

Board of Behavioral Sciences

1625 North Market Blvd., Suite S200, Sacramento, CA 95834 Telephone: (916) 574-7830 www.bbs.ca.gov



PROFESSIONAL CLINICAL COUNSELOR IN-STATE DEGREE PROGRAM CERTIFICATION FORM A

This form is for applicants who began graduate study <u>before</u> August 1, 2012, and completed the degree on or before December 31, 2018

Type or print clearly in ink				
Applicant Name: l	Last	First	Middle	
SSN or Taxpayer ID	Number	Enrollment Date	Degree Award Date	
•	t with your application in	r your school to verify the specit an envelope that has been <u>sea</u>	•	
this form including the	e certification on the nex	for a counseling license or regis xt page, and provide applicant v 3SLPCCtranscripts@dca.ca.gov	vith the original IN A	
The full legal text of the "pre-2012" educational requirements is located in Business and Professions Code (BPC) section 4999.32, available on the Board's website under <u>Statutes and Regulations</u> .				
Yes 🗌 No 🗍 A.	that the degree progra	ed by means of public documen m is designed to meet the requi by BPC section 4999.40(a)). <i>If N</i>	rements of BPC section	
Yes No B.	The degree program construction. If NO, number of units	ontained no less than 48 semes		

Applicant Name:	Last	First	Middle	
•		has completed coursework that	-	
Yes No	Counseling and psychotherapeutic theories and techniques, including the counseling process in a multicultural society, an orientation to wellness and prevention, counseling theories to assist in selection of appropriate counseling interventions, models of counseling consistent with current professional research and practice, development of a personal model of counseling, and multidisciplinary responses to crises, emergencies, and disasters. Number of units: Course Number(s)/Term(s):			
Yes No	2. Human growth and development behavior and an understar and situational and environ behavior.	opment across the lifespan, includired inding of developmental crises, disant mental factors that affect both nor ourse Number(s)/Term(s):	ng normal and abnormal bility, psychopathology, mal and abnormal	
Yes 🗌 No 🗌	making models and interre roles and factors, including	ries and techniques, including cared alationships among and between we the role of multicultural issues in course Number(s)/Term(s):	ork, family, and other life career development.	
Yes No	group process component work, group leadership sty counseling methods, and	s and techniques, including principles, developmental stage theories, the research approaches, pertinent research approaches. Source Number(s)/Term(s):	nerapeutic factors of group earch and literature, group	
Yes No	standardized and non-star referenced and criterion-re cultural factors related to a ethical strategies for selec- and techniques in counsel degree will not qualify)	nd testing of individuals, including bendardized testing and other assess eferenced assessment, statistical coassessment and evaluation of individing, administering, and interpreting ing. (NOTE: Course must be with ourse Number(s)/Term(s):	ment techniques, norm- oncepts, social and iduals and groups, and g assessment instruments nin degree program, or	

Applicant Name:	L	_ast	First	Middle
Yes No	6.	developing cultural self-a justice, individual and cor diverse populations, and processes of intentional a	heories and techniques, including wareness, identity development, mmunity strategies for working wire counselors' roles in eliminating biand unintentional oppression and Course Number(s)/Term(s):	promoting cultural social th and advocating for iases and prejudices, and discrimination.
Yes No	7.	current diagnostic tools, sometimes Manual, the impact of copsychological disorders, disorders, and the treatm of care. (NOTE: Course)	cic process, including differential desuch as the current edition of the loccurring substance use disorde established diagnostic criteria for ent modalities and placement critemust be within degree program, of Course Number(s)/Term(s):	Diagnostic and Statistical rs or medical mental or emotional teria within the continuum or degree will not qualify)
v				
Yes No No	8.	research methods, statist based practice, the impor	 including studies that provide an tical analysis, the use of research rtance of research in advancing that all methods used in conducting reson evaluation. 	to inform evidence- ne profession of
		Number of units: (Course Number(s)/Term(s):	
Yes No	9.	standards and legal considerate scope of practice dangerous to self or othe relationship between practice relationships with other hadvocacy processes need impeded access, equity, and the standards and legal considerations and legal considerations and legal considerations.		cess, regulatory laws that fidentiality, the client thout parental consent, in values, functions and es for collaboration, and ocial barriers that
		Number of units: (Course Number(s)/Term(s):	

Applicant Name:	L	ast	First	Middle			
Yes No	D.	PRACTICUM UNITS: The applicant's program contained at least <u>6 semester or 9 quarter units of supervised practicum</u> or field study experience as defined in BPC section 4999.32(c)(3). *Number of units: Course Number(s)/Term(s):					
Yes No No	No E. PRACTICUM HOURS: The applicant's practicum or field study experie included a minimum of 150 hours of face-to-face supervised clinical excounseling individuals, families or groups in a clinical setting.						
		If NO, specify number of	f hours completed:				
Yes No	F.	ADVANCED COURSEWORK: <u>In addition</u> to all course requirements listed above, the degree contains <u>12 semester or 18 quarter units of Advanced Coursework</u> to develop knowledge of specific treatment issues, special populations, application of counseling constructs, assessment and treatment planning, clinical interventions, therapeutic relationships, psychopathology, or other clinical topics.					
		Number of units:	Course Number(s)/Term(s):				
Yes No	G.	• • • • • •	ee program contain 6 hours of co ention? (Note: Not required to be p				
Yes 🗌 No 🗌	H.	Did the applicant's degree program contain 3 hours of coursework in the provision of mental health services via telehealth, including law and ethics related to telehealth? (Note: Not required to be part of degree program)					
	CERTIFICATION						
		I hereby certify that all	of the foregoing is true and co	rrect			
			_				
Signature of Chie Authorized Desig		cademic Officer or	Name of Institution				
Print Name			Institution Accredited or A	Approved by			
Date Signed			_				