



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



MILITARY SPOUSE/DOMESTIC PARTNER EXPEDITE REQUEST

(attach to top of application with required documentation)

Applicant Name: _____ BBS ID# (if known): _____

Licensing Program Type: LCSW LEP LMFT LPCC

Application Type: Associate Registration Re-Examination
 Licensure and Examination Testing Accommodations
 Examination Eligibility Initial License Issuance
 Initial Examination

The Board of Behavioral Sciences is required to expedite processing of the application types listed above for applicants who meet all of the following requirements (Business and Professions Code section 115.5):

- Applicant holds a current license in another state, district, or territory of the U.S. in the profession for which he or she seeks a license from the Board of Behavioral Sciences **AND**
- Applicant's spouse or domestic partner is an active duty member of the Armed Forces of the U.S. who is officially assigned to a duty station in California

To be considered for expedited processing, complete this form (print on colored paper if possible) and attach it to the top of your application along with all of the documentation listed below.

1. Evidence that you are married to, or in a domestic partnership or other legal union with, an active duty member of the Armed Forces of the U.S. who is officially assigned to a duty station in California. Attach a copy of your marriage certificate or certified declaration/registration of domestic partnership filed with the Secretary of State. For other forms of legal union not recognized by California, you may submit other documentation issued by the State that recognizes your legal union for consideration.
2. Evidence that your spouse or partner has been assigned to a duty station in California under official active duty military orders. For example, attach a copy of your spouse's or partner's military orders.
3. Evidence that you hold a current license or registration in another state, district, or territory of the United States in the profession for which you seek licensure or registration from the board. For example, attach a copy of your current license or registration, or attach a completed "Verification of Licensure" form, available on the Board's website.

Your application will receive expedited processing if all requirements listed above are met. Applications received without this request form and/or without all acceptable documentation will NOT receive expedited processing. Please be aware that the greatest obstacle to an efficient licensing process is submission of an incomplete application.

NOTE: Knowingly providing false information or omitting pertinent information may be grounds for denial of this application.

Signature of Applicant: _____ Date: _____

State Where Licensed or Registered: _____ License/Registration Type & Number: _____