



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



LICENSED MARRIAGE AND FAMILY THERAPIST
APPLICATION FOR LICENSURE
Path B
OUT-OF-STATE or OUT-OF-COUNTRY Applicants

Use this Path B application* if either of the following apply to you:

- ➔ You are licensed as an LMFT in another state and do not meet all of the requirements to apply under [Path A](#)
- ➔ You have an out-of-state or out-of-country degree AND do NOT hold a California Associate Registration*

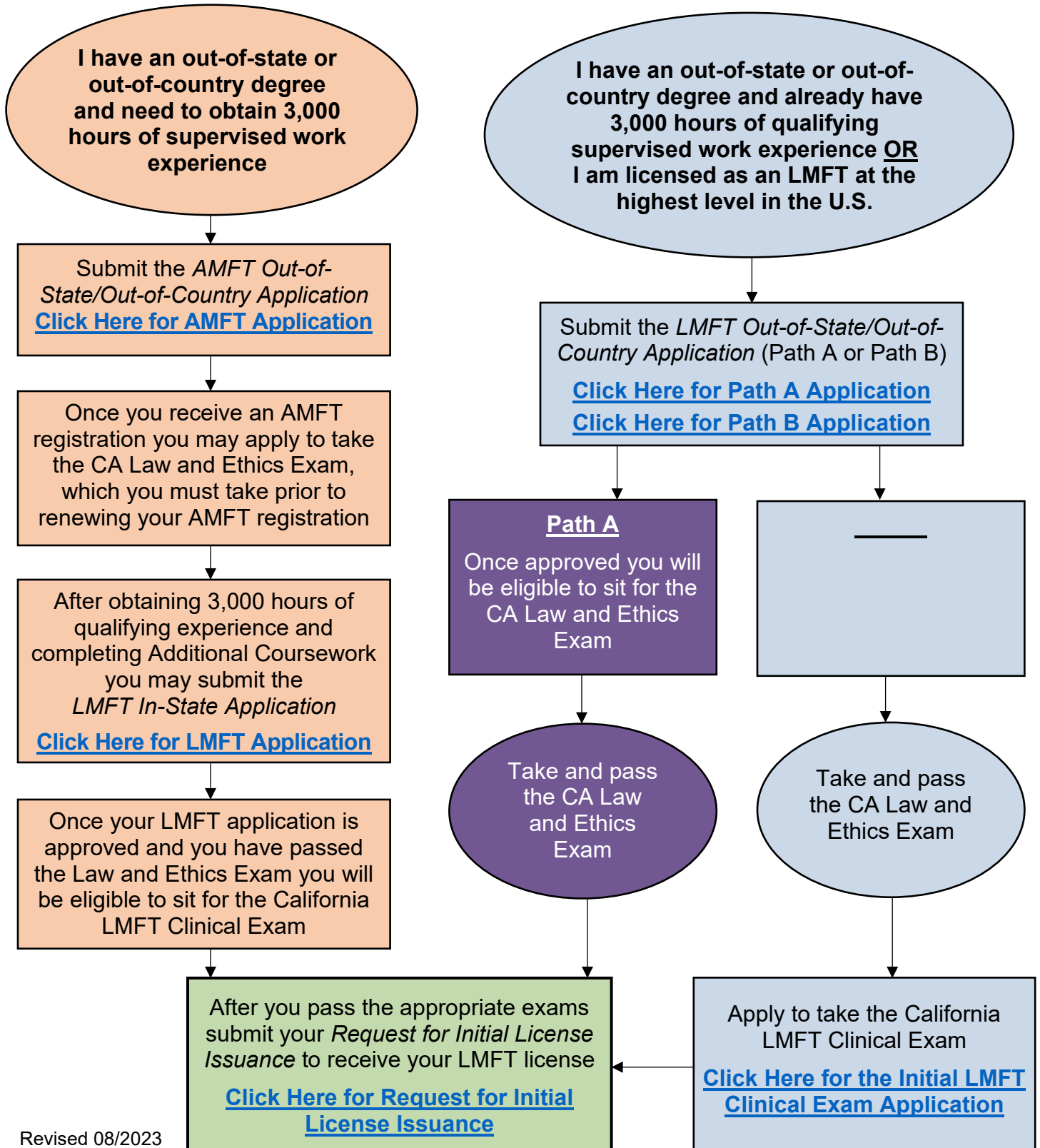
Thank you for your interest in becoming a California Licensed Marriage and Family Therapist (LMFT). This packet contains the following:

1. Application Selector and Overview of Licensure Process
2. Application Instructions
3. Application Checklist
4. Important Information for Applicants
5. Application for Licensure
6. Verification of Out-of-State License or Registration
7. Experience Verification (Out-of-State)
8. Degree Program Certification Form (Out-of-State)
9. Degree Program Worksheet (Out-of-Country)
10. Instructions for Live Scan Fingerprinting and Request for Live Scan Service Form

Please read the [Guide to Requirements for Out-of-State LMFT Applicants](#) for more information about licensure requirements.

*If you are currently registered as an Associate in California, you may instead submit an [In-State Application for Licensure](#).

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



APPLICATION FOR LICENSURE
**LICENSED MARRIAGE
AND FAMILY THERAPIST**



APPLICATION INSTRUCTIONS

PATH B – Licensure via Education and Experience 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.**

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** pursuant to Business and Professions Code (BPC) section 115.4. Download the request form from the Board's [website](#) and include it ON TOP OF your application.
- **Spouses/Partners of Persons on Active Duty Military** pursuant to BPC section 115.5. A \$250 application fee waiver is also available to these applicants. Download the request form from the Board's [website](#) and include it ON TOP OF your application.
- **Refugees / Asylees / Special Immigrant Status Holders ("SI" or "SQ")** pursuant to BPC section 135.4. Download the request form from the Board's [website](#) 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, you will need to mail your application using a method that includes tracking. You can also check with the bank to see if your check or money order has been cashed by the Board.

A. APPLICATION FORM

Instructions	Document(s) Required
<ul style="list-style-type: none">• Complete all sections of the <i>Application for Licensure</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>Name Change</u>: If you have registered with the Board previously and have changed your legal name without notifying the Board, submit a Notification of Name Change form with your application packet along with the required documentation (access at https://www.bbs.ca.gov/pdf/forms/change_name.pdf).• <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 Licensure – Path B</i>

B. FEES

Instructions	Document(s) Required
<p>Carefully read the information below to determine your fees. Incorrect submission will delay your application.</p> <p>If you need clarification, contact bbs.lmft@dca.ca.gov prior to submission.</p> <p>1. If you have NEVER been issued a registration or license with the BBS:</p> <p>Attach a \$400.00 check or money order to your application, made payable to the Behavioral Sciences Fund. The \$400.00 fee consists of a \$250.00 application fee and a \$150.00 California Law and Ethics Exam fee. The application fee is an earned fee for evaluation of your application and is NOT REFUNDABLE.</p> <p>2. If you HAVE been issued a registration or license with the BBS at any time in the past:</p> <p>a. <u>If you have ALREADY PASSED the California Law and Ethics Exam:</u></p> <p>Attach a \$250 check or money order to your application, made payable to the Behavioral Sciences Fund. This is an earned fee for the evaluation of your application and is NOT REFUNDABLE.</p> <p>b. <u>If you have NOT yet passed the California Law and Ethics Exam:</u></p> <p>Submit BOTH of the following (i and ii below):</p> <p>i. Attach a \$250.00 check or money order to your application, made payable to the Behavioral Sciences Fund. This is an earned fee for the evaluation of your application and is NOT REFUNDABLE.</p> <p>*AND*</p> <p>ii. Apply online to take California Law and Ethics Exam (\$150 fee to submit online at: www.breeze.ca.gov).</p>	<p>1. Attach a \$400.00 check or money order payable to the Behavioral Sciences Fund</p> <p>2. Attach a \$250 check or money order payable to the Behavioral Sciences Fund</p> <p>AND</p> <p><i>(if you have NOT passed the Law and Ethics Exam):</i></p> <p>Apply for the Law and Ethics Exam (\$150 fee to submit <u>online</u> at www.breeze.ca.gov)</p>
<p>Out-of-State Fingerprinting Fee:</p> <p>Attach a \$49 fee if ONLY you are submitting fingerprint “hard cards” due to being fingerprinted outside of California (see next page for details).</p>	<p>If submitting fingerprint “hard cards” also attach a \$49 check or money order payable to the Behavioral Sciences Fund</p>

C. FINGERPRINTS

Instructions	Document(s) Required
<p>➔ Disregard this section if you are currently registered with the BBS as an Associate</p> <p>NOTE: IF YOU ARE APPLYING FOR <u>BOTH</u> LPCC AND LMFT LICENSURE 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></p> <p>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></p> <p>You must use the "hard card" fingerprint method unless you can access a California Live Scan Service operator. To request fingerprint hard cards, send an email to 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. Sending fingerprint cards and the \$49 fee <u>separate</u> from your application <u>will cause a delay with the approval of your application.</u> 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 a \$49 check or money order payable to the Behavioral Sciences Fund WITH YOUR APPLICATION</p>

D. DEGREE REQUIREMENTS AND REMEDIATION (continued)

Instructions	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 licensure. 	<p>See prior page</p>

E. 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 (<i>Not required if currently registered as an Associate</i>). Transcripts verifying any transferred in units from your bachelor’s degree, another in-school graduate program or from an outside school (<i>Not required if currently registered as an Associate</i>). 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 (<i>available at www.bbs.ca.gov>Updates/FAQs>FAQs</i>). 	<p>Official transcript(s) with degree title and date of conferral posted</p> <p>Official transcript(s) for all transferred in or remediated coursework (<i>if applicable</i>)</p> <p>ALL TRANSCRIPTS MUST BE EMAILED TO THE BOARD BY THE SCHOOL OR PROVIDED IN AN ENVELOPE SEALED BY THE SCHOOL</p>

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

Instructions	Document(s) Required
<p>➔ Disregard this section if you are currently registered with the BBS as an Associate OR have a degree from outside of the U.S. or its territories</p> <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>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>

G. DEGREE OBTAINED OUTSIDE OF THE UNITED STATES

Instructions	Document(s) Required
<p>➔ Disregard this section if you are currently registered with the BBS as an Associate</p> <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 E.</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. SUPERVISED EXPERIENCE

Determine Your Experience Requirements:	Requirements
<input type="checkbox"/> I am licensed as an LMFT at the highest level for independent clinical practice in another state or country that requires at least 3,000 hours of supervised experience OR <input type="checkbox"/> I am licensed as an LMFT at the highest level for independent clinical practice in a state or country that requires less than 3,000 hours of supervised experience, and I am able to fully make up the deficit using time actively licensed in good standing as an LMFT (maximum 1,200 hours).	You are not required to provide verification of experience. Skip to section I.
<input type="checkbox"/> I am licensed as an LMFT at the highest level for independent clinical practice in a state or country that requires less than 3,000 hours of supervised experience, and I am making up the deficit using time actively licensed in good standing as an LMFT, but it is not enough to total 3,000 hours OR <input type="checkbox"/> I am not licensed as an LMFT in another state or country at the highest level for independent clinical practice.	You must provide verification of experience to reach a total of 3,000 hours. Follow the instructions provided below.
Instructions for Applicants Who Must Submit Verification of Experience	Document(s) Required
<p>Instructions for Experience Gained OUTSIDE of California</p> <p>NOTE: If additional hours are needed and will be gained in California, you must first register as an Associate and comply with all requirements for hours gained in California (<i>access the application at www.bbs.ca.gov>Applicant>LMFT</i>).</p> <p>You must submit verification of substantially equivalent supervised experience to reach a total of 3,000 hours and 104 weeks as described below:</p> <ul style="list-style-type: none"> • Direct counseling experience with individuals, groups, couples or families (Minimum 1,750 hours). A minimum of 500 of these hours must be diagnosing and treating couples, families and children. • Non-clinical experience (Maximum 1,250 hours). May consist of direct supervisor contact, administering and evaluating psychological tests, writing clinical reports, writing progress or process notes, client centered advocacy, and workshops, seminars, training sessions, or conferences directly related to marriage, family, and child counseling. • Up to 1,300 hours are allowed to have been gained pre-degree, but of those hours, only 750 hours of direct counseling experience can be accepted. • Experience must have been gained within the six (6) years prior to the Board’s receipt of your <i>California Application for Licensure</i>, with the exception of up to 500 practicum hours. 	<p>See next page</p>

H. SUPERVISED EXPERIENCE (continued)

Instructions for Applicants Who Must Submit Verification of Experience	Document(s) Required
<p>Instructions for Experience Gained OUTSIDE of California (continued)</p> <ul style="list-style-type: none"> • If the state or country in which your hours were earned required a registration or license in order to gain experience, you must have been registered or licensed during the time you earned your hours. • Experience must have been supervised by a licensed mental health professional who met ALL of the following qualifications: <ul style="list-style-type: none"> ○ Licensed in the state or country where the hours were earned at the highest level for independent practice as a LCSW, LMFT, LPCC, Licensed Psychologist or Board-Certified Psychiatrist; and ○ Licensed as one of the above for at least two years prior to the commencement of supervision; and ○ License was active and in good standing at the time your hours were earned. ○ If your experience was earned outside of the U.S. or its territories, your supervisor must also meet the following qualifications: <ul style="list-style-type: none"> ▪ The supervisor’s license was issued by a government regulatory body; and ▪ The supervisor’s license was issued by the country where the hours were earned; and ▪ The supervisor completed post-degree supervised experience in order to get their license; and ▪ The supervisor took a licensing exam recognized by their country’s regulatory body; and ▪ The supervisor holds at least a master’s degree in a mental health discipline recognized by the Board. • Submit signed <i>Out-of-State or Out-of-Country Experience Verification</i> form(s). Use a separate form for each supervisor and each employer. • Submit a <i>Verification of License in Another State or Country</i> form to verify your supervisor’s license if the state or country in which your supervisor is licensed <u>does NOT have a public online license lookup</u>. The verification form must be emailed BY THE LICENSING AGENCY to the Board at BBSLicCerts@dca.ca.gov or submitted in an envelope SEALED BY THE LICENSING AGENCY. <ul style="list-style-type: none"> ○ If your supervisor was licensed in another country, you must provide a completed <i>Verification of License</i> form as described above OR a copy of your supervisor’s license. If the verification form or license is not in English, provide a copy in the original language and a copy translated into English. 	<p>Signed <i>Out-of-State Experience Verification</i> form(s)</p> <p>Verification(s) of supervisor’s license in an envelope SEALED BY THE LICENSING AGENCY OR EMAILED BY THE AGENCY AS DIRECTED (if applicable)</p>

H. SUPERVISED EXPERIENCE (continued)

Instructions for Applicants Who Must Submit Verification of Experience	Document(s) Required
<p>Instructions for Experience Gained WITHIN California</p> <p>EXPERIENCE VERIFICATION: Submit signed <i>In-State Experience Verification</i> form(s), available on the Board's website (access at www.bbs.ca.gov>Applicant>LMFT>Forms/Pubs). Use separate <i>In-State Experience Verification</i> forms for each supervisor and each employer. All versions of the <i>Experience Verification</i> forms will be accepted. Do not submit <i>Weekly Log</i> forms unless requested.</p> <p>W-2s / CHECK STUB FOR CURRENT YEAR (ONLY required for post-degree experience): If you were a paid employee while gaining hours, you must submit a copy of your W-2 for each year you are claiming, and for each employer. If your W-2 is not available, you must obtain a duplicate. If a W-2 is not available for the current year, attach a copy of a current pay stub. If your W-2 does not match the name of your employer listed on the experience verification form, an explanation is required. If you are submitting a 1099 form in accordance with BPC section 4980.43.3(h), an explanation is required.</p> <p>VOLUNTEER LETTER (ONLY required for post-degree experience): If you volunteered while gaining hours, a signed letter from your employer is required indicating your voluntary status on your employer's letterhead. A sample letter is available on the Board's website (access at www.bbs.ca.gov>Applicant>LMFT>Forms/Pubs). The letter must state the time frame (date range) during which you volunteered.</p> <p>SUPERVISOR RESPONSIBILITY STATEMENTS OR SUPERVISION AGREEMENT: Submit a signed <i>Supervisor Responsibility Statement</i> or <i>Supervision Agreement</i> for each supervisor.</p> <p>WRITTEN OVERSIGHT AGREEMENT: Submit a signed and dated written oversight agreement for each supervisor and each employer, if applicable. See BPC section 4980.43.4 to determine whether required. See sample letter online (access at www.bbs.ca.gov>Applicant>LMFT> Forms/Pubs).</p>	<p>Signed <i>In-State Experience Verification</i> form(s)</p> <p>Copies of W-2 Form(s) / Check stub for current year</p> <p>Signed Volunteer Letter(s) (if applicable)</p> <p>Signed Supervisor Responsibility Statement(s) OR Supervision Agreement(s)</p> <p>Signed Written Oversight Agreement(s) (if applicable)</p>

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

Instructions	Document(s) Required
<ul style="list-style-type: none"> • A <i>Verification of License or Registration in Another State or Country</i> form for your marriage and family therapist license or registration is required if the state or country in which you are licensed <u>does NOT have a public online license lookup that contains information on disciplinary actions</u>. The verification form must be EMAILED BY THE LICENSING AGENCY to the Board at BBSLicCerts@dca.ca.gov; or submitted in an ENVELOPE SEALED BY THE LICENSING AGENCY. • If you are licensed in another country, you must provide a completed <i>Verification of License</i> form as described above OR a copy of your license. If the verification form or license is not in English, provide a copy in the original language and a copy translated into English. 	<p>Verification of License or Registration (if applicable)</p> <p>MUST BE EMAILED BY THE LICENSING AGENCY TO THE BOARD OR PROVIDED IN AN ENVELOPE SEALED BY THE AGENCY (if no public online lookup)</p>

J. CALIFORNIA LAW AND ETHICS COURSE

Instructions	Document(s) Required
<p>➔ Disregard this section if you are currently registered with the BBS as an Associate</p> <p><u>If your degree contains a 2 semester unit or 3 quarter unit course on Law and Ethics:</u></p> <p>Attach proof of completing a 12-hour California course from a school that holds a regional or national institutional accreditation recognized by the USDE, a school approved by the California BPPE, or an acceptable CE provider. The course must cover all of the following topics:</p> <p><i>Advertising, scope of practice, scope of competence, treatment of minors, confidentiality, dangerous patients, psychotherapist-patient privilege, recordkeeping, patient access to records, state and federal laws relating to confidentiality of patient health information, dual relationships, child abuse, elder and dependent adult abuse, online therapy, insurance reimbursement, civil liability, disciplinary actions and unprofessional conduct, ethics complaints and ethical standards, termination of therapy, standards of care, relevant family law, therapist disclosures to patients, the application of legal and ethical standards in different types of work settings, and licensing law and licensing process.</i></p> <p><u>If your degree does NOT contain a 2 semester unit or 3 quarter unit course on Law and Ethics:</u></p> <p>Attach proof of completing a 2 semester unit or 3 quarter unit California Law and Ethics course. The course may 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>	<p>Proof of completion of California Law and Ethics course</p> <p><i>(Not required if currently registered as an Associate)</i></p> <p>NOTE: This is a SEPARATE requirement from the Law and Ethics Exam</p>

K. ADDITIONAL COURSEWORK

Instructions	Document(s) Required
<p>The courses listed below and on the next page must be completed prior to approval of your <i>Application for Licensure</i>. A course description or syllabus will be required if the course content is not easily identifiable by the course title.</p> <p><i>Note: If you have already submitted proof of completion with an Associate application, it is not necessary for you to resubmit.</i></p> <p>See the Board's website for more information on acceptable course providers (access at www.bbs.ca.gov >Licensees>Continuing Education>Where to find CE Courses).</p>	<p>Proof of completion of all additional coursework listed below</p>

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 pages 11-13 of the Guide to Out-of-State Applicant Requirements for ALL course content requirements (access at www.bbs.ca.gov >Applicant >LMFT)
b) Mental Health Recovery Oriented Care and Methods of Service Delivery	45 hours or 3 semester units	
c) California Cultures and the Social and Psychological Implications of Socioeconomic Position	15 hours or 1 semester unit	
d) Diagnosis, Assessment, Prognosis and Treatment of Mental Disorders	2 semester units	
e) Psychological Testing	15 hours or 1 semester unit	
f) Psychopharmacology	15 hours or 1 semester unit	

Continued on next page

K. ADDITIONAL COURSEWORK (continued)

COURSE	LENGTH	CONTENT REQUIRED
g) Developmental Issues from Infancy to Old Age	15 hours or 1 semester unit	See pages 11-13 of the Guide to Out-of-State Applicant Requirements for ALL course content requirements (access at www.bbs.ca.gov > Applicant>LMFT)
h) Child Abuse Assessment and Reporting in California	7 hours	
i) Aging, Long Term Care and Elder/Dependent Adult Abuse, End-of-Life and Grief	10 hours	
j) Spousal/Partner Abuse Assessment, Detection and Intervention	15 hours	
k) Multicultural Development and Cross-Cultural Interaction	15 hours or 1 semester unit	
l) Human Sexuality	10 hours	
m) Substance Use Disorders	15 hours	
n) Co-Occurring Disorders and Addiction	15 hours	
o) Miscellaneous Content	No specific number of hours required, but all content must be adequately covered within coursework	

L. EXAMINATIONS

Instructions	Document(s) Required
<p>You must pass the California Law and Ethics Examination and the California LMFT Clinical Examination. You will be eligible to take your initial exam after your <i>Application for Licensure</i> has been approved. Apply online to take California Law and Ethics Exam at: www.breeze.ca.gov.</p> <p>NOTE: If you are currently registered as an Associate or have ever held a license with the Board, you can take the Law and Ethics exam at any time.</p>	None at this time

M. APPLY FOR INITIAL LICENSE ISSUANCE

Instructions	Document(s) Required
<p>After you have met all requirements for licensure, you must submit a Request for Initial License Issuance and \$200 initial licensure fee (access at www.bbs.ca.gov>Applicant>LMFT>Forms/Pubs)</p> <p>Do not submit the form or fee until you have passed both exams – if you submit it too early it will be rejected.</p>	AFTER you pass BOTH exams, submit a <i>Request for Initial License Issuance</i> and \$200 fee

APPLICATION CHECKLIST

Path B – Licensure via Education and Experience 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-303B).
- Official sealed transcript(s) 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*
- Letter of explanation from your school re: any transferred-in units (*if applicable*)*
- Sealed Out-of-State Degree Program Certification (form no. 37A-599)*
- If Degree was Earned Outside of the United States: Evaluation of Degree (and optional Degree Program Worksheet)*
- Proof of completion of California Law and Ethics course*
- Proof of completion of Additional Coursework
- Sealed Verification of License or Registration in Another State or Country (*if applicable*)
- Out-of-State Experience Verification forms and Verification of Supervisor's License (*if applicable*)

- In-State Experience Verification forms and related documents listed on page 10 of the *Application Instructions (if applicable)*

- 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)*

- Fee(s) payable to the Behavioral Sciences Fund.

**Not required if currently registered with the BBS as an Associate*

Important Information for **LICENSED MARRIAGE AND FAMILY THERAPIST APPLICANTS**



1. AVOID LOSING EXPERIENCE HOURS AND INCURRING ADDITIONAL FEES BY MEETING THE TIME FRAMES BELOW

An application shall be deemed abandoned, meaning your file will be closed, in any of the circumstances described below. **File closure could have major consequences, including the loss of experience hours more than six (6) years old at the time of re-application.** To re-open an abandoned (closed) application, you must submit a new application, fee, and all required documentation, as well as meet all current licensure requirements in effect at the time the new application is submitted.

- 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 fail to sit for examination within one (1) year after being notified of eligibility; or
- You fail to pay the initial license fee within one (1) year after notification by the Board of successful completion of examination requirements.

2. WHAT HAPPENS AFTER THE BOARD EVALUATES MY APPLICATION?

Once the Board evaluates your application, you will receive one of the following:

- A notice describing any deficiencies in your application OR
- A notice of eligibility to take your required examination(s), including information on how to register for the examination(s).
 - In-State and “Path B” Out-of-State Applicants: You will not be eligible to take the LMFT California Clinical Exam until you have passed the LMFT California Law and Ethics Exam. See *Application Instructions* in this packet for more information.

The examinations contain objective multiple-choice questions and are offered at locations throughout California and in other states. Upon receipt of your notice of eligibility, it is your responsibility to contact the testing administrator to schedule your examination. Further information about the examination process is provided on the Board’s [website](http://www.bbs.ca.gov/exams) (access at www.bbs.ca.gov/exams).

3. REQUEST FOR TESTING ACCOMMODATION – DISABILITY OR ENGLISH IS YOUR SECOND LANGUAGE

Refer to the Board's [website](https://www.bbs.ca.gov) for information on how to apply for testing accommodations (access at <https://www.bbs.ca.gov/exams>).

4. NONDISCRIMINATION AND ADA COORDINATOR

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 Americans with Disabilities Act (ADA). Information concerning the provisions of the ADA, and the rights provided hereunder, are available from the ADA coordinator.

5. 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.

6. EMAIL ADDRESS AND PUBLIC 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.

7. STATUTES AND REGULATIONS

To obtain a copy of the Board's *Statutes and Regulations*, please access it from the Board's [website](https://www.bbs.ca.gov).

8. 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.

9. 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 licensee or registrant does not pay their state tax obligation, the individual's license or registration may be suspended.

10. 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).

11. QUESTIONS?

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

APPLICATION FOR LICENSURE
**LICENSED MARRIAGE
 AND FAMILY THERAPIST**
Out-of-State Applicant



**APPLICATION FOR PATH B.
 LICENSURE VIA EDUCATION AND EXPERIENCE**

Office Use Only:

Avoid delays and deficiencies - Carefully read the Application Instructions FIRST

FEE: Attach fee in the amount specified in the Application Instructions.

SSN or ITIN*		Birth Date: mm/dd/yyyy		E-Mail Address	
Legal Name** Last		First		Middle	
Public Address of Record*** Number and Street					
City		State	Zip Code	Phone	
If you have ever been known by another name, list the full name(s) and dates of use below (attach any additional names and dates):					
Full Name				Dates of Use (from/to)	
Full Name				Dates of Use (from/to)	

* Disclosure of your 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 served in the United States Armed Forces or the California National Guard? **(OPTIONAL)** Yes, Currently No
 Yes, Previously

2. Have you ever applied for or been issued a license, registration or certificate to practice 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

3. Within the 7 years preceding your submission of this application, were you denied a professional health care license ("license" includes registrations, certificates, or other means to engage in practice) OR had a professional health care license or privilege suspended, revoked, or otherwise disciplined, OR voluntarily surrendered any such license in California or any other state or territory of the United States, or by any other governmental agency or a foreign country? Yes No

If YES, we recommend that you complete the [Background Statement](#) form, available on the Board's website, to facilitate processing of your application.

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.

4. If the state in which you are licensed as a marriage and family therapist does NOT have a public online license lookup that contains information on disciplinary actions, have you attached a *Verification of License or Registration* form? Yes No
 N/A

Applicant Name: Last	First	Middle
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5. SUPERVISED EXPERIENCE

Are you required to submit supervised experience hours? Yes No
 (see *Application Instructions* section H to determine)

If YES, have you attached the required verification of experience? Yes No

6. DEGREE REQUIREMENTS

A. Does your degree contain a minimum of 48 semester units or 72 quarter units? Yes No

If NO, your degree does not qualify

B. Did you begin your graduate study on or 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**

C. 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 D? Yes No
 Not sure

If NO, your degree does not qualify

D. Have you submitted all official transcripts as directed in section E? Yes – Sealed Transcripts via Mail
 Yes – Electronic Transcripts
 No
 Previously Submitted

E. Have you submitted a sealed *Degree Program Certification* form as described in *Application Instructions* section F? Yes – Sealed Form via Mail
 Yes – Sent Electronically
 No
 Previously Submitted

Applicant Name: Last	First	Middle
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7. CALIFORNIA LAW AND ETHICS COURSE (12 Hours)

Have you attached documentation of completion of the required 12-hour course in California Law and Ethics as described in the *Application Instructions*?

Yes No

Previously Submitted

Note: This is a separate requirement from the California Law and Ethics Exam

8. ADDITIONAL COURSEWORK

List the titles of the courses you have completed and the course providers below. See the [Guide to LMFT Out-of-State Requirements](#) for information on course content and provider requirements.

You must submit documentation of completion unless previously submitted.

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

Course Title(s): _____

Provider(s): _____

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

Course Title: _____ Course Title: _____

Provider: _____ Provider: _____

Course Title: _____ Course Title: _____

Provider: _____ Provider: _____

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

Course Title(s): _____

Provider(s): _____

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): _____

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

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

Course Title(s): _____

Provider(s): _____

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

Course Title(s): _____

Provider(s): _____

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

Course Title(s): _____

Provider(s): _____

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

Course Title(s): _____

Provider(s): _____

l) *Human Sexuality (10 hours)*

Course Title(s): _____

Provider(s): _____

m) *Substance Use Disorders (15 hours)*

Course Title(s): _____

Provider(s): _____

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

Course Title(s): _____

Provider(s): _____

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

o) *Miscellaneous Content* (see [Guide to LMFT Out-of-State Requirements](#))

Course Title(s): _____

Provider(s): _____

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](#). 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 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
 (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



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MARRIAGE AND FAMILY THERAPIST EXPERIENCE VERIFICATION OUT-OF-STATE OR OUT-OF-COUNTRY EXPERIENCE

This form must be completed by your out-of-state or out-of-country supervisor and submitted with your *Application for Licensure – Path B*. See the [Application for Licensure](http://www.bbs.ca.gov) (access at www.bbs.ca.gov> *Applicant*>LMFT>Forms/Pubs) for experience and supervisor requirements.

All information on this form is subject to verification. Be sure to:

- Use separate forms for pre-degree and post-degree experience.
- Use separate forms for each supervisor and each employer.
- Ensure that the form is complete and correct prior to signing.
- Have your supervisor initial any changes.

The hours reported on this form were earned as (mark one):
 Pre-Degree
 Post-Degree

APPLICANT NAME:

Last	First	Middle	Associate No.* AMF
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**If you have one*

SUPERVISOR INFORMATION:

Supervisor's Name		Telephone	Email Address	
License Type	License Number	State	Date First Licensed	

- Physicians: Were you certified in Psychiatry by the American Board of Psychiatry and Neurology during the entire period of supervision?

No Yes: Date Board Certified: _____ Certification Number: _____

Applicant: Last	First	Middle
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APPLICANT'S EMPLOYER INFORMATION:

Name of Applicant's Employer		Telephone	
Address: Number and Street	City	State	Zip Code

EXPERIENCE INFORMATION:

1. Dates of experience:	From: _____ mm/dd/yyyy	To: _____ mm/dd/yyyy
2. Total weeks (<i>Minimum 104 overall</i>) _____		
3. Hours of Experience:	Total Hours	
a. Total Direct Counseling Experience (<i>Minimum 1,750 hours</i>)		
<ul style="list-style-type: none"> Of the above hours, how many were gained diagnosing and treating Couples, Families and Children? (<i>Minimum 500 of the 1,750 hours</i>) 		
b. Total Non-Clinical Experience (<i>Maximum 1,250 hours</i>)		

NOTE: Knowingly providing false information or omitting pertinent information may be grounds for denial of the application. All information on this form is subject to verification.

I hereby certify that the applicant gained the experience hours in compliance with the requirements of the state or country in which they were earned.

Signature of Supervisor: _____ Date: _____

ORIGINAL, SCANNED OR ELECTRONIC SIGNATURE REQUIRED



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.
- Please note that you may be required to complete additional coursework prior to licensure.
- 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:

<p><u>CERTIFICATION</u></p> <p><i>I hereby certify that all of the foregoing is true and correct</i></p>	
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 or its territories

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 *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** were awarded their degree **ON OR 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** were awarded their degree **AFTER December 31, 2018:**

✓ Your degree must contain a minimum of 48 semester units or 72 quarter units to qualify. However, if your degree contains **LESS** than 60 semester units or 90 quarter units, you must complete graduate level coursework to bring your total to 60 semester units or 90 quarter units (**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 for independent clinical practice that is valid and in good standing in another country the practicum requirements 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): _____

I certify that all of the information on this form is true and correct to the best of my ability.

Applicant Signature _____

Name of School _____

Date Signed _____



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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