



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