PROFESSIONAL CLINICAL COUNSELOR
IN-STATE DEGREE PROGRAM CERTIFICATION
FORM B

This form is for use by the following applicants:

1) You began graduate study on or after August 1, 2012 OR
2) You began graduate study before August 1, 2012, AND did not complete the degree on or before December 31, 2018.

Please contact your school if you have questions about completing the appropriate form

<table>
<thead>
<tr>
<th>Applicant Name: Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security Number or Individual Taxpayer ID Number</td>
<td>Enrollment Date</td>
<td>Degree Award Date</td>
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APPLICANT: The purpose of this form is for your school to verify completion of a degree program that complies with California law. Enclose it with your application in an envelope that has been sealed by your school.

SCHOOL: The above applicant is applying for a counseling license or registration. Please complete this form including the certification on the next page, and provide applicant with the original form IN A SEALED ENVELOPE.

The full legal text of the LPCC educational requirements can be found in the Business and Professions Code (BPC) section 4999.33, available on the Board's website under “Statutes and Regulations.”

1. Has this specific degree program been reviewed and accepted by the Board? ................. Yes [ ] No [ ]
   • If NO, contact the Board for information on how to proceed.
   • If YES, answer the questions below and indicate in question #4 how the applicant’s program differs from the Board-accepted program.

2. Did this student complete the program as accepted by the Board? .................................. Yes [ ] No [ ]
   • If NO, contact the Board for information on how to proceed.
   • If YES, answer the questions below and indicate in question #4 how the applicant’s program differs from the Board-accepted program.

3. Was the student notified by means of public documents or otherwise in writing that the degree program was designed to meet the requirements of BPC Section 4999.33? ...... Yes [ ] No [ ]
4. The degree program contained:
   a. TOTAL UNITS: At least 60 semester or 90 quarter units of instruction: ......................... Yes [ ] No [ ]
   b. CORE CONTENT AREAS: Fulfills the core content areas as reported to and accepted by the board for this program: ................................................................. Yes [ ] No [ ]
   c. ADVANCED COURSEWORK: 15 semester or 22.5 quarter units in addition to core content areas: ........................................................................................................... Yes [ ] No [ ]
   d. PRACTICUM: At least 6 semester or 9 quarter units that included a minimum of 280 supervised hours providing face-to-face clinical counseling: ........................................ Yes [ ] No [ ]
   e. ADDITIONAL CONTENT: as required by BPC section 4999.33(d): ..................................... Yes [ ] No [ ]

5. If you answered NO to any of the prior questions, mark the area where the program differed and specify how it differed:
   □ Total Units: ________________________________________________________________
   □ Core Content Areas: __________________________________________________________
   □ Advanced Coursework: _______________________________________________________
   □ Practicum: _________________________________________________________________
   □ Additional Content: __________________________________________________________
   □ Other (explain): ______________________________________________________________

CERTIFICATION

I hereby certify that all of the foregoing is true and correct

Signature of Chief Academic Officer or Authorized Designee

Name of Institution

Print Name

Institution Accredited or Approved by

Date Signed