENSURE FOR
APPLICANTS WITH AN OUT-OF-STATE OR OUT-OF-COUNTRY DEGREE *(continued)***

COURSE		CONTENT REQUIRED
k) Spousal/Partner Abuse Assessment, Detection and Intervention	15 hours	Instruction must cover spousal and partner abuse assessment, detection, intervention strategies, and same-gender abuse dynamics.
l) Multicultural Development and Cross-Cultural Interaction	15 hours or 1 semester unit	Instruction must include experiences of race, ethnicity, class, spirituality, sexual orientation, gender, and disability, and their incorporation into the psychotherapeutic process.
m) Human Sexuality	10 hours	Instruction must include the study of physiological, psychological, and social-cultural variables associated with sexual behavior, sexual dysfunctions, sexual orientation, gender identity, and gender dysphoria. See Title 16, California Code of Regulations section 1807 .
n) Substance Use Disorders	15 hours	See BPC section 4980.81(a)(7) .
o) Co-Occurring Disorders and Addiction	15 hours	See BPC section 4980.81(a)(7) .
p) Miscellaneous Content	No specific number of hours required, but content must be adequately covered within the applicant's coursework	Instruction must include: <ul style="list-style-type: none"> • Childbirth, child rearing, parenting and step-parenting • Marriage, divorce and blended families • Cultural factors relevant to abuse of partners and family members • Poverty and deprivation • Financial and social stress • Effects of trauma • The psychological, psychotherapeutic, community and health implications of the matters and life events that arise in marriage and family relationships within a variety of California cultures.

APPLICATION FOR
**ASSOCIATE MARRIAGE
AND FAMILY THERAPIST
(AMFT) REGISTRATION**



APPLICATION INSTRUCTIONS

Out-of-State and Out-of-Country Applicants

READ CAREFULLY BEFORE COMPLETING YOUR APPLICATION

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

- ➔ **Use only one clip to hold your application and fee together.** Staples and paperclips interfere with your application being scanned.
- ➔ **Do not attach multiple applications together.** Each application should be clipped separately or provided in separate envelopes with a separate fee attached to each.

- ▶ **Avoid delays! Use the included *Application Checklist* and read all instructions closely.** This will help you submit a complete application and avoid deficiencies.
- ▶ **If you are applying for a SUBSEQUENT (second or third) AMFT registration, use the [Application for Subsequent AMFT Registration](#).**

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>Applicants>LMFT>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.

A. APPLICATION

Instructions	Document(s) Required
<ul style="list-style-type: none">• Complete all sections of the <i>Application for Associate Marriage and Family Therapist Registration</i>. The application may be typed or completed in ink.• Sign the application in ink (wet signature) or electronically. An electronic signature will be accepted if completed via an electronic signature platform such as Adobe Sign or DocuSign which ensures security and authenticity.• 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).• <u>Email Address</u>: Provide your email address if you have one. This address is not subject to public disclosure.	Completed and signed <i>Application for Associate Marriage and Family Therapist Registration</i>

B. 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.	\$150.00 check or money order payable to the Behavioral Sciences Fund
<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>).	If submitting fingerprint “hard cards” also attach a \$49 check or money order payable to the Behavioral Sciences Fund

C. FINGERPRINTS

Instructions	Document(s) Required
<p>NOTE: IF YOU ARE APPLYING FOR <u>BOTH</u> APCC AND AMFT REGISTRATION YOU ONLY NEED TO SUBMIT ONE SET OF FINGERPRINTS.</p> <p>The Board requires a Department of Justice (DOJ) and Federal Bureau of Investigation (FBI) criminal history background check on all applicants.</p> <p><u>If you currently reside in California:</u> Read the <i>Instructions for Live Scan Fingerprinting</i> and complete the <i>Request for Live Scan Service</i> form included in this application packet.</p> <ul style="list-style-type: none"> The information on this form must match the information you provide on your application. 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. <p><u>If you currently reside out of state:</u> 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.</p> <ul style="list-style-type: none"> YOU MUST SUBMIT YOUR TWO COMPLETED FINGERPRINT CARDS TO THE BOARD <u>WITH</u> YOUR APPLICATION. <i>Sending fingerprint cards and/or the \$49 fee separate from your application will cause a delay in approval of your application.</i> DOJ processing time for hard card fingerprints is 8 or more weeks. 	<p><u>If you currently reside in California:</u> Submit the second copy of your completed <i>Request for Live Scan Service Applicant Submission</i> form</p> <p><u>If you currently reside out of state:</u> Submit two completed fingerprint hard cards (FBI and DOJ) AND \$49 fee payable to Behavioral Sciences Fund WITH YOUR APPLICATION</p>

D. VERIFICATION OF LICENSE OR REGISTRATION IN ANOTHER STATE OR COUNTRY

Instructions	Document(s) Required
<p>If you hold or have held a license or registration as a marriage and family therapist in another state or country, <u>and that state or country does NOT have a public online license lookup that contains information on disciplinary actions</u>, you must provide a completed <i>Verification of License or Registration in Another State</i> form. This verification may be provided in one of the following ways:</p> <ul style="list-style-type: none"> Emailed to the Board directly FROM THE LICENSING AGENCY to BBSLicCerts@dca.ca.gov OR Provided in an envelope SEALED BY THE LICENSING AGENCY. 	<p>Verification of License or Registration (if applicable)</p> <p>MUST BE EMAILED BY THE LICENSING AGENCY TO THE BOARD OR IN A SEALED ENVELOPE AS DIRECTED</p>

E. DEGREE QUALIFICATIONS FOR REGISTRATION (AND REMEDIATION REQUIREMENTS PRIOR TO APPLYING FOR LICENSURE)

Information	Document(s) Required
<p>You must possess a master’s or doctorate degree from a school that holds a regional or national institutional accreditation recognized by the U.S. Department of Education (USDE) or a school approved by the California Bureau for Private Postsecondary Education (BPPE) (see section G for requirements if your degree was obtained outside of the United States or its territories).</p> <p>MARRIAGE, FAMILY AND CHILD COUNSELING / MARITAL AND FAMILY SYSTEMS APPROACH</p> <p>Your degree must contain 12 semester units or 18 quarter units in marriage, family and child counseling and marital and family systems approach, containing all of the following content:</p> <ul style="list-style-type: none"> • Theories, principles, and methods of a variety of psychotherapeutic orientations directly related to marriage and family therapy, and marital and family systems approaches to treatment. • How these theories can be applied therapeutically with couples, families, adults, elder adults, children, adolescents and groups to improve, restore, or maintain healthy relationships. <p>If your degree does not contain the above content and units, your degree does not qualify for associate registration.</p> <p>OVERALL UNITS</p> <p>Your degree must contain a minimum of 48 semester units or 72 quarter units. If not, your degree does not qualify for associate registration.</p> <ul style="list-style-type: none"> • <u>Additional unit requirement for applicants who began graduate study on or after August 1, 2012 OR whose degree award date was after December 31, 2018:</u> <p>Your degree must contain a minimum of 48 semester units or 72 quarter units. However, a total of 60 semester units or 90 quarter units of graduate coursework is required. If your degree contains LESS than 60 semester units or 90 quarter units, you must complete graduate level coursework to remediate this deficiency (a maximum of 12 semester units or 18 quarter units of instruction may be remediated). Units can be gained while registered as an Associate, but must be remediated before the Board can approve your <i>Application for Licensure</i>.</p> <p>Remediated units must be taken at the graduate level from a school that holds a regional or national institutional accreditation that is recognized by the USDE, or a school approved by the BPPE. CE courses will not be accepted.</p> <p style="text-align: right;"><i>Continued on next page</i></p>	<p>See following pages</p>

E. DEGREE QUALIFICATIONS FOR REGISTRATION (AND REMEDIATION REQUIREMENTS PRIOR TO APPLYING FOR LICENSURE) (continued)

Information	Document(s) Required
<p>PRACTICUM</p> <ul style="list-style-type: none"> • <u>Applicants licensed as an MFT at the highest level for independent clinical practice in another state or country, and whose license is current and in good standing:</u> The practicum requirement is waived. • <u>All other applicants:</u> Your degree must contain at least 6 semester units or 9 quarter units of supervised practicum which included at least 225 hours of face-to-face experience counseling individuals, couples, families or groups (the 225 hours may include up to 75 hours of client-centered advocacy). If not, your degree does not qualify for associate registration. 	

F. OFFICIAL TRANSCRIPTS

Instructions	Document(s) Required
<p>Provide official sealed transcript(s) as described below for all of the following:</p> <ul style="list-style-type: none"> • Transcripts verifying your master’s or doctorate degree, including degree title and date of conferral. • Transcripts verifying any transferred in units from your bachelor’s degree, another in-school graduate program or from an outside school. • Transcripts verifying any remediated coursework. <p>Transcripts must be provided either IN AN ENVELOPE SEALED BY YOUR SCHOOL or be emailed BY YOUR SCHOOL to the Board at BBStranscripts@dca.ca.gov.</p> <ul style="list-style-type: none"> • For questions about electronic submission, see FAQ (available at www.bbs.ca.gov/Updates/FAQs>FAQs). 	<p>Official sealed transcript(s) with degree title and date of conferral posted</p> <p>Official sealed transcript(s) for all transferred in or remediated coursework (if applicable)</p> <p>MUST BE IN AN ENVELOPE SEALED BY THE SCHOOL OR EMAILED BY THE SCHOOL AS DIRECTED</p>

G. DEGREE EARNED OUTSIDE OF THE UNITED STATES

Instructions	Document(s) Required
<p>If you have a degree or other education 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 (www.naces.org).</p> <p>The evaluation must be in an envelope SEALED BY THE EVALUATING AGENCY or emailed BY THE AGENCY to BBStranscripts@dca.ca.gov.</p> <p>You will also be required to submit an official transcript as described in section F.</p> <p>The Board has the authority to make the final determination as to whether a degree meets all requirements, including, but not limited to, course requirements regardless of evaluation or accreditation.</p> <p>Suggestion: Complete the <i>Out-of-Country Degree Program Worksheet</i> to help determine whether your degree will qualify prior to paying a service for an evaluation.</p>	<p>Degree evaluation by a foreign credential evaluation service (if applicable)</p> <p>MUST BE IN AN ENVELOPE SEALED BY THE EVALUATING AGENCY OR EMAILED BY THE AGENCY TO THE BOARD AS DIRECTED</p> <p>Out-of-Country Degree Program Worksheet (optional but strongly recommended)</p>

H. DEGREE PROGRAM CERTIFICATION – DEGREE OBTAINED WITHIN THE U.S.

Instructions	Document(s) Required
<p>Provide an <i>Out-of-State Degree Program Certification</i> completed and signed by your school’s Chief Academic Officer or authorized designee. NOTE: <i>The Board strongly recommends obtaining a copy of the completed form prior to sending in your application to ensure that your degree meets all requirements.</i></p> <p>Must be in an envelope SEALED BY YOUR SCHOOL or emailed BY YOUR SCHOOL to BBStranscripts@dca.ca.gov.</p> <p><i>(This form is NOT required for a degree obtained outside of the United States).</i></p> <p>In addition, if your school accepted any transferred-in units, the school must attach a letter of explanation identifying those courses and describing how they were applied to your degree program.</p>	<p>Out-of-State Degree Program Certification form</p> <p>Letter of explanation from school for transferred-in units (if applicable)</p> <p>MUST BE EMAILED BY THE SCHOOL TO THE BOARD OR PROVIDED IN A SEALED ENVELOPE AS DIRECTED</p>

I. CALIFORNIA LAW AND ETHICS COURSE

Instructions	Document(s) Required
<p>Submit documentation of completion of a California Law and Ethics course with your application as described below:</p> <ul style="list-style-type: none"> • <u>If you have taken a 2 semester unit or 3 quarter unit course on Law and Ethics that did not contain California content:</u> You must take a 12-hour California course. See BPC section 4980.78(b)(2) for course content requirements. <ul style="list-style-type: none"> ○ This course must be taken from an acceptable continuing education provider (access at www.bbs.ca.gov> Licensees>Continuing Education). • <u>If you have NOT taken a 2 semester unit or 3 quarter unit course on Law and Ethics:</u> 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. <ul style="list-style-type: none"> ○ 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 CE course will not be accepted. 	<p>Proof of completion of California Law and Ethics course</p>

J. ADDITIONAL COURSEWORK REQUIRED PRIOR TO LICENSURE

Instructions	Document(s) Required
<p>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 approval of your <i>Application for Licensure</i>.</p> <p>If you have already completed a course, you may submit documentation of completion now rather than with a future application if you wish. If this content was provided within your degree program, your school may verify completion on the <i>Degree Program Certification</i> form. If this coursework or training was not within your degree program, submit a copy of the certificate of completion. A course description or syllabus will be required if the course content is not easily identifiable by the course title.</p> <p>The courses can be taken from a school that holds a regional or national institutional accreditation recognized by the USDE or a school approved by the BPPE. The courses may also be taken from acceptable continuing education (CE) provider (available at www.bbs.ca.gov >Licensees>Continuing Education>Where to find CE Courses).</p>	<p>None at this time, but you may submit proof of completion with your AMFT application</p>

ASSOCIATE MARRIAGE AND FAMILY THERAPIST (AMFT) REGISTRATION



APPLICATION CHECKLIST

Out-of-State and Out-of-Country Applicants

Avoid application deficiencies!

Carefully read the preceding *Application Instructions* to ensure all requirements are met pertaining to the documents listed below:

- Completed Application (form number 37A-591).
- Official sealed transcript with degree title and date of conferral posted.
- Official sealed transcript(s) (*if applicable*) for: (1) all courses transferred into your degree program; and (2) any remediated coursework.
- Sealed Out-of-State Degree Program Certification (form no. 37A-599)
- Letter of explanation from your school re: any transferred-in units (*if applicable*).
- If Degree was Earned Outside of the United States: Evaluation of Degree (and optional Degree Program Worksheet).
- Sealed Verification of License or Registration in Another State or Country (*if applicable*).
- Proof of completion of California Law and Ethics course.
- Completed Request for Live Scan Service form **OR**
Two completed fingerprint "hard cards" with the \$49 fingerprint card processing fee (check or money order payable to the Behavioral Sciences Fund).
- \$150.00 check or money order payable to the Behavioral Sciences Fund.

Important Information for ASSOCIATE MARRIAGE AND FAMILY THERAPIST APPLICANTS



1. PUBLICATIONS FOR AMFTs

The following Board publications provide important information for AMFTs (*access at www.bbs.ca.gov>Applicants>LMFT>Forms/Pubs*):

- [Handbook for Future LMFTs](#)
- [Answers to Most Frequently Asked Questions Relating to MFT Trainees and AMFTs](#)
- [MFT Trainee and AMFT Supervisor Qualification Summary](#)
- [A Guide to Supervision for AMFTs and Trainees](#)
- [10 Tips for a Smoother Licensing Process](#)

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

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

- ➔ If you submit your *Application for Associate Registration* WITHIN 90 days from the date your qualifying degree was conferred (as posted on your transcript) you may begin accruing hours immediately upon your degree award date (as posted on your transcript).
- ➔ If you submit your *Application for Associate Registration* MORE than 90 days after the date your qualifying degree was conferred (as posted on your transcript) you may not begin accruing hours until your Associate registration (AMFT) number has been issued.

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

Hours may only be accepted under the “90-day-rule” described above IF the hours are obtained at a workplace that, prior to the applicant gaining hours, required Live Scan fingerprinting.

To count these hours, you must provide documentation to the Board consisting of a copy of the processed “State of California Request for Live Scan Service” form provided by the employer. This form must be submitted with the ***Application for Licensure*** in order for the hours gained between graduation and registration issuance to be accepted. A copy of the processed form is the **ONLY** acceptable documentation specified in law. There are no exceptions. See the [FAQ](#) about the 90-day rule for more information (*access at www.bbs.ca.gov>Updates/FAQs*).

3. EXAM REQUIREMENT FOR RENEWAL OF REGISTRATION

Registrants Must Take a California Law and Ethics Exam to Renew

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

4. CONTINUING EDUCATION REQUIREMENT FOR RENEWAL OF REGISTRATION

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

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

5. SUPERVISION AND WORK SETTING REQUIREMENTS

You are required to work under the supervision of a qualified supervisor in order to gain hours of experience toward licensure. You and your supervisor are required to complete a [Supervision Agreement](#) within 60 days of commencing supervision.

In addition, 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 AMFT registration.

6. 6-YEAR LIMIT AND ISSUANCE OF SUBSEQUENT REGISTRATIONS

Your registration can only be renewed five (5) times, for a total six (6)-year length. If you need to continue beyond six years, you must apply for a subsequent registration number. A subsequent registration can only be issued to applicants who have passed the LMFT California Law and Ethics Exam. Those issued a subsequent registration are not permitted to work in a private practice setting or in a professional corporation.

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

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

- You do not submit evidence that you have cleared the deficiencies specified in the deficiency letter within one (1) year from the date of the initial deficiency letter
OR
- You do not complete your application within one (1) year after it has been filed.

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

8. PUBLIC ADDRESS

The address you enter on your application is public information and will be placed on the Internet pursuant to BPC section 27. If you do not want your home or work address available to the public, use an alternate mailing address such as a post office box. Email addresses are not subject to public disclosure.

9. 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.

10. STATUTES AND REGULATIONS

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

11. AMERICANS WITH DISABILITIES ACT

The Executive Officer of the Board has been designated to coordinate and carry out the Board's compliance with the nondiscrimination requirements of Title II of the ADA. Information concerning the provisions of the ADA, and the rights provided thereunder, are available from the Board's ADA coordinator.

12. SOCIAL SECURITY NUMBER OR OTHER TAXPAYER IDENTIFICATION NUMBER

Disclosure of your tax identification number on your application is mandatory. You may provide either your Social Security Number, 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.

13. STATE TAX OBLIGATION

Pursuant to Business and Professions Code section 31(e), the State Board of Equalization and the Franchise Tax Board may share taxpayer information with the Board. If a registrant does not pay their state tax obligation, the associate registration may be suspended.

14. NOTICE OF COLLECTION OF PERSONAL INFORMATION

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

15. QUESTIONS?

Please visit the **Contact Us** link at www.bbs.ca.gov and select an option under “Message the Board.”

APPLICATION FOR
**ASSOCIATE MARRIAGE
 AND FAMILY THERAPIST
 REGISTRATION**



Out-of-State and Out-of-Country Applicants

Office Use Only:

Avoid delays and deficiencies - carefully read the Application Instructions FIRST

Attach a \$150 Fee

SSN or ITIN*		Birth Date: mm/dd/yyyy		E-Mail Address	
Legal Name** Last		First		Middle	
Public Address of Record*** Number and Street					
City		State	Zip Code	Phone	
If you have ever been known by another name, list the full name(s) and dates of use below (attach any additional names and dates):					
Full Name				Dates of Use (from/to)	
Full Name				Dates of Use (from/to)	
Have you ever served in the United States Armed Forces or the California National Guard? (OPTIONAL)				Yes, Currently <input type="checkbox"/> No <input type="checkbox"/> Yes, Previously <input type="checkbox"/>	

* Disclosure of your United States 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 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? 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

2. 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).

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.

3. If you hold or have held a license or registration as a marriage and family therapist in another state or country, and that state or country does NOT have a public online license lookup that contains information on disciplinary actions, have you attached a completed *Verification of License or Registration in Another State or Country* form for each license or registration held? Yes No
N/A

4. Have you submitted all official transcripts as directed in section F of the *Application Instructions*? Yes – Sealed Transcripts via Mail
Yes – Electronic Transcripts
No

Applicant Name: Last	First	Middle
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DEGREE REQUIREMENTS

5. Have you submitted a Degree Program Certification form as described in the *Application Instructions section H*? Yes – Sealed Form via Mail
 Yes – Sent Electronically
 No

6. Does your degree contain a minimum of 48 semester units or 72 quarter units? Yes No
If NO, your degree does not qualify

7. Did you begin your graduate study after August 1, 2012 or complete graduate study after December 31, 2018? Yes No
If YES, does your degree contain a minimum of 60 semester units or 90 quarter units? Yes No **If NO, see Application Instructions**

8. Does your degree FULLY contain a minimum of 12 semester units or 18 quarter units in Marriage, Family and Child Counseling/Marital and Family Systems Approach as described in the *Application Instructions section E*? Yes No
 Not sure
If NO, your degree does not qualify

9. Have you attached documentation of completion of the required course in California Law and Ethics as described in the *Application Instructions section I*? Yes No

10. ADDITIONAL COURSEWORK: The following courses are NOT required for Associate registration. However, they are required prior to approval of your *Application for Licensure*. If you have already completed a course, you may list the course title and the provider below, and submit documentation of completion now rather than with a future application. 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.

a) *Child Abuse Assessment and Reporting in California (7 hours)*

Course Title(s): _____

Provider(s): _____

b) *California Cultures, and the Social and Psychological Implications of Socioeconomic Position (15 hours)*

Course Title(s): _____

Provider(s): _____

Applicant Name: Last	First	Middle
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10. ADDITIONAL COURSEWORK (continued):

c) Mental Health Recovery Oriented Care and Methods of Service Delivery (45 hours)

Course Title: _____ Course Title: _____

Provider: _____ Provider: _____

Course Title: _____ Course Title: _____

Provider: _____ Provider: _____

d) Diagnosis, Assessment, Prognosis and Treatment of Mental Disorders (2 semester units)

Course Title(s): _____

Provider(s): _____

e) Psychological Testing (15 hours or 1 semester unit)

Course Title(s): _____

Provider(s): _____

f) Psychopharmacology (15 hours or 1 semester unit)

Course Title(s): _____

Provider(s): _____

g) Developmental Issues from Infancy to Old Age (15 hours or 1 semester unit)

Course Title(s): _____

Provider(s): _____

h) Aging, Long Term Care; Elder/Dependent Adult Abuse; End-of-Life and Grief (10 hours)

Course Title(s): _____

Provider(s): _____

i) Spousal or Partner Abuse Assessment, Detection and Intervention (15 hours)

Course Title(s): _____

Provider(s): _____

Applicant Name: Last	First	Middle
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10. ADDITIONAL COURSEWORK (continued):

a) *Multicultural Development and Cross-Cultural Interaction (15 hours or 1 semester unit)*

Course Title(s): _____

Provider(s): _____

b) *Human Sexuality (10 hours)*

Course Title(s): _____

Provider(s): _____

c) *Substance Use Disorders (15 hours)*

Course Title(s): _____

Provider(s): _____

d) *Co-Occurring Disorders and Addiction (15 hours)*

Course Title(s): _____

Provider(s): _____

e) *Miscellaneous Content (see Guide to Educational Requirements)*

Course Title(s): _____

Provider(s): _____

Course Title(s): _____

Provider(s): _____

f) *Suicide Risk Assessment and Intervention (6 hours)*

Course Title(s): _____

Provider(s): _____

Applicant Name: Last	First	Middle
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BACKGROUND INFORMATION – RESPONSE IS VOLUNTARY

Some criminal convictions will appear on the Board's background check and may require additional investigation prior to a licensing determination. For information on which convictions the Board is permitted to consider, see the [Criminal Conviction FAQ](#) (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



MARRIAGE AND FAMILY THERAPIST

OUT-OF-STATE DEGREE PROGRAM CERTIFICATION

This form is for use by applicants with an Out-of-State Degree

➔ INSTRUCTIONS FOR APPLICANT

The purpose of this form is for your school to verify the specifics of a degree program from a school located outside of California, or from an online program that is not designed to meet California's requirements. It may also be used to verify completion of additional coursework required prior to licensure. The Board may require additional information to verify course content, such as course syllabi. *Note: This form is not required for applicants with a degree earned outside of the United States or its territories.*

- This form must be provided with your application in an envelope that has been sealed by your school OR sent by your school directly to the Board via email.
- Unless otherwise indicated on this form, your degree must **fully** contain all of the requirements specified herein to qualify for registration or licensure. There are no exceptions.
- The Board recommends obtaining a copy of this completed form and reviewing it prior to applying so that you can determine whether your degree qualifies.

➔ INSTRUCTIONS FOR SCHOOL

The applicant is applying for a registration or license with the Board of Behavioral Sciences. Please complete this form including the certification on the last page and provide the applicant with the original IN A SEALED ENVELOPE or send directly to the Board at BBStranscripts@dca.ca.gov.

If any transferred-in units were accepted, attach a letter of explanation identifying those courses and describing how they were applied to the student's program.

The full legal text of the degree requirements is located in Business and Professions Code (BPC) section [4980.78](#), which also contains references to BPC sections [4980.36](#) and [4980.37](#). These code sections are also available on the Board's website under [Statutes and Regulations](#).

MARRIAGE AND FAMILY THERAPIST

OUT-OF-STATE DEGREE PROGRAM CERTIFICATION

Applicant Name: Last	First	Middle
SSN or Individual Taxpayer ID Number:	Date Began Graduate Study mm/dd/yyyy	

1. Number of units in degree: _____ Semester units Quarter Units

Minimum 48 semester units or 72 quarter units required to qualify.

2. Yes The degree program contained no less than six (6) semester or nine (9) quarter units of supervised practicum, AND 225 hours of experience that included the following:

No

- At least 150 hours providing face-to-face counseling to individuals, couples, families or groups AND
- At least 75 additional hours providing either face-to-face counseling AND/OR client-centered advocacy*

Number of units: _____ *Number of counseling hours:* _____

Number of client-centered advocacy hours: _____ *Course numbers:* _____

**Client-centered advocacy may include, but is not limited to, researching, identifying, and accessing resources, or other activities, related to obtaining or providing services and supports for clients or groups of clients receiving psychotherapy or counseling services*

3. Yes The degree program included no less than 12 semester or 18 quarter units of coursework in the areas of marriage, family, and child counseling and marital and family systems approaches to treatment, including all of the following:

No

- Theories, principles, and methods of a variety of psychotherapeutic orientations directly related to marriage and family therapy, and marital and family systems approaches to treatment.
- How these theories can be applied therapeutically with couples, families, adults, elder adults, children, adolescents and groups to improve, restore, or maintain healthy relationships.

Number of units: _____ *Course numbers:* _____

Applicant Name: Last	First	Middle
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4. ADDITIONAL COURSEWORK REQUIRED PRIOR TO LICENSURE: The following courses are NOT required to be part of the applicant’s degree program but are required for licensure as described in BPC sections [4980.78](#) and [4980.81](#). Completion of this section will assist the applicant in the licensure process.

Mark “Yes” if the applicant’s degree program contained any of the specified content, and list the number of units or hours and course numbers. If the applicant completed some, but not all of the content listed, you may mark “Yes” but please indicate the missing content on the last page under “Notes”.

A. Yes No Did the applicant complete coursework in the provision of mental health services via telehealth, including law and ethics related to telehealth?
Number of Units or Hours: _____

B. Yes No Did the applicant complete coursework in suicide risk assessment and intervention?
Number of Units or Hours: _____

C. Yes No Did the applicant complete coursework in the diagnosis, assessment, prognosis, treatment planning, and treatment of mental disorders including severe mental disorders, evidence-based practices, and/or promising mental health practices that are evaluated in peer reviewed literature?
Number of Units or Hours: _____ *Course Numbers:* _____

D. Yes No Did the applicant complete coursework regarding the principles of mental health recovery-oriented care and methods of service delivery in recovery oriented practice environments?
Number of Units or Hours: _____ *Course Numbers:* _____

E. Yes No Did the applicant’s degree program include structured meetings with various consumers and family members of consumers of mental health services to enhance understanding of their experience of mental illness, treatment, and recovery?
Number of Units or Hours: _____ *Course Number(s):* _____

F. Yes No Did the applicant complete coursework in psychological testing?
Number of Units or Hours: _____ *Course Number(s):* _____

Applicant Name: Last	First	Middle
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4. ADDITIONAL COURSEWORK REQUIRED PRIOR TO LICENSURE (continued)

Mark "Yes" if the applicant's degree program contained any of the specified content, and list the number of units or hours and course numbers. If the applicant completed some, but not all of the content listed, you may mark "Yes" but please indicate the missing content on the last page under "Notes".

- G. Yes No Did the applicant complete coursework in psychopharmacology?
Number of Units or Hours: _____ *Course Number(s):* _____
- H. Yes No Did the applicant complete coursework in developmental issues from infancy to old age, including the effects of developmental issues on individuals, couples and family relationships; the psychological, psychotherapeutic and health implications of developmental issues and their effects; and the understanding of the impact that personal and social insecurity, social stress, low educational levels, inadequate housing and malnutrition have on human development?
Number of Units or Hours: _____ *Course Numbers:* _____

- I. Yes No Did the applicant complete coursework in the assessment and reporting of, as well as treatment related to, elder and dependent adult abuse and neglect; aging and biological, social, cognitive, and psychological aspects; long-term care, and end-of-life and grief, including psychotherapeutic, community, and health implications?
Number of Units or Hours: _____ *Course Number(s):* _____
- J. Yes No Did the applicant complete coursework in spousal or partner abuse assessment, detection, intervention strategies, and same-gender abuse dynamics including its psychological, psychotherapeutic, community, and health implications?
Number of Units or Hours: _____ *Course Number(s):* _____
- K. Yes No Did the applicant complete coursework regarding cultural factors relevant to abuse or partners and family members, including its psychological, psychotherapeutic, community, and health implications?
Number of Units or Hours: _____ *Course Number(s):* _____
- L. Yes No Did the applicant complete coursework regarding childbirth, child rearing, parenting, stepparenting, marriage, divorce, and blended families, including psychological, psychotherapeutic, community, and health implications?
Number of Units or Hours: _____ *Course Number(s):* _____

Applicant Name: Last	First	Middle
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4. ADDITIONAL COURSEWORK REQUIRED PRIOR TO LICENSURE (continued)

Mark "Yes" if the applicant's degree program contained any of the specified content, and list the number of units or hours and course numbers. If the applicant completed some, but not all of the content listed, you may mark "Yes" but please indicate the missing content on the last page under "Notes".

M. Yes No Did the applicant complete coursework regarding poverty and deprivation and financial and social stress, including psychological, psychotherapeutic, community, and health implications?

Number of Units or Hours: _____ *Course Number(s):* _____

N. Yes No Did the applicant complete coursework regarding the effects of trauma, including psychological, psychotherapeutic, community, and health implications?

Number of Units or Hours: _____ *Course Number(s):* _____

O. Yes No Did the applicant complete coursework multicultural development and cross-cultural interaction, including experiences of race, ethnicity, class, spirituality, sexual orientation, gender, and disability, and their incorporation into the psychotherapeutic process?

Number of Units or Hours: _____ *Course Number(s):* _____

P. Yes No Did the applicant complete coursework in human sexuality including the study of physiological, psychological, and social cultural variables associated with sexual behavior and gender identity, and the assessment and treatment of psychosexual dysfunction?

Number of Units or Hours: _____ *Course Number(s):* _____

Q. Yes No Did the applicant complete coursework in substance use disorders and co-occurring disorders and addiction (with co-occurring disorders defined as "a mental illness and substance abuse diagnosis occurring simultaneously in an individual")?

Number of Units or Hours: _____ *Course Number(s):* _____

R. Yes No Did the applicant complete coursework in law and professional ethics for marriage and family therapists?

Number of Units or Hours: _____ *Course Number(s):* _____

Applicant Name: Last	First	Middle
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Notes:

CERTIFICATION

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

Signature of Chief Academic Officer or
Authorized Designee

Name of Institution

Print Name

Campus City and State

Date Signed

Institution Accredited or Approved by

Email Address

OUT-OF-COUNTRY DEGREE PROGRAM WORKSHEET

This optional form is for use by applicants with a degree earned outside the United States

Type or print clearly in ink

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

The purpose of this optional form is to help determine whether a degree earned outside the United States or its territories may meet California's minimum requirements. Please complete it to the best of your ability. **If your degree does not meet all of the minimum requirements listed below and on the next page, a new degree will be required in order to qualify in California.**

➔ **IMPORTANT:** If your degree **DOES** meet the minimum requirements, you will need to take additional courses to meet all of California's educational requirements (see the *Out-of-State/Out-of-Country Application Instructions* for details).

Please note that a degree evaluation by a foreign credential evaluation service that is a member of www.naces.org is required as described in the *Application Instructions*.

DEGREE UNITS REQUIRED

➔ **Applicants who began graduate study BEFORE August 1, 2012 AND graduated BEFORE December 31, 2018:**

✓ A minimum of 48 semester units or 72 quarter units is required within your degree program or your degree will not qualify.

➔ **Applicants who began graduate study ON OR AFTER August 1, 2012 OR graduated ON OR AFTER December 31, 2018:**

✓ Your degree must contain a minimum of 48 semester units or 72 quarter units. However, a total of 60 semester units or 90 quarter units of graduate coursework is required. If your degree contains LESS than 60 semester units or 90 quarter units, you must complete graduate level coursework to remediate this deficiency (**a maximum of 12 semester units or 18 quarter units of instruction may be remediated**). Units can be gained while registered as an Associate, but must be remediated before the Board can approve your *Application for Licensure*.

Number of units within my degree program: _____ Semester units Quarter Units

Applicant Name: Last	First	Middle
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PRACTICUM UNITS AND HOURS REQUIRED

Yes No
If No, your degree does not qualify

My degree program contained no less than six (6) semester or nine (9) quarter units of supervised practicum, AND 225 hours of experience that included the following:

- At least 150 hours providing face-to-face counseling to individuals, couples, families or groups AND
- At least 75 additional hours providing either face-to-face counseling and/or client-centered advocacy (CCA). CCA includes, but is not limited to, researching, identifying, and accessing resources, or other activities, related to obtaining or providing services and supports for clients or groups of clients receiving psychotherapy or counseling services.

Exception: If you hold an **LMFT license** at the highest level that is current and in good standing in another state or country, the practicum requirement may be waived.

Number of units: _____ Number of counseling experience hours: _____

Number of client-centered advocacy hours: _____

Course number(s)/Term(s): _____

MARITAL AND FAMILY THERAPY COURSEWORK REQUIRED

Yes No
If No, your degree does not qualify

My degree program included no less than 12 semester or 18 quarter units of coursework in the areas of marriage, family, and child counseling and marital and family systems approaches to treatment, including all of the following:

- Theories, principles, and methods of a variety of psychotherapeutic orientations directly related to marriage and family therapy, and marital and family systems approaches to treatment.
- How these theories can be applied therapeutically with couples, families, adults, elder adults, children, adolescents and groups to improve, restore, or maintain healthy relationships.

Number of units: _____ Course number(s)/Term(s): _____

All of the information provided on this form is true and correct to the best of my ability.

Applicant Signature _____

Name of School _____

Date Signed _____



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



VERIFICATION OF LICENSE OR REGISTRATION IN ANOTHER STATE OR COUNTRY

PART 1. APPLICANT: If you hold or have held a license or registration in another state or country, or if you are submitting supervised experience gained in another state or country, **and that state or country does NOT have a public online license lookup that contains information on disciplinary actions**, this form must be completed. Complete Part 1 and mail this form and any necessary fees to that licensing agency.

Verification For: Applicant Applicant's Supervisor

Name of California Applicant:

Last	First	Middle	Date of Birth
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Name of Individual to be Verified:

Last	First	Middle	License Number
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I hereby authorize the release of my information to the California Board of Behavioral Sciences.

Signature of individual to be verified: _____ Date: _____

PART 2. LICENSING AGENCY:

Please return completed form to the above mailing address or email to BBSLicCerts@dca.ca.gov

1. Full name as shown in your records: _____
2. License or Registration Title: _____
3. License or Registration Status: _____
 Issue Date: _____ Expiration Date: _____
4. Any disciplinary action? No Yes *(If YES, attach an explanation)*

Signature of Person Completing Form Date

Printed Name and Title

State Board or Licensing Agency Name

State Phone Number

State Board/Licensing Agency
Stamp Here



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



INSTRUCTIONS FOR LIVE SCAN FINGERPRINTING AND PRIVACY NOTICES

Live Scan Fingerprinting is available only in California. Live Scan fingerprint results will be submitted to the **Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI)** electronically.

If you need to have your fingerprints taken in another state, you must use the "hard card" fingerprint method. To request hard cards and instructions, send an email to BBS.Fingerprint@dca.ca.gov with "Fingerprint Hard Cards" in the subject line, and include your mailing address. Please be advised that the DOJ processing time for hard card fingerprints is a minimum of 8 to 12 weeks, or longer. In order to avoid processing delays and additional costs that result from invalid fingerprint cards, fingerprints must be taken at a law enforcement agency in the state of residence.

Fingerprint Fees - Paid to Live Scan Site

If you have your prints taken via Live Scan, you must pay the fingerprint fees below **directly to the site** where you have your Live Scan fingerprints taken:

DOJ FINGERPRINT PROCESSING FEE: \$32.00

FBI FINGERPRINT PROCESSING FEE: \$17.00

In addition to these processing fees, there may be a service charge associated with the Live Scan site you visit. The Live Scan service site will collect the above fees at the time you are fingerprinted. The Live Scan service charge may vary from location to location.

Complete the Request for Live Scan Service Form

You must complete and submit the attached *Request for Live Scan Service* form at the Live Scan site. Make sure that the information provided in Section 3 of the form matches the information on your BBS application. Once your fingerprints have been scanned, the Live Scan Operator will complete Section 4 of this form and return the second and third copies to you.

The second copy of this form, with Section 4 completed by the Live Scan Operator, must be MAILED to the BBS in order to retrieve your fingerprint results from the DOJ. Retain the third copy for your records as a proof of payment.

Live Scan Fingerprint Locations

You must visit an approved Live Scan Service Site. Most local Police and Sheriff Departments offer the Live Scan fingerprinting service. Some large school districts, passport services, and stores with generalized fingerprinting expertise may also offer Live Scan. A current listing of Live Scan sites is available on the DOJ website at <https://oag.ca.gov/fingerprints/locations>.

Consider calling the Live Scan service provider for hours of operation, fees, and appointment times if necessary. You must present valid photo identification (i.e., driver's license, military ID, or passport) at the Live Scan site.

Filling Out Your Live Scan Form

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

SECTION 1: Type of Application: LIC/CERT/PERMIT

Check the box for the applicable registration or license you are applying for with the BBS. Even if you are applying for more than one registration or license type, **CHECK THE BOX FOR ONLY ONE LICENSE TYPE.** Your fingerprint results will be put towards ALL registrations and licenses you hold. You do not need to pay or be fingerprinted for each individual BBS license type.

SECTION 2: This section is already completed.

SECTION 3:

Name of Applicant: Enter your full name

Alias: Indicate all other names used

Date of Birth: Indicate your month/day/year of birth

Sex: Mark the appropriate box

Height: Indicate your height in feet and inches

Weight: Indicate your weight in pounds (lbs.)

Eye Color: Indicate eye color abbreviation:

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

Hair Color: Indicate hair color abbreviation:

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

Place of Birth: Indicate the state or country of birth

Social Security Number: Enter your SSN or individual taxpayer ID number. Must match the number provided on your application.

Driver's License No: Enter your Driver's license number if you have one.

Address: Enter a mailing address of your choice. You may use a business address, your home address, or any current address. This address will not be viewable by the public, and will be used solely for the BBS' records.

Your BBS File number:
Enter your BBS file number. If you are a brand new applicant and do not currently hold an identifying number, leave this line blank.

If Resubmission, list Original ATI No.
This is only used for a second fingerprinting due to a prior fingerprint rejection. The ATI No. allows you to be re-fingerprinted without paying the DOJ and FBI processing fee (service charges may still apply.)

Applicant Signature
Sign and date the application to indicate that you have read the included Privacy Notice, Privacy Act Statement and Applicant's Privacy Rights.

SECTION 4:
To be completed by the Live Scan operator.

REQUEST FOR LIVE SCAN SERVICE

Privacy Notice

As Required by Civil Code § 1798.17

Collection and Use of Personal Information. The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Business and Professions Code sections 4600-4621, 7574-7574.16, 26050-26059, 11340-11346, and 22440-22449; Penal Code sections 11100-11112, and 11077.1; Health and Safety Code sections 1522, 1416.20-1416.50, 1569.10-1569.24, 1596.80-1596.879, 1725-1742, and 18050-18055; Family Code sections 8700-87200, 8800-8823, and 8900-8925; Financial Code sections 1300-1301, 22100-22112, 17200-17215, and 28122-28124; Education Code sections 44330-44355; Welfare and Institutions Code sections 9710-9719.5, 14043-14045, 4684-4689.8, and 16500-16523.1; and other various state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled; or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at <http://oag.ca.gov/privacy-policy>.

Providing Personal Information. All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request.

Access to Your Information. You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. In order to process applications pertaining to Live Scan service to help determine the suitability of a person applying for a license, employment, or a volunteer position working with children, the elderly, or the disabled, we may need to share the information you give us with authorized applicant agencies. The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes.
- To another government agency as required by state or federal law.

Contact Information. For questions about this notice or access to your records, you may contact the Associate Governmental Program Analyst at the DOJ's Keeper of Records at (916) 210-3310, by email at keeperofrecords@doj.ca.gov, or by mail at: Department of Justice Bureau of Criminal Information & Analysis Keeper of Records P.O. Box 903417 Sacramento, CA 94203-4170.

REQUEST FOR LIVE SCAN SERVICE

Privacy Act Statement

Authority. The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose. Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses. During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental, or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

REQUEST FOR LIVE SCAN SERVICE

Noncriminal Justice Applicant's Privacy Rights

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification¹ that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.²
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.³

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.⁴

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.) *You can find additional information on the FBI website at <https://www.fbi.gov/about-us/cjis/background-checks>*

¹ Written notification includes electronic notification, but excludes oral notification

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

³ See 28 CFR 50.12(b) ⁴ See U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c)

⁴ See U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c)

SECTION 1

ORI: **A0462**

(Code assigned by DOJ)

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

Type of License: *(Mark Only ONE)*

Marriage and Family Therapist

Clinical Social Worker

Educational Psychologist

Professional Clinical Counselor

SECTION 2

Agency Authorized to Receive Criminal Record Information:

Mail Code: **01484**

Board of Behavioral Sciences
1625 North Market Blvd. Suite S-200
Sacramento CA 95834

Contact Name: Fingerprint Unit

Contact Phone: (916) 574-7859

SECTION 3

Name of Applicant: _____
(Please Print) Last

First _____ MI _____

Alias: _____
Last First

Driver's License No.: _____

Date of Birth: _____ Sex: Male Female

Billing No.: **APPLICANT MUST PAY**

Height: _____ Weight: _____

Address:

Eye Color: _____ Hair Color: _____

Number and Street

Place of Birth: _____

City _____ State _____ Zip _____

Social Security Number: _____

BBS File Number: _____

BBS Applicant: Please mail a copy of this form to the address in Section 2 with your BBS application.

If Resubmission, list Original ATI No.: _____

(Must provide proof of rejection)

Level of Service: DOJ FBI

I have received and read the included Privacy Notice, Privacy Act Statement and Applicant's Privacy Rights.

Applicant Signature: _____ Date: _____

SECTION 4

Live Scan Transaction Completed By: _____ Date: _____

Transmitting Agency: _____ LSID: _____

ATI No.: _____ Amount Collected/Billed: _____

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