



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



ASSOCIATE MARRIAGE AND FAMILY THERAPIST REGISTRATION

OUT-OF-STATE APPLICANT

Applicants with an Out-of-State degree or license ONLY

Dear Out-of-State Applicant:

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

1. Application Instructions
2. Guide to Out-of-State Applicant Requirements
3. Important Information for Applicants
4. Out-of-State Application for Registration as an Associate Marriage and Family Therapist
5. Out-of-State Degree Program Certification Form
6. Out-of-State License or Registration Verification Form
7. Instructions for Live Scan Fingerprinting
8. Request for Live Scan Service Form

BOARD OF BEHAVIORAL SCIENCES



Board of Behavioral Sciences
1625 North Market Blvd., Suite S200, Sacramento, CA 95834
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APPLICATION INSTRUCTIONS
ASSOCIATE MARRIAGE AND FAMILY THERAPIST
REGISTRATION
OUT-OF-STATE APPLICANT

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

Carefully read the following instructions to ensure an accurate and complete application package and that all required original documents are furnished to the Board. *All items are mandatory unless otherwise specified.* Any omission may result in the application being deficient or delayed.

NOTE: If you are applying for a subsequent (2nd or 3rd) Associate registration, use the [Subsequent AMFT Registration](#) application.

A. APPLICATION

- Complete all sections of the application in ink.
- The application must have your original signature.
- You must use your legal name. Your “legal name” is the name established legally by your birth certificate, marriage or domestic partnership certificate, or divorce decree (for example).
- Email Address: Though providing your email address is optional, the Board strongly recommends submission to facilitate communication.

B. PHOTOGRAPH

Should measure approximately 2" X 2" and be taken within 60 days of the filing of this application. The photograph must be of passport quality of your head and shoulders only. Attach the photograph to the application in the space provided.

C. FEE

Submit a \$75.00 check or money order made payable to the Behavioral Sciences Fund. The fee is NOT REFUNDABLE.

D. FINGERPRINTS

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

If you currently reside in California

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

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

If you currently reside out of state

You must use the "hard card" fingerprint method unless you can access a California Live Scan Service operator. To request fingerprint hard cards, send an email to BBS.Fingerprint@dca.ca.gov with "Fingerprint Hard Cards" in the subject line, and we will mail them to you.

DO NOT SUBMIT YOUR FINGERPRINTS TO THE BOARD UNTIL YOU HAVE SUBMITTED YOUR APPLICATION – we are unable to process them until your application is received. **The DOJ processing time for hard card fingerprints is a minimum of 8 to 12 weeks.** To avoid processing delays and additional costs that result from invalid fingerprint cards, the Board recommends fingerprints be taken at a law enforcement agency in the state of residence.

E. VERIFICATION OF LICENSURE OR REGISTRATION IN ANOTHER STATE

Include certified statement(s) from each state where you hold or have held a license or registration to practice marital and family therapy. This verification may be sent to the Board directly from the other state, or enclosed with the application. Either way, this form must be IN AN ENVELOPE SEALED BY THE STATE LICENSING AGENCY.

F. VERIFICATION OF DEGREE

1) TRANSCRIPTS

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

2) DEGREE PROGRAM CERTIFICATION

Provide an *Out-of-State Degree Program Certification* form, completed and signed by your school's Chief Academic Officer or authorized designee IN AN ENVELOPE SEALED BY THE EDUCATIONAL INSTITUTION.

3) DEGREE EARNED OUTSIDE OF THE UNITED STATES

If you have a degree or other education gained outside of the United States, you **must** have your education evaluated by a foreign credential evaluation service that is a member of the [National Association of Credential Evaluation Services](#) in order to determine equivalency.

Provide the board with the results of this comprehensive evaluation and any other documentation the board deems necessary IN AN ENVELOPE SEALED BY THE EVALUATING AGENCY. 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. In addition to the evaluation, a transcript is required as stated in #1 above.

G. DEGREE REQUIREMENTS AND REMEDIATION

1) OVERALL UNITS:

- Your degree **MUST** contain a minimum of 48 semester units or 72 quarter units. There are no exceptions.
- If you entered a degree program AFTER August 1, 2012: You are required to complete a total 60 semester units or 90 quarter units. If you are short units, up to 12 semester units or 18 quarter units can be remediated outside of your degree program to reach this total. Units must be remediated before the Board can approve your *Application for Licensure and Examination*, and can be gained while registered as an Associate.

2) PRACTICUM:

A minimum of 6 semester units or 9 quarter units of supervised clinical practicum, which included at least 225 hours of face-to-face counseling experience is required (may include up to 75 hours of client-centered advocacy experience) as indicated on the following page:

- Unlicensed applicants:

Degree program must contain a minimum of 6 semester or 9 quarter units of practicum and meet the 225 hour requirement as described above, or the degree will not qualify for California licensure.

- Applicants licensed at the highest level in another state for LESS THAN 2 years (and who hold a current license):

The practicum unit requirement is waived. If your practicum did not include 225 hours of experience as described above, you may remediate the deficit by gaining supervised experience while registered as an Associate. If you are required to remediate practicum, these hours must be in addition to the required 3,000 hours of experience.

- Applicants licensed at the highest level in another state for MORE THAN 2 years (and who hold a current license):

Both unit and hour practicum requirements are waived.

3) MARRIAGE, FAMILY AND CHILD COUNSELING/MARITAL AND FAMILY SYSTEMS APPROACH

The degree program must contain 12 semester units or 18 quarter units in this area, as indicated by your school on the *Degree Program Certification* form, or the degree will not qualify for California LMFT licensure.

4) REMEDIATION AND ACCEPTABLE COURSE PROVIDERS

For areas where remediation is permitted, missing courses must be taken at the graduate level from a school accredited by an accrediting agency that is recognized by the U.S. Department of Education, or a school approved by the California Bureau for Private Postsecondary Education (BPPE).

H. CALIFORNIA LAW AND ETHICS COURSE (REQUIRED FOR ASSOCIATE REGISTRATION)

Submit documentation of completion of a California Law and Ethics course with your Associate application as described below:

- If your degree contains a 2 semester unit or 3 quarter unit course on Law and Ethics: You must take an 18-hour California course. See [Business and Professions Code \(BPC\) section 4980.78/.79\(b\)\(2\)](#) for course content requirements.
 - This course may be taken from a school that holds a regional or national institutional accreditation recognized by the U.S. Department of Education, a school approved by the California BPPE, or an approved continuing education (CE) provider.
- If your degree does NOT contain a 2 semester unit or 3 quarter unit course on Law and Ethics: You must take 2 semester unit or 3 quarter unit California course. See [BPC section 4980.81\(a\)\(7\)](#) for course content requirements.
 - This course may be taken from a school that holds a regional or national institutional accreditation recognized by the U.S. Department of Education or a school approved by the California BPPE.

I. ADDITIONAL COURSEWORK (NOT REQUIRED FOR ASSOCIATE REGISTRATION)

The courses listed beginning on Page 4 of the Guide to LMFT Out-of-State Applicant Requirements are NOT required for Associate registration. However, they are required prior to your application for licensure. If you have already completed a course, you may submit documentation of completion now rather than with a future application if you wish.

J. BACKGROUND QUESTIONS (A - D)

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

The Board of Behavioral Sciences does not have reciprocity with any other state licensing board. Any applicant, whether licensed or unlicensed, will need to meet all requirements mandated by California law prior to being issued a Licensed Marriage and Family Therapist (LMFT) license.

The application process for an out-of-state applicant, as well as the qualifications required, may differ depending on the following:

1. Whether you are licensed at the highest level in another state, and for how long.
2. The amount of supervised experience you have completed and whether it is substantially equivalent to California's requirements.
3. Your degree and other coursework you have completed.

The information in this document is a summary and is provided only as a general guide. For more information, the "Application Instructions" section of the [LMFT Application for Licensure and Examination \(Out-of-State Applicant\)](#). For more information about requirements pertaining to LMFT licensure, see the Board's [Statutes and Regulations](#).

EDUCATIONAL REQUIREMENTS

See the following pages for information about educational requirements. If you are unsure whether your degree or other coursework qualifies (or is deficient), submit your *Application for Associate Marriage and Family Therapist Registration* or *Application for Licensure and Examination* and fee, and we will provide you with the results of the evaluation.

For questions about **educational** requirements, contact: bbs.amft@dca.ca.gov

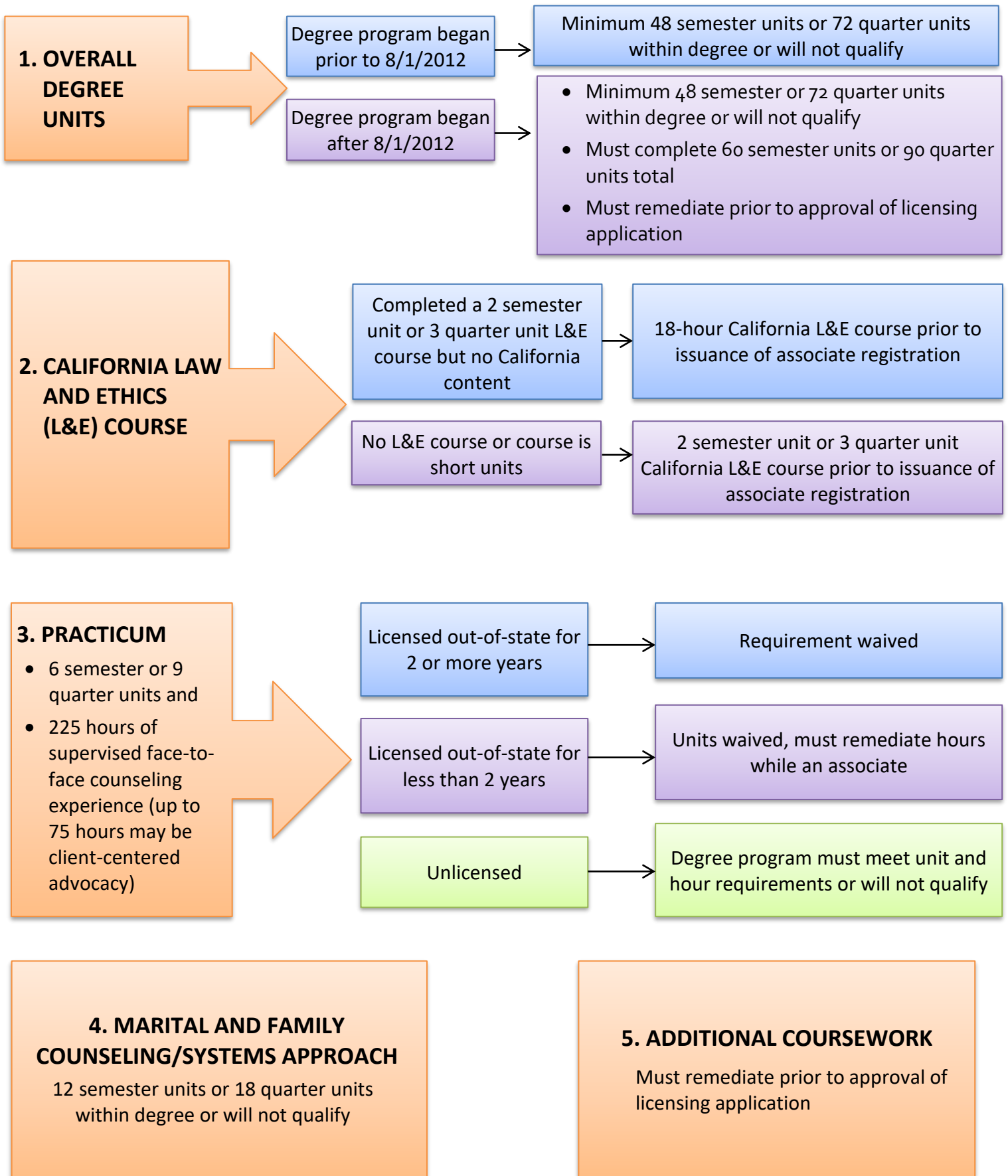
EXAMINATION REQUIREMENTS

You will be required to pass the LMFT California Law and Ethics Exam. You may take this exam upon registration as an Associate or upon approval of your *Application for Licensure and Examination*. After passing the Law and Ethics exam, you will be required to pass the California LMFT Clinical Exam.

SUPERVISED EXPERIENCE REQUIREMENTS

<p>If you <u>currently</u> hold an <u>active</u> license as an LMFT (at the highest level) in another state, and have held that license for four (4) or MORE years immediately preceding the date of your California application:</p>	<p>You do not need to provide documentation of your supervised experience.</p>
<p>If you <u>currently</u> hold an <u>active</u> license as an LMFT (at the highest level) in another state, and have held that license for LESS than four (4) years:</p>	<p>The vast majority of applicants in this category do not need to provide documentation of supervised experience, as most states also require at least 3,000 hours of supervised experience.</p> <p>If your license was issued in a state that required less than 3,000 hours, you may count up to 100 hours for each month actively licensed, for a maximum of 1,200 hours. If you are still short, you must document additional experience on the <i>Out-of-State Experience Verification</i> form to total 3,000 hours (or gain in-state supervised experience while registered as an Associate).</p>
<p>If your out-of-state license is not current or active at the time of application:</p>	<p>Contact your state board to see if you can reinstate your license to an active status prior to submitting your application to the Board of Behavioral Sciences. If you are unable to do so, you must follow the instructions for unlicensed applicants.</p>
<p>If you are unlicensed:</p>	<p>You will need to submit verification of substantially equivalent supervised experience totaling 3,000 hours and 104 supervised weeks (see the <i>Out-of-State Experience Verification</i> form for specifics). This experience must have been gained within the six (6) years prior to your California application. If any experience will be obtained in California, you must register as an Associate first. See <i>Application Instructions</i> for more information.</p>

For questions about supervised **experience** requirements, contact: bbs.lmft@dca.ca.gov



ADDITIONAL COURSEWORK LIST – LMFT OUT-OF-STATE APPLICANTS

The required courses listed below may be taken from a school that holds a regional or national institutional accreditation recognized by the U.S. Department of Education, a school approved by the California Bureau for Private Postsecondary Education (BPPE), or an acceptable continuing education provider. Undergraduate coursework cannot be accepted. See [Statutes and Regulations](#) for required content.

Note: 1 semester unit = 15 hours; 1 quarter unit = 10 hours

Course	Length	Content Required
a) Child Abuse Assessment and Reporting in California	7 hours	See Business and Professions Code (BPC) section 28
b) California Cultures, and the Social and Psychological Implications of Socioeconomic Position	1 semester unit or 15 hours	Instruction must include an understanding of various California cultures and the social and psychological implications of socioeconomic position.
c) Mental Health Recovery Oriented Care and Methods of Service Delivery	3 semester units or 45 hours	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.
d) Diagnosis, Assessment, Prognosis and Treatment of Mental Disorders	2 semester units	Must include diagnosis, assessment, prognosis and treatment of mental disorders, including: • Severe mental disorders • Promising mental health practices • Evidence-based practices
e) Psychological Testing	15 hours	Instruction must cover psychological testing
f) Psychopharmacology	15 hours	Instruction must cover psychopharmacology
g) Developmental Issues from Infancy to Old Age	15 hours	Instruction must include: <ul style="list-style-type: none"> • 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.

Continued on next page

Course	Length	Content Required
h) Aging, Long Term Care and Elder/Dependent Adult Abuse	10 hours	Instruction must cover aging and long-term care, including biological, social, cognitive and psychological aspects of aging, as well as instruction on the assessment and reporting of, as well as treatment related to, elder and dependent adult abuse and neglect.
i) 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.
j) Multicultural Development and Cross-Cultural Interaction	1 semester unit or 15 hours	Instruction must include experiences of race, ethnicity, class, spirituality, sexual orientation, gender, and disability, and their incorporation into the psychotherapeutic process.
k) Human Sexuality	10 hours	Instruction must include the study of the physiological, psychological, and social cultural variables associated with sexual behavior, gender identity, and the assessment and treatment of psychosexual dysfunction.
l) Substance Use Disorders	15 hours	See BPC section 4980.81(a)(7)
m) Co-Occurring Disorders and Addiction	15 hours	See BPC section 4980.81(a)(7)
n) Miscellaneous Content	No specific number of hours required, but content listed 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



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IMPORTANT INFORMATION FOR ASSOCIATE MARRIAGE AND FAMILY THERAPIST APPLICANTS

1. VETERANS HONORABLY DISCHARGED RECEIVE EXPEDITED REVIEW

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

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

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

3. RECEIPT OF APPLICATION

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

4. EXAM REQUIREMENT FOR RENEWAL OF REGISTRATION

Registrants Must Take a California Law and Ethics Exam to Renew:

After your Associate registration is issued, you will be required to take the LMFT California Law and Ethics Exam. A registration will not be renewable until the exam has been taken. You will be given instructions on applying for this exam once your registration has been issued.

About the California Law and Ethics Exam

The California Law and Ethics Exam is designed to assess an applicant's knowledge of and ability to apply legal and ethical standards relating to clinical practice. See the Board's [Exams](#) page for more information.

5. **MAXIMUM RENEWALS AND ISSUANCE OF SUBSEQUENT REGISTRATIONS**

Your registration can be renewed five (5) times, for a total six (6)-year length. If you need to retain a registration after this time, you will need to apply for a subsequent registration number. A subsequent registration can only be issued to applicants who have passed the LMFT California Law and Ethics Exam (or the former LMFT Standard Written Exam).

6. **POST-DEGREE EXPERIENCE**

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

7. **ABANDONMENT OF APPLICATION**

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

- Applicant does not submit evidence that he or she has cleared the deficiencies specified in the deficiency letter within one (1) year from the date of the initial deficiency letter **OR**
- Applicant does not complete the application within one (1) year after it has been filed.

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

8. **PUBLIC ADDRESS and CHANGE OF ADDRESS**

The address you enter on any Board form is public information and will be placed on the Internet pursuant to Business and Professions Code section 27. If you do not want your home or work address available to the public, use an alternate mailing address, such as a post office box. California law requires all persons regulated by the Board to [notify the Board in writing](#) within 30 days of any change of address.

9. **STATUTES AND REGULATIONS**

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

10. 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.

11. MANDATORY REPORTER

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

The mandated reporter must make a report of such abuse or neglect immediately, or as soon as practically possible, in the manner specified in Penal Code section 11166 (for child abuse or neglect) or in Welfare and Institutions Code section 15630 (for elder or dependent adult abuse or neglect). Failure to comply with the requirements of Penal Code Section 11166 or Welfare and Institutions Code Section 15630 is a misdemeanor, punishable by up to six months in a county jail, by a fine of one thousand dollars (\$1,000), or by both imprisonment and fine. For further details about these requirements, consult Penal Code sections 11164 and Welfare and Institutions Code section 15630, and subsequent sections.

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 – EFFECTIVE JULY 1, 2012

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

14. NOTICE OF COLLECTION OF PERSONAL INFORMATION:

The Board of Behavioral Sciences of the Department of Consumer Affairs collects the personal information requested on this form as authorized by Business and Professions Code sections 27, 30, 114.5, 480, 4980.36, 4980.37, 4980.40, 4980.41, 4980.43, 4980.44, 4980.72, 4980.74, 4980.78, 4980.79, 4980.81, 4982, 4982.25 and 4990.38; Title 16 of the California Code of Regulations sections 1805 and 1806; and the Information Practices Act. The Board uses this information principally to identify and evaluate applicants for licensure, issue and renew licenses, and enforce licensing standards set by statutes and regulations.

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

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

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

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

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

Applicant Name: Last	First	Middle
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12. Have you ever applied for or been issued a license, registration or certificate to practice marriage and family therapy or any other healing art in California or any other state? Yes No

If YES, provide the information requested below (continue on an additional sheet if needed):

State	Type of License, Registration or Certificate	License, Registration or Certificate Number	Date Issued	Status

13. **CALIFORNIA LAW & ETHICS COURSE:** Have you completed the required course in California Law and Ethics as described in the application instructions? Yes No

If YES, submit documentation of completion.

14. **ADDITIONAL COURSEWORK:** The following courses are NOT required for Associate registration. However, they are required prior to your application for licensure. If you have already completed a course, you may mark the box below and submit documentation of completion now rather than with a future application. *See the Application Instructions for information on course requirements.*

Completed?

a) *Child Abuse Assessment and Reporting in California*

Course Title(s): _____

School Name(s): _____

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

Course Title(s): _____

School Name(s): _____

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

Completed?

c) *Mental Health Recovery Oriented Care and Methods of Service Delivery*
 Course Title(s): _____
 School Name(s): _____

d) *Diagnosis, Assessment, Prognosis and Treatment of Mental Disorders*
 Course Title(s): _____
 School Name(s): _____

e) *Psychological Testing*
 Course Title(s): _____
 School Name(s): _____

f) *Psychopharmacology*
 Course Title(s): _____
 School Name(s): _____

g) *Developmental Issues from Infancy to Old Age*
 Course Title(s): _____
 School Name(s): _____

h) *Aging, Long Term Care and Elder/Dependent Adult Abuse*
 Course Title(s): _____
 School Name(s): _____

i) *Spousal or Partner Abuse Assessment, Detection and Intervention*
 Course Title(s): _____
 School Name(s): _____

j) *Multicultural Development and Cross-Cultural Interaction*
 Course Title(s): _____
 School Name(s): _____

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

Completed?

k) *Human Sexuality*

Course Title(s): _____

School Name(s): _____

l) *Substance Use Disorders*

Course Title(s): _____

School Name(s): _____

m) *Co-Occurring Disorders and Addiction*

Course Title(s): _____

School Name(s): _____

n) *Miscellaneous Content (see application instructions section I.12)*

Course Title(s): _____

School Name(s): _____

BACKGROUND QUESTIONS

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

DO NOT INCLUDE:

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

Yes No

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

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

Applicant Name: Last	First	Middle
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<p>B. Is any criminal action pending against you, or are you currently awaiting judgment and sentencing following entry of a plea or jury verdict?</p> <p>DO NOT INCLUDE:</p> <ul style="list-style-type: none"> • Traffic violations for which a fine of \$500 or less was imposed; or • Infractions 	<p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>If YES, you must complete Part B of the Background Statement form, available on the Board's website.</i></p>
<p>C. Have you ever been denied a professional license ("license" includes registrations, certificates, or other means to engage in practice) OR had a professional license privilege suspended, revoked, or otherwise disciplined, OR voluntarily surrendered any such license in California or any other state or territory of the United States, or by any other governmental agency or a foreign country?</p>	<p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>If YES, you must complete Part C of the Background Statement form, available on the Board's website.</i></p> <p><i>You must answer "Yes" even if you have previously reported it to the Board. In a written statement, please indicate the type of professional license that was denied, suspended, disciplined, or surrendered, including the date(s) of the denial, suspension, disciplinary action, or surrender. It is not necessary for you to resubmit documentation previously on file.</i></p>
<p>D. Does your current use of chemical substances in any way impair or limit your ability to interact safely with the public while engaging in the practice of marriage and family therapy?</p>	<p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p><i>If YES, you must complete Part D of the Background Statement form, available on the Board's website.</i></p>

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

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

** You must use your legal name. Your “legal name” is the name established legally by your birth certificate, marriage or domestic partnership certificate, or divorce decree (for example).*

***** The address you enter on this application is public information and will be placed on the Internet pursuant to Business and Professions Code section 27. All correspondence from the Board will be mailed to this address. If you do not want your home or work address available to the public, use an alternate mailing address such as a post office box.***

**** Disclosure of your tax identification number is mandatory. You may provide either your Social Security Number, your Federal Employer Identification Number, or Individual Taxpayer Identification Number, as applicable. This number must match the number you provide on your fingerprint forms. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405 (c) (2) (c)) authorizes collection of these tax identification numbers. Your tax identification number will not be deemed a public record and shall not be open to the public. Your tax identification number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your tax identification number, your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.*



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



**MARRIAGE AND FAMILY THERAPIST
 DEGREE PROGRAM CERTIFICATION
OUT-OF-STATE DEGREE**

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

Type or print clearly in ink

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

APPLICANT: The purpose of this form is for your school to verify the specifics of a degree program completed outside of California. Enclose it with your application in an envelope that has been sealed by your school. The Board may require additional information to verify course content.

SCHOOL: The applicant named above is applying for licensure in California. Please complete this form, including the certification, and provide the applicant with the original IN A SEALED ENVELOPE. The full legal text of the educational requirements is located in the California Business and Professions Code (BPC), available on the Board's website under [Statutes and Regulations](#).

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

2. Yes No 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:

- 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 experience hours: _____

Number of client-centered advocacy hours: _____

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

Applicant Name: Last	First	Middle
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3. Yes No 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:

- 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): _____

4. Yes No The applicant has completed coursework in the diagnosis, assessment, prognosis, and treatment of mental disorders, including severe mental disorders, evidence-based practices, and promising mental health practices that are evaluated in peer reviewed literature.

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

CERTIFICATION

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

Signature of Chief Academic Officer or Authorized Designee

Name of Institution

Print Name

Institution Accredited or Approved by

Date Signed



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LICENSED MARRIAGE AND FAMILY THERAPIST OUT-OF-STATE LICENSE OR REGISTRATION VERIFICATION

APPLICANT: Complete this section authorizing release of information by another state board or licensing agency. Mail this form and any necessary fees to that licensing agency.

Verification For: Applicant Applicant's Supervisor

Name of California Applicant:

Last	First	Middle	BBS File Number or IMF Number
------	-------	--------	-------------------------------

Name of Individual to be Verified:

Last	First	Middle	License Number
------	-------	--------	----------------

I hereby authorize the release of my information to the California Board of Behavioral Sciences.

Signature of individual to be verified: _____ Date: _____

STATE BOARD/LICENSING AGENCY: Please return the completed form to the above address.

1. Full name as shown in your records: _____

2. License or Registration Title: _____

3. License or Registration Status: _____

Issue Date: _____ Expiration Date: _____

4. Any complaints or disciplinary actions? No Yes (If YES, attach an explanation)

5. Experience: A. Total hours of supervised experience _____

B. Number of direct client contact hours _____

Signature of Person Completing Form Date

Printed Name and Title

State Board/Licensing Agency
Stamp Here

State Board or Licensing Agency Name

State Phone Number



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



INSTRUCTIONS FOR LIVE SCAN FINGERPRINTING

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

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

Fingerprint Fees - Paid to Live Scan Site

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

DOJ FINGERPRINT PROCESSING FEE: \$32.00

FBI FINGERPRINT PROCESSING FEE: \$17.00

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

Complete the Request for Live Scan Service Form

You must complete and submit the attached *Request for Live Scan Service* form at the Live Scan site. Make sure that the information provided in Section 3 of the form matches the information on your application. Once your fingerprints have been scanned, the Live Scan Operator will complete Box 6 of this form and return the second and third copies to you.

The second copy of this form, with Box 6 completed by the Live Scan Operator, must be MAILED to the BBS in order to retrieve your fingerprint results from the DOJ. Retain the third copy for your records as a proof of payment.

Live Scan Fingerprint Locations

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

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

Filling Out Your Live Scan Form

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

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

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

SECTION 2: This section is already completed.

SECTION 3:

Name of Applicant: Enter your full name

Alias: Indicate all other names used

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

Sex: Place an "X" in the appropriate box

Height: Indicate your height in feet and inches

Weight: Indicate your weight in pounds (lbs.)

Eye Color: Indicate eye color abbreviation:

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

Hair Color: Indicate hair color abbreviation:

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

Place of Birth: Indicate the state or country of birth

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

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

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

SECTION 4:

Your number:

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

If resubmission, list the Original ATI No.

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

SECTION 5: Leave this section blank.

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

APPLICANT

SECTION 1

ORI: A0462
(Code assigned by DOJ)

Type of Application: LIC/CERT/PERMIT

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

Marriage and Family Therapist

Clinical Social Worker

Educational Psychologist

Professional Clinical Counselor

SECTION 2

Agency Address Set Contributing Agency

Mail Code: 01484

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

Contact Name: Fingerprint Unit
Contact Phone: (916) 574-7859

SECTION 3

Name of Applicant: _____
(Please print) Last First MI

Alias: _____ Driver's License No: _____
Last First

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

Height: _____ Weight: _____

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

Place of Birth: _____ City State Zip

Social Security Number: _____

SECTION 4

Your Number _____
BBS File Number (Example: 103123)

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

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

SECTION 5

Employer: (Additional response for agencies specified by statute)

LEAVE THIS SECTION BLANK

Employer Name _____

Street No. Street or PO Box _____

Mail Code (assigned by DOJ) _____

City State Zip Code _____

Agency Telephone No. (optional) _____

SECTION 6

Live Scan Transmission Completed By: _____ Date: _____

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

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

APPLICANT

SECTION 1

ORI: A0462
(Code assigned by DOJ)

Type of Application: LIC/CERT/PERMIT

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

Marriage and Family Therapist

Clinical Social Worker

Educational Psychologist

Professional Clinical Counselor

SECTION 2

Agency Address Set Contributing Agency

Mail Code: 01484

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

Contact Name: Fingerprint Unit

Contact Phone: (916) 574-7859

SECTION 3

Name of Applicant: _____
(Please print) Last First MI

Alias: _____ Driver's License No: _____
Last First

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

Height: _____ Weight: _____

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

Place of Birth: _____ City State Zip

Social Security Number: _____

SECTION 4

Your Number _____
BBS File Number (Example: 103123)

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

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

SECTION 5

Employer: (Additional response for agencies specified by statute)

LEAVE THIS SECTION BLANK

Employer Name _____

Street No. Street or PO Box _____

Mail Code (assigned by DOJ) _____

City State Zip Code _____

Agency Telephone No. (optional) _____

SECTION 6

Live Scan Transmission Completed By: _____ Date: _____

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

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

APPLICANT

SECTION 1

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

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

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

Marriage and Family Therapist

Clinical Social Worker

Educational Psychologist

Professional Clinical Counselor

SECTION 2

Agency Address Set Contributing Agency

Mail Code: **01484**

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

Contact Name: **Fingerprint Unit**

Contact Phone: **(916) 574-7859**

SECTION 3

Name of Applicant: _____
(Please print) Last First MI

Alias: _____ Driver's License No: _____
Last First

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

Height: _____ Weight: _____

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

Place of Birth: _____ City State Zip

Social Security Number: _____

SECTION 4

Your Number _____
BBS File Number (Example: 103123)

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

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

SECTION 5

Employer: (Additional response for agencies specified by statute)

LEAVE THIS SECTION BLANK

Employer Name _____

Street No. Street or PO Box _____

Mail Code (assigned by DOJ) _____

City State Zip Code _____

Agency Telephone No. (optional) _____

SECTION 6

Live Scan Transmission Completed By: _____ Date: _____

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

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