



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



## **NOTIFICATION OF ADDRESSES INSTRUCTIONS**

The attached form must be submitted to your assigned Board of Behavioral Sciences (Board) Probation Analyst **NO LATER THAN 15 DAYS PRIOR TO THE EFFECTIVE DATE OF YOUR FINAL DECISION.**

In addition, if there are any changes to the information that you list on this form, you must submit a new Notification of Addresses form to your assigned Board Probation Analyst **WITHIN 30 DAYS OF THE DATE OF THE CHANGE.**

You must submit a RELEASE OF INFORMATION—EMPLOYER form to the Board for all employers listed in the **CURRENT EMPLOYMENT INFORMATION** section of the attached form **IF** you are engaging in any activities for that employer that would require a Board license or registration pursuant to Business and Professions Code sections commencing with [4980](#), [4989.10](#), [4991](#), and [4999.10](#). Notify your assigned Board Probation Analyst if you need a copy of the RELEASE OF INFORMATION—EMPLOYER form.

Complete and submit the attached form in the following manner:

1. Make a photocopy of the blank form OR download the form from the Board's website at [www.bbs.ca.gov](http://www.bbs.ca.gov);
2. Complete all items on the form and indicate "Not Applicable" if any items do not apply to you;
3. If you are self-employed: In the "Employment" section, list "Self," the address where services are provided to clients, and the telephone number that you provide to clients;
4. Sign and date the form (an electronic signature is accepted); and,
5. Send this form by the above listed due dates by doing **either** of the following:
  - a. Email it to your assigned Board Probation Analyst; OR
  - b. Mail it to the attention of your assigned Board Probation Analyst at **[must be postmarked no later than the above listed due date(s)]**:

Board of Behavioral Sciences  
Attn: [INSERT NAME OF ASSIGNED PROBATION ANALYST]  
1625 N. Market Blvd., Ste. S200  
Sacramento, CA 95834

6. If there are any **changes** to the information that you list on this form, submit a new and updated form within 30 days of the date of the change in the above listed manner.

For name, Address of Record (AOR) and/or Email Address changes, you must **also** change them according to the deadlines and instructions listed on the Board's website at <https://www.bbs.ca.gov/>.

Please note that your AOR is public information and will be placed on the Internet pursuant to Business and Professions Code section 27.

#### **QUESTIONS:**

If you have any questions, contact your assigned Board Probation Analyst. If you have an URGENT matter and are unable to reach your assigned Board Probation Analyst, you may contact the Board's Probation Unit at [BBS.Probation@dca.ca.gov](mailto:BBS.Probation@dca.ca.gov).

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



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## NOTIFICATION OF ADDRESSES

<b>PERSONAL INFORMATION</b>				
Name (as it appears on your license or registration)			License or Registration Number	
Residence Address:	Number and Street	City	State	Zip Code
Residence Telephone		Cell Phone		
Business Telephone		Fax Number		
E-mail Address		Website Addresses (List all website affiliations)		
Is this a change to your personal information (listed above)? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If Yes, specify the date of the change: _____				
<b>PUBLIC ADDRESS OF RECORD (AOR)</b>				
Number and Street		City	State	Zip Code
Is this a change to your AOR? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, specify the date of the change: _____				
<b>CURRENT EMPLOYMENT INFORMATION (List all employers)</b>				
Employer #1		Telephone		
Address: Number and Street		City	State	Zip Code
Employer #2		Telephone		
Address: Number and Street		City	State	Zip Code
Employer #3		Telephone		
Address: Number and Street		City	State	Zip Code
Is this a change to your employment information? Yes <input type="checkbox"/> No <input type="checkbox"/>				
If Yes, specify the date of the change: _____				

**I certify that the foregoing information is true, correct, and complete. I understand that knowingly providing false information or omitting information on this form is considered non-compliance with the terms and conditions of my probation and may be grounds for revocation of probation.**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**