



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



REQUEST FOR TEMPORARY CONTINUING EDUCATION EXCEPTION (CE) WAIVER

VERIFICATION OF DISABILITY OR MEDICAL CONDITION

~~This form must be received by the Board~~ The board must receive this form with the "Request for Temporary Continuing Education (CE) Waiver – Licensee Application" at least SIXTY (60) DAYS PRIOR TO the your license expiration date of the license. Allow 30 days for processing.

READ INSTRUCTIONS BEFORE COMPLETING THIS FORM
 Any unanswered item will cause this request to be incomplete. Incomplete requests will not be processed.

For Office Use Only:

Date Received _____

Date Approved _____ Denied _____

Date of Audit (if applicable) _____

Enforcement Approval Yes No Date: _____

(Please type or print clearly in ink)

Part 1 - To be completed by applicant/licensee

*NAME: Last First Middle

BUSINESS TELEPHONE:

RESIDENCE TELEPHONE: EMAIL ADDRESS (OPTIONAL):

ADDRESS OF RECORD: Number and Street

City

State

Zip Code

*SOCIAL SECURITY NUMBER:

LICENSE NUMBER:

RENEWAL PERIOD REQUESTING EXCEPTION FOR:
 CURRENT LICENSE EXPIRATION DATE:

_____/_____/_____-to

_____/_____/_____-to

REASON FOR EXCEPTION WAIVER REQUEST: (Check Mark one box only)

Health – Self: (Complete Part 2)

Health - Primary Caregiver of Immediate Family Member: (Complete Part 23)

Name of Immediate Family Member: _____

Part 2 – Health – Self

To be completed by attending physician/psychologist Completed by Attending Physician/Psychologist

1. Provide a detailed description of the physical or mental disability or medical condition and an explanation as to how the disability or medical condition limits one or more major life activities, including the licensee's ability to complete 36 hours of continuing education over a two-year period through classroom/seminar attendance, home study, Internet courses. Please attach additional sheets if necessary. What was the individual's diagnosed physical or mental disability or medical condition(s)?

2. Did the condition(s) substantially limit the individual's ability to perform one or more life activities?
 Yes No

3. Approximate date disability/medical condition(s) began: _____
 Disability/medical condition is Temporary Permanent

4. Approximate date disability/medical condition(s) resolved, if applicable: _____
 If temporary, approximate date licensee will be able to resume his/her continuing education:

3. Is licensee limited in working in his/her licensed capacity? Yes No
 If Yes, please explain limitations: _____

<u>Attending Physician's/Psychologist's Name</u>	<u>License Number</u>	<u>Business Telephone</u>	
<u>Attending Physician's/Psychologist's Address</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>

I declare under penalty of perjury under the laws of the State of California that all the information I have submitted on this form and on any accompanying attachments is true and correct.

_____ Date _____ Signature of Physician/Psychologist

APPLICANT NAME: Last

First

Middle

Part 3 – Health – Licensee’s Immediate Family Member

Items #1 - 6 to be Completed by Attending Physician/Psychologist of the Family Member

Item #7 to be Completed by the Family Member of the Licensee

1. Immediate Family Member’s Name: _____

2. What was the family member’s diagnosed physical or mental disability or medical condition(s)?

3. Was the family member unable to work for at least one year as a result of the disability or medical condition(s)? Yes No

4. Was the family member unable to perform activities of daily living without substantial assistance for at least one year as a result of the disability or medical condition(s)?
 Yes No

5. Approximate date disability/medical condition(s) began: _____

6. Approximate date disability/medical condition(s) resolved, if applicable: _____

APPLICANT NAME: Last First Middle

7. The Family Member has provided written authorization below for the release of their protected health information (PHI) for the limited purpose of verification for the Licensee Request for CE Waiver.

I _____ *(insert name of licensee's family member)* voluntarily consent to authorize my healthcare provider to complete this form to disclose my health information during the term of this authorization to the Board of Behavioral Sciences for the specific, limited purpose of verification of my disability or medical condition related to the Licensee Request for CE Waiver.

I authorize the release of my health information that my healthcare provider deems necessary to verify my condition. I also authorize my healthcare provider to release any additional information about my condition, if requested by the Board of Behavioral Sciences, for verification, related to the Licensee Request for CE Waiver.

I understand this authorization will remain in effect until the Board of Behavioral Sciences reviews and either grants or denies the Licensee Request for CE Waiver.

I also understand that my healthcare provider and the Board of Behavioral Sciences cannot guarantee that my health information will not be redisclosed to a third party. The third party may not have to follow the restrictions of this authorization or abide by applicable federal and state law governing the use and disclosure of my health information.

Signature of Licensee's Immediate Family Member

Date

Attending Physician's/Psychologist's Name	License Number	Business Telephone	
Attending Physician's/Psychologist's Address	City	State	Zip Code

I declare under penalty of perjury under the laws of the State of California that all the information I have submitted on this form and on any accompanying attachments is true and correct. Providing false information or omitting required information are grounds for disciplinary action.

Date

Signature of Licensee

Date

Signature of Physician/Psychologist

~~*See "Notice of Collection of Personal Information" (over)~~

Notice of Collection of Personal Information

The Board of Behavioral Sciences of the Department of Consumer Affairs collects the personal information requested on this form as authorized by Business and Professions Code sections 4980.54, 4989.34, 4996.22 and 4999.76, and Title 16 California Code of Regulations (CCR) section 1887.2, for the purpose of determining eligibility for a "good cause" waiver of the board's continuing education requirements for the specified renewal period.

Submission of the licensee's personal information, such as name, license number, medical history, and income is mandatory because the Board cannot process the request for the CE waiver without this information. If the licensee requests a CE waiver because they were the primary caregiver for their immediate family member, submission of the family member's personal information, such as name, medical history, name of health care provider, and family member's authorization to release medical information is mandatory because the Board cannot process the request for the CE waiver without this information. The personal information provided is for the limited purpose of evaluating and processing the licensee's request for the CE waiver.

The board makes every effort to protect the personal information provided in this form. However, the information may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code Section 6250 and following), as allowed by the Information Practices Act (Civil Code Section 1798 and following);
- To another government agency as required by state or federal law; or
- In response to a court or administrative order, a subpoena, or a search warrant, to another government agency as required by state or federal law; in response to a Public Records

You, and any family member who have provided information on this form, have a right of access to records containing personal information about you maintained by the board, as permitted by the Information Practices Act. For questions about this notice or access to your records, contact the Board at (916) 574-7830 or by email at BBS.info@dca.ca.gov. For questions about the Department of Consumer Affairs' privacy policy or the Information Practices Act, contact the Department of Consumer Affairs, 1625 North Market Blvd., Sacramento, CA 95834 or (800) 952-5210 or email dca@dca.ca.gov.

EXCEPTIONS FROM THE CE REQUIREMENT

***Notice of Collection of Personal Information:** The Board of Behavioral Sciences of the Department of Consumer Affairs collects the personal information requested on this form as authorized by Business and Professions Code Sections 4980.54, 4989.34, 4996.22 and 4999.76 and Title 16 California Code of Regulations (CCR) Section 1887.2 for the purpose of determining eligibility for a "good cause" exception to the Board's continuing education (CE) requirements. Submission of your social security number is voluntary. Submission of other personal information, such as name, license number and medical history, is mandatory. The Board cannot process your request for exception to the continuing education requirements unless you provide all of the other requested personal information on this form. We make every effort to protect the personal information you provide us. However, the information may be transferred to other governmental and enforcement agencies, or provided in response to a court order or subpoena. You have a right of access to records containing personal information about you maintained by the Board, unless the records are exempted from disclosure by Section 1798.40 of the California Civil Code. Individuals may obtain information regarding the location of his or her records by contacting the Public Records Request Coordinator at the following address or telephone number: 1625 North Market Blvd., Suite S200, Sacramento, CA 95834 or (916) 574-7830.*

Exception Regulation, 16 CCR Section 1887.2(c)

(c) A licensee may submit a request for exception from or reasonable accommodation for the continuing education requirement, on a form entitled "Request for Continuing Education Exception," Form No. 1800-37A-635 (Revised 03/10), for any of the reasons listed below. The request must be submitted to the board at least sixty (60) days prior to the expiration date of the license. The board will notify the licensee within thirty (30) working days after the receipt of the

request for exception or reasonable accommodation, whether the exception or accommodation was granted. If the request for exception or accommodation is denied, the licensee is responsible for completing the full amount of continuing education required for license renewal. If the request for exception or accommodation is approved, it shall be valid for one renewal period.

- ~~(1) The board shall grant an exception if the licensee can provide evidence, satisfactory to the board, that:~~
- ~~(A) For at least one year during the licensee's previous license renewal period the licensee was absent from California due to military service; or,~~
 - ~~(B) For at least one year during the licensee's previous license renewal period the licensee resided in another country.~~
- ~~(2) The board may grant a reasonable accommodation if, for at least one year during the licensee's previous license renewal period, the licensee or an immediate family member, including a domestic partner, where the licensee is the primary caregiver for that family member, had a physical or mental disability or medical condition as defined in Section 12926 of the Government Code. The physical or mental disability or medical condition must be verified by a licensed physician or psychologist with expertise in the area of the physical or mental disability or medical condition. Verification of the physical or mental disability or medical condition must be submitted by the licensee on a form entitled "Request for Continuing Education Exception – Verification of Disability or Medical Condition," Form No. 1800-37A-636 (New 03/10).~~

How to Request Exception

~~To request an exception, complete the form on the reverse side and submit it to the board, along with sufficient proof. The board will accept documentation establishing the validity of your request, including military orders that demonstrate service outside California or a passport or visa showing the dates you resided out of the country. The board may accept a written statement from your physician or psychologist in lieu of completing Part 2 of the verification form, provided that the statement provides all of the information requested in Part 2 of the form and includes all of the following: the name, title, address, telephone number, professional license number, and original signature of the physician or psychologist providing the verification. **Please remember that the documentation must supply all of the information required by Section 1887.2(c) above.** After the board's review, you will be notified whether your request was granted.~~

Exceptions Cannot be Granted Before the Fact

~~The board can only grant exceptions when provided with proof that you have met the minimum criteria outlined in Section 1887.2(c). You may request exception after the situation has occurred, or during the situation as long as you have met the minimum criteria. *For example, if your license expiration date is July 31, 2011, and you are going to live out of the country from May 2010 through November 2011, you can submit your request for exception due to living out of the country any time after May 2011.*~~

Renewal Application

~~Please send in your request for exception prior to submitting your renewal application. Courtesy renewal applications are mailed out 90 days prior to the expiration date. It takes 30 business days to process an application for exception. **Do not submit your renewal application until you have received a written decision regarding your request for exception. If your request is denied, you will be required to complete the mandatory coursework and hours of continuing education prior to renewing your license in an active status. The Board must receive your request for exception at least sixty (60) days PRIOR to the expiration date of the license in order for the exception to be considered.**~~

~~If you have any questions, please contact the Board's CE program at (916) 574-7830.~~