



Board of Behavioral Sciences
1625 North Market Blvd., Suite S200, Sacramento, CA 95834
Telephone: (916) 574-7830 TTY: (800) 326-2297
www.bbs.ca.gov



PROFESSIONAL CLINICAL COUNSELOR INTERN REGISTRATION

Dear Applicant:

Thank you for your interest in becoming a Professional Clinical Counselor Intern. Included in this packet are the following forms and documents:

1. Application Instructions
2. Important Information for Applicants
3. Application for Registration as a Professional Clinical Counselor Intern
4. In-State Degree Program Certification, Form A
5. In-State Degree Program Certification, Form B
6. Out-of-State Degree Program Certification
7. Instructions for Live Scan Fingerprinting
8. Request for Live Scan Service Form

BOARD OF BEHAVIORAL SCIENCES



Board of Behavioral Sciences
1625 North Market Blvd., Suite S200, Sacramento, CA 95834
Telephone: (916) 574-7830 TTY: (800) 326-2297
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APPLICATION INSTRUCTIONS PROFESSIONAL CLINICAL COUNSELOR INTERN REGISTRATION

Submit a completed application to: Board of Behavioral Sciences
1625 North Market Blvd., Suite S200
Sacramento, CA 95834

Carefully read the following instructions to ensure an accurate and complete application package and that all required original documents are furnished to the Board. *All items are mandatory.* Any omission may result in the application being rejected as incomplete.

The Board has the right to refuse to issue any registration or license, or to suspend or revoke the license or registration of any applicant who secures the license or registration by fraud, deceit, or misrepresentation on any application for licensure or registration submitted to the Board.

- ☐ A. APPLICATION: Complete all sections of the application in ink. The application must be signed.
- ☐ B. PHOTOGRAPH: Should measure approximately 2" x 2" and be taken within 60 days of the filing of this application. The photograph must be of passport quality of your head and shoulders only. Attach the photograph to the application in the space provided.
- ☐ C. FEE: Submit a \$100.00 check or money order made payable to the Behavioral Sciences Fund. The fee is NOT REFUNDABLE.
- ☐ D. FINGERPRINTS:
The Board requires a Department of Justice (DOJ) and Federal Bureau of Investigation (FBI) criminal history background check on all applicants. DO NOT COMPLETE FINGERPRINTS MORE THAN 60 DAYS PRIOR TO SUBMITTING YOUR APPLICATION. FINGERPRINT RESULTS WITHOUT AN APPLICATION ON FILE WILL BE HELD FOR 6 MONTHS.

If you reside in California: Follow the instructions on the attached **Request for Live Scan Service Applicant Submission form (Form BCII 8016)**. The information on this form must match the information you provide on your application. The second copy of this form, with box 6 completed, must be submitted with your application. Note: DO NOT COMPLETE FINGERPRINTS MORE THAN 60 DAYS PRIOR TO SUBMITTING YOUR APPLICATION. FINGERPRINT RESULTS WITHOUT AN APPLICATION ON FILE WILL BE HELD FOR 6 MONTHS.

If you reside in another state: Livescan is only available in California. Outside of California, you must use the "hard card" fingerprint method. To request hard cards and instructions, send an email with your name and mailing address to BBSWebmaster@dca.ca.gov with "Fingerprint Hard Cards" in the subject line, and include your mailing address. Please be advised that the DOJ processing time for hard card fingerprints is a minimum of 8 to 12 weeks, or longer. In order to avoid processing delays and additional costs that result from invalid fingerprint cards, fingerprints must be taken at a law enforcement agency in the state of residence.



E. VERIFICATION OF EDUCATION

- 1) TRANSCRIPTS. Provide official transcripts verifying your master's or doctoral degree with the degree title and date of conferral posted. TRANSCRIPTS MUST BE IN AN ENVELOPE SEALED BY THE EDUCATIONAL INSTITUTION.
- 2) DEGREE PROGRAM CERTIFICATION. Provide one of the following *Degree Program Certification* forms, completed and signed by your school's Chief Academic Officer or authorized designee IN AN ENVELOPE SEALED BY THE EDUCATIONAL INSTITUTION. The Board may require additional information to verify course content.
 - FORM A – Have your school complete the *In-State Degree Program Certification, Form A* if you have a California degree and began graduate study BEFORE August 1, 2012 AND completed that study on or before December 31, 2018. Such applicants may remediate up to two (2) of the nine (9) core content areas outside of the degree program by completing graduate coursework from a regionally accredited or California-approved school. No other remediation is permitted.
 - FORM B – Have your school complete the *In-State Degree Program Certification, Form B* if you have a California Degree and began graduate study ON OR AFTER August 1, 2012. Such applicants may remediate up to three (3) of the 13 core content areas outside of the degree program by

completing graduate coursework from a regionally accredited or California-approved school. No other remediation is permitted.

- **OUT-OF-STATE DEGREE** – Have your school complete the *Out-of-State Degree Program Certification* if you have a degree earned outside of California, regardless of graduate program commencement or completion dates. Submit a copy of the syllabus for all courses listed on the *Out-of-State Degree Program Certification* form.

If your degree program was accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP), and your degree was conferred in 1983 or later, then you do not need to submit course syllabi at this time EXCEPT for coursework listed by your school as meeting the “Diagnosis” core content area. However, the Board may require submission of other syllabi after evaluating your application.

- ☐ **F. DEGREE EARNED OUTSIDE OF THE UNITED STATES:** If you have a degree or other education gained outside of the United States, you must have your education evaluated by a foreign credential evaluation service which must be a member of the National Association of Credential Evaluation Services (www.naces.org), in order to determine equivalency. Provide the board with the results of this comprehensive evaluation and any other documentation the board deems necessary **IN AN ENVELOPE SEALED BY THE EVALUATING AGENCY**. The board has the authority to make the final determination as to whether a degree meets all requirements, including, but not limited to, course requirements regardless of evaluation or accreditation.

- ☐ **G. ADDITIONAL COURSEWORK REQUIREMENTS:** The coursework listed on the next page may have been earned either within or outside of your qualifying degree program. If such coursework or training was not identified on your transcripts, submit a copy of the certificate of completion.

These courses can be taken from any of the following: a regionally accredited school; a school approved by the California Bureau for Private Postsecondary Education; a governmental entity; or an acceptable Continuing Education provider.

ADDITIONAL COURSEWORK REQUIRED			
Course	Required of:	Length	Content Required
1. Child Abuse Assessment & Reporting	<ul style="list-style-type: none"> Applicants who entered a degree program prior to 08/01/2012* All Out-of-State applicants** 	7 hours	Must be based on California law. Also see Title 16, California Code of Regulations (CCR) 1807.2
2. Human Sexuality	<ul style="list-style-type: none"> Applicants who entered a degree program prior to 08/01/2012* All Out-of-State applicants** 	10 hours	See Title 16, CCR section 1807
3. Alcoholism & Chemical Substance Abuse & Dependency	<ul style="list-style-type: none"> Applicants who entered a degree program prior to 08/01/2012* All Out-of-State applicants** 	15 hours	See Title 16, CCR section 1810
4. Aging, Long Term Care & Elder/Dependent Adult Abuse	<ul style="list-style-type: none"> Applicants who entered a degree program prior to 08/01/2012* All Out-of-State applicants** 	10 hours	See Business and Professions Code (BPC) section 4999.32(e)(7)
5. Spousal/Partner Abuse Assessment, Detection & Intervention	<ul style="list-style-type: none"> Applicants who entered a degree program prior to 08/01/2012* All Out-of-State applicants** 	15 hours	See BPC section 4999.32(e)(4)
6. Psychopharmacology	<ul style="list-style-type: none"> Applicants who entered a degree program prior to 08/01/2012* All Out-of-State applicants** 	2 semester or 3 quarter units	See BPC section 4999.32(e)(3)
7. California Law & Professional Ethics	In-State Applicants who entered a degree program prior to 08/01/2012*	3 semester units or 4.5 quarter units	See BPC section 4999.32(c)(1)(l)
	Out-of-State Applicants**	<ul style="list-style-type: none"> If degree contains a 3 semester unit or 4.5 quarter unit course on law and ethics, must take an 18-hour California course If degree did NOT contain such a course, must take a 3 semester unit or 4.5 quarter unit California course 	See BPC sections 4999.32(e)(6) & 4999.32(c)(1)(l)
8. Crisis or Trauma Counseling	<ul style="list-style-type: none"> Applicants who entered a degree program prior to 08/01/2012* All Out-of-State applicants** 	15 hours	See Title 16, CCR section 1810.2

*This topic continues to be required for in-state applicants who entered a degree program after 08/01/2012, however, this content is now provided within the degree program.

**Out-of-State applicants are defined as those with out-of-state education or licensure.

☐ H. BACKGROUND QUESTIONS (A - D)

If you answered YES to application questions A, B, C or D, complete the *Background Statement*, available on the Board's website. Please be aware that your processing time will be longer than normal and will be dependent on your providing all information required by the Board.



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IMPORTANT INFORMATION FOR PROFESSIONAL CLINICAL COUNSELOR INTERN APPLICANTS

1. VETERANS HONORABLY DISCHARGED RECEIVE EXPEDITED REVIEW

The board is required to expedite the licensure process for an applicant who is a honorably discharged veteran of the U.S. Armed Forces. Download the request form from the Board's website and include it **ON TOP OF** your application.

2. SPOUSES OR PARTNERS OF PERSONS ON ACTIVE MILITARY DUTY RECEIVE EXPEDITED REVIEW

The board is required to expedite the licensure process for an applicant whose spouse or partner is an active duty member of the U.S. Armed Forces and meets other criteria pursuant to Business and Professions Code section 115.5. Please download the request form from the Board's website and include it **ON TOP OF** your application.

3. RECEIPT OF APPLICATION

Please do not contact the Board to check the status of your application. If you would like to know whether the Board has received your application, check with your bank to see if your check has been cashed. Another option is to include a self-addressed stamped postcard or envelope **ON TOP OF** your application, which will be mailed back to you upon receipt.

4. *EXAM RESTRUCTURE COMING JANUARY 1, 2016* – IMPACT ON REGISTRANTS

Effective January 1, 2016, the Board's examination process will be changing as follows:

- **Registrants Must Take a California Law and Ethics Exam:**

If you hold an intern registration, you will be required to take a California Law and Ethics Exam while a registrant. A registration will not be renewable until the exam has been taken. The California Law and Ethics Exam is designed to assess an applicant's knowledge of and ability to apply legal and ethical standards relating to clinical practice.

- **Passing Score Required for Subsequent Registrations:**

Applications Postmarked After January 1, 2017: Applicants will no longer be able to obtain a subsequent intern registration (second or third number, etc.) without first **passing** the California Law and Ethics Exam.

Applications Postmarked Between January 1, 2016 and December 31, 2016:

Applicants may be issued a subsequent registration number without passing the California Law and Ethics exam. However, such applicants must **pass the exam prior to the first registration renewal**. The subsequent registration cannot be renewed until the exam has been passed.

For more specific information on these changes, see the *Exam Restructure FAQ* available on the Board's website.

5. POST-DEGREE EXPERIENCE

Please be advised that post-degree hours of experience will only begin accruing from the issuance date of your intern registration, unless you applied for registration within 90 days from the date your qualifying master's or doctor's degree was conferred, as posted on your transcript.

6. ABANDONMENT OF APPLICATION

In accordance with Title 16, California Code of Regulations section 1806, an application shall be deemed abandoned in either of the following circumstances:

- Applicant does not submit evidence that he or she has removed the deficiencies specified in the deficiency letter within one (1) year from the date of the deficiency letter **OR**
- Applicant does not complete the application within one (1) year after it has been filed.

To re-open an abandoned application, you must submit a new application, fee and all required documentation, as well as meet all current requirements in effect at the time the new application is submitted.

7. SCOPE OF PRACTICE – TREATMENT OF COUPLES AND FAMILIES

Licensed Professional Clinical Counseling does not include the assessment or treatment of couples or families unless the professional clinical counselor has completed additional training and education. A Professional Clinical Counselor Intern may gain experience with couples and families if the experience is obtained under the supervision of a Licensed Marriage and Family Therapist, or a LPCC who has already met the scope of practice qualifications to see couples and families. Please see the Board's website for more information.

8. PUBLIC ADDRESS and CHANGE OF ADDRESS

The address you enter on any Board form is public information and will be placed on the Internet pursuant to Business and Professions Code section 27. If you do not want your home or work address available to the public, please provide an alternate mailing address, such as a post office box. California law requires all persons regulated by the Board to notify the Board in writing within 30 days of any change of address.

9. STATUTES AND REGULATIONS

To obtain a copy of the Board's *Statutes and Regulations*, please download it from the Board's website or submit a written request to the Board.

10. AMERICANS WITH DISABILITIES ACT

The Board does not discriminate on the basis of disability in employment or in the admission and access to its programs or activities. The Executive Officer of the Board has been designated to coordinate and carry out this agency's compliance with the nondiscrimination requirements of Title II of the ADA. Information concerning the provisions of the ADA, and the rights provided hereunder, are available from the ADA coordinator.

11. MANDATORY REPORTER

Under California law each person licensed by the Board of Behavioral Sciences is a "mandated reporter" for both child, elder and/or dependent adult abuse or neglect purposes. California Penal Code section 11166 and Welfare and Institutions Code section 15630 require that all mandated reporters make a report to an agency specified [generally law enforcement, state, and/or county adult protective services agencies, etc...] in Penal Code section 11165.9 and Welfare and Institutions Code section 15630(b)(1) whenever the mandated reporter, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a child, elder and/or dependent adult whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or elder abuse or neglect.

The mandated reporter must make a report of such abuse or neglect immediately, or as soon as practically possible, in the manner specified in Penal Code Section 11166 (for child abuse or neglect) or in Welfare and Institutions Code Section 15630 (for elder or dependent adult abuse or neglect). Failure to comply with the requirements of Section 11166 and Section 15630 is a misdemeanor, punishable by up to six months in a county jail, by a fine of one thousand dollars (\$1,000), or by both imprisonment and fine. For further details about these requirements, consult Penal Code sections 11164 and Welfare and Institutions Code section 15630, and subsequent sections.

12. SOCIAL SECURITY NUMBER OR OTHER TAXPAYER IDENTIFICATION NUMBER

Disclosure of your tax identification number on your application is mandatory. You may provide either your Social Security Number, Federal Employer Identification Number, or Individual Taxpayer Identification Number, as applicable. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405 (c) (2) (c)) authorizes collection of these tax identification numbers. Your tax identification number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your tax identification number, your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

13. STATE TAX OBLIGATION – EFFECTIVE JULY 1, 2012

Pursuant to Business and Professions Code section 31(e), the State Board of Equalization and the Franchise Tax Board may share taxpayer information with a board. A registrant must pay his or her state tax obligation and his or her registration may be suspended if the state tax obligation is not paid.

14. 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 4996.2, 4996.17, 4996.18, Article 2 of Chapter 14 (commencing with section 4992), Title 16 of the California Code of Regulations Sections 1805 and 1806, and the Information Practices Act. The Board uses this information principally to identify and evaluate applicants for licensure, issue and renew licenses, and enforce licensing standards set by statutes and regulations.

Mandatory Submission. Submission of the requested information is mandatory. The Board cannot consider your application for registration, licensure or renewal unless you provide all of the requested information.

Access to Personal Information. You may review the records maintained by the Board of Behavioral Sciences that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. We make every effort to protect the personal information you provide us. The information you provide, however, 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.

Contact Information. For questions about this notice or access to your records, you may contact the Board at (916) 574-7830 or by email at BBSWebMaster@dca.ca.gov. For questions about the Department of Consumer Affairs' privacy policy or the Information Practices Act, you may contact the Department of Consumer Affairs, 1625 North Market Blvd., Sacramento, CA 95834, (800) 952-5210 or email dca@dca.ca.gov.



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PROFESSIONAL CLINICAL COUNSELOR INTERN REGISTRATION APPLICATION

APPROPRIATE FEE MUST ACCOMPANY THIS FORM

Make check payable to - Behavioral Sciences Fund

For Office Use Only: P1

Cashiering No:

QM: S

Please type or print clearly in ink

1. Legal name*: Last	First	Middle	ATTACH A PHOTOGRAPH TAKEN WITHIN 60 DAYS OF THE FILING OF THIS APPLICATION (Head and Shoulders Only)
2. If you have ever been known by another name, list the full name(s) and dates of use below (attach additional names and dates):			
Full Name	Dates of Use (to/from):		
Full Name	Dates of Use (to/from):		
3. Address of Record** Number and Street			
City	State	Zip Code	
4. Business Telephone	5. Residence Telephone		
6. E-Mail Address (OPTIONAL)			
7. Birth Date: mm/dd/yyyy	8. SSN or ITIN***		9. Sex
10. Education: (Qualifying Degree)	11. Name of School, College or University		

12. Have you ever applied for or been issued a license, registration or certificate to practice professional clinical counseling or any other healing art in California or any other state?

Yes ☐

No ☐

If YES, provide the information requested below (continue on an additional sheet if needed):

State	Type of License, Registration or Certificate	Approximate Date of Application	License, Registration or Certificate Number	Date Issued	Status

13. Have you ever served in the United States Armed Forces or the California National Guard? (OPTIONAL)

Yes, Currently ☐ Yes, Previously ☐ No ☐

Applicant Name: Last	First	Middle
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14. Do you have a California degree? Yes No *If NO, skip question 15*

15. Did you begin graduate study on or after August 1, 2012? Yes No *If YES, skip question 16*

16. ADDITIONAL COURSEWORK: Complete the following and submit documentation of completion. If the course title does NOT describe required course content, submit a syllabus or other documentation of content.

a) Child Abuse Assessment and Reporting (7 hours)	Yes	No
b) Human Sexuality Training (10 hours)	Yes	No
c) Alcoholism and Other Chemical Substance Dependency (15 hours)	Yes	No
d) Aging, Long-Term Care and Elder/Dependent Adult Abuse (10 hours)	Yes	No
e) Spousal or Partner Abuse Assessment, Detection and Intervention (15 hours)	Yes	No
f) Psychopharmacology (2 semester or 3 quarter units)	Yes	No
g) California Law and Ethics (see application instructions for requirements)	Yes	No
h) Crisis or Trauma Counseling (15 hours)	Yes	No

BACKGROUND QUESTIONS

<p>A. Have you been convicted of, pled guilty to, or pled nolo contendere to any misdemeanor or felony in the United States, its territories, or a foreign country? Convictions dismissed under sections 1203.4, 1203.4a, or 1203.41 of the Penal Code (or equivalent non-California law) must be disclosed. If you have obtained a dismissal of such a conviction, submit a certified copy of the court order.</p> <p>DO NOT INCLUDE:</p> <ul style="list-style-type: none"> • Offenses prior to your 18th birthday • Charges dismissed under section 1000.3 of the Penal Code • Convictions under sections 11357(b), (c), (d), (e) or section 11360(b) of the Health and Safety Code which are two (2) years or older • Traffic violations for which a fine of \$500 or less was imposed • Infractions 	<table> <tr> <td>Yes</td> <td>No</td> </tr> </table> <p><i>If YES, you must complete Part A of the "Background Statement" form, available on the Board's website. You must disclose convictions even if previously reported to the Board. However, it is not necessary for you to resubmit documentation previously on file. Instead, provide a written statement indicating that you believe the information is already on file.</i></p>	Yes	No
Yes	No		
<p>B. Is any criminal action pending against you, or are you currently awaiting judgment and sentencing following entry of a plea or jury verdict?</p> <p>DO NOT INCLUDE:</p> <ul style="list-style-type: none"> • Traffic violations for which a fine of \$500 or less was imposed • Infractions 	<table> <tr> <td>Yes</td> <td>No</td> </tr> </table> <p><i>If YES, you must complete Part B of the "Background Statement" form, available on the Board's website.</i></p>	Yes	No
Yes	No		

Applicant Name: Last	First	Middle
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C. Have you ever been denied a professional license ("license" includes registrations, certificates, or other means to engage in practice) OR had a professional license privilege suspended, revoked, or otherwise disciplined, OR voluntarily surrendered any such license in California or any other state or territory of the United States, or by any other governmental agency or a foreign country?

Yes No

If YES, you must complete Part C of the "Background Statement" form, available on the Board's website. Disclosure is required even if previously reported to the Board. However, it is not necessary for you to resubmit documentation previously on file. Instead, provide a written statement indicating that you believe the information is already on file.

D. Does your current use of chemical substances in any way impair or limit your ability to conduct with safety to the public the practice of professional clinical counseling?

Yes No

If YES, you must complete Part D of the "Background Statement" form, available on the Board's website.

NOTE: Knowingly providing false information or omitting pertinent information may be grounds for denial of this application.

Signature of Applicant: _____ **Date:** _____

**The board has the right to refuse to issue any registration or license, or may suspend or revoke the license or registration of any registrant or licensee if the applicant secures the license or registration by fraud, deceit, or misrepresentation on any application for licensure or registration submitted to the board.*

*****The address you enter on this application is public information and will be placed on the Internet pursuant to Business and Professions Code section 27. If you do not want your home or work address available to the public, please provide an alternate mailing address, such as a post office box.***

****** Disclosure of your tax identification number is mandatory. You may provide either your Social Security Number, Federal Employer Identification Number, or Individual Taxpayer Identification Number, as applicable. This number must match the number you provide on your fingerprint forms. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405 (c) (2) (c)) authorizes collection of these tax identification numbers. Your tax identification number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your tax identification number, your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.***



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PROFESSIONAL CLINICAL COUNSELOR IN-STATE DEGREE PROGRAM CERTIFICATION FORM A

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

Please type or print clearly in ink

Applicant Name: Last	First	Middle
Social Security Number or Taxpayer ID Number	Enrollment Date	Degree Award Date

APPLICANT: The purpose of this form is for your school to verify the specifics of a degree earned in California. Enclose 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 **IN A SEALED ENVELOPE**.

The full legal text of the LPCC educational requirements is located in Business and Professions Code (BPC) section 4999.32, available on the Board's website under "Statutes and Regulations."

- Yes No A. The student was notified by means of public documents or otherwise in writing that the degree program is designed to meet the requirements of BPC section 4999.32 (as required by BPC section 4999.40(a)). *If NO, attach an explanation.*
- Yes No B. The degree program contained no less than 48 semester or 72 quarter units of instruction.
If NO, number of units in degree: _____ Semester units Quarter units
- C. **CORE CONTENT AREAS:** The applicant has completed coursework that is the equivalent of at least **three (3) semester or four and one-half (4.5) quarter units in each** of the following areas:
- Yes No 1. 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 across the lifespan, including normal and abnormal behavior and an understanding of developmental crises, disability, psychopathology, and situational and environmental factors that affect both normal and abnormal behavior.
Number of units: _____ Course Number(s)/Term(s): _____

Applicant Name:	Last	First	Middle
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- Yes No 3. Career development theories and techniques, including career development decision-making models and interrelationships among and between work, family, and other life roles and factors, including the role of multicultural issues in career development.
- Number of units:* ____ *Course Number(s)/Term(s):* _____
-
- Yes No 4. Group counseling theories and techniques, including principles of group dynamics, group process components, developmental stage theories, therapeutic factors of group work, group leadership styles and approaches, pertinent research and literature, group counseling methods, and evaluation of effectiveness.
- Number of units:* ____ *Course Number(s)/Term(s):* _____
-
- Yes No 5. Assessment, appraisal, and testing of individuals, including basic concepts of standardized and non-standardized testing and other assessment techniques, norm-referenced and criterion-referenced assessment, statistical concepts, social and cultural factors related to assessment and evaluation of individuals and groups, and ethical strategies for selecting, administering, and interpreting assessment instruments and techniques in counseling.
- Number of units:* ____ *Course Number(s)/Term(s):* _____
-
- Yes No 6. Multicultural counseling theories and techniques, including counselors' roles in developing cultural self-awareness, identity development, promoting cultural social justice, individual and community strategies for working with and advocating for diverse populations, and counselors' roles in eliminating biases and prejudices, and processes of intentional and unintentional oppression and discrimination.
- Number of units:* ____ *Course Number(s)/Term(s):* _____
-
- Yes No 7. Principles of the diagnostic process, including differential diagnosis, and the use of current diagnostic tools, such as the current edition of the Diagnostic and Statistical Manual, the impact of co-occurring substance use disorders or medical psychological disorders, established diagnostic criteria for mental or emotional disorders, and the treatment modalities and placement criteria within the continuum of care.
- Number of units:* ____ *Course Number(s)/Term(s):* _____
-
- Yes No 8. Research and evaluation, including studies that provide an understanding of research methods, statistical analysis, the use of research to inform evidence-based practice, the importance of research in advancing the profession of counseling, and statistical methods used in conducting research, needs assessment, and program evaluation.
- Number of units:* ____ *Course Number(s)/Term(s):* _____
-

Applicant Name:	Last	First	Middle
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- Yes No 9. Professional orientation, ethics, and law in counseling, including professional ethical standards and legal considerations, licensing law and process, regulatory laws that delineate the profession's scope of practice, counselor-client privilege, confidentiality, the client dangerous to self or others, treatment of minors with or without parental consent, relationship between practitioner's sense of self and human values, functions and relationships with other human service providers, strategies for collaboration, and advocacy processes needed to address institutional and social barriers that impeded access, equity, and success for clients.
- Number of units:* _____ *Course Number(s)/Term(s):* _____
-
- Yes No D. The applicant's program contained at least 6 semester or 9 quarter units of supervised practicum or field study experience, or the equivalent, as defined in BPC section 4999.32(c)(3).
- Number of units:* _____ *Course Number(s)/Term(s):* _____
-
- Yes No E. The applicant's practicum or field study experience included a minimum of 150 supervised hours providing face-to-face clinical counseling of individuals, families or groups in a clinical setting.
- If NO, specify number of hours completed:* _____
- Yes No F. In addition to all course requirements listed above, the degree contains 12 semester or 18 quarter units of advanced coursework 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):* _____
-

<u>CERTIFICATION</u> <i>I hereby certify that all of the foregoing is true and correct</i>	
Signature of Chief Academic Officer or Authorized Designee	Name of Institution
Print Name	
Date Signed	Institution Accredited or Approved by



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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

Please type or print clearly in ink

Applicant Name: Last	First	Middle
Social Security Number or Individual Taxpayer ID Number	Enrollment Date	Degree Award Date

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 ☐

Applicant Name:	Last	First	Middle
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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



Board of Behavioral Sciences
 1625 North Market Blvd., Suite S200, Sacramento, CA 95834
 Telephone: (916) 574-7830 TTY: (800) 326-2297
www.bbs.ca.gov



PROFESSIONAL CLINICAL COUNSELOR DEGREE PROGRAM CERTIFICATION OUT-OF-STATE DEGREE

This form is for use by all applicants with an Out-of-State Degree

Please type or print clearly in ink

Applicant Name: Last	First	Middle
Social Security Number or Individual Taxpayer ID Number	Enrollment Date	Degree Award Date

APPLICANT: The purpose of this form is for your school to verify the specifics of a degree program completed outside of California. Enclose it with your application in an envelope that has been sealed by your school. Submit a copy of the syllabus for all coursework. The Board may require additional information to verify course content.

SCHOOL: The applicant named above is applying for licensure in California. Please complete this form, including the certification, and provide the applicant with the original in a SEALED ENVELOPE. The full legal text of the educational requirements can be found in the California Business and Professions Code, available on the Board's website under "Statutes and Regulations."

- | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Yes | No | A. The degree program contained no less than <u>48 semester or 72 quarter units</u> of instruction.
<i>If NO, number of semester/quarter units in degree _____</i> |
| Yes | No | B. At the time the degree was conferred, was the program CACREP accredited?
<i>If YES, attach documentation of accreditation.</i> |
| C. <u>CORE CONTENT AREAS:</u> The applicant has completed coursework that is the equivalent of at least three (3) semester or four and one-half (4.5) quarter units in each of the following areas: | | |
| Yes | No | 1. <u>Counseling and psychotherapeutic theories and techniques</u> , 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.
<i>Number of units: _____ Course number(s)/Term(s): _____</i> |
| Yes | No | 2. <u>Human growth and development across the lifespan</u> , including normal and abnormal behavior and an understanding of developmental crises, disability, psychopathology, and situational and environmental factors that affect both normal and abnormal behavior.
<i>Number of units: _____ Course number(s)/Term(s): _____</i> |

Applicant Name:	Last	First	Middle
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- Yes No 3. Career development theories and techniques, including career development decision-making models and interrelationships among and between work, family, and other life roles and factors, including the role of multicultural issues in career development.
- Number of units:* ____ *Course number(s)/Term(s):* _____
-
- Yes No 4. Group counseling theories and techniques, including principles of group dynamics, group process components, developmental stage theories, therapeutic factors of group work, group leadership styles and approaches, pertinent research and literature, group counseling methods, and evaluation of effectiveness.
- Number of units:* ____ *Course number(s)/Term(s):* _____
-
- Yes No 5. Assessment, appraisal, and testing of individuals, including basic concepts of standardized and non-standardized testing and other assessment techniques, norm-referenced and criterion-referenced assessment, statistical concepts, social and cultural factors related to assessment and evaluation of individuals and groups, and ethical strategies for selecting, administering, and interpreting assessment instruments and techniques in counseling.
- Number of units:* ____ *Course number(s)/Term(s):* _____
-
- Yes No 6. Multicultural counseling theories and techniques, including counselors' roles in developing cultural self-awareness, identity development, promoting cultural social justice, individual and community strategies for working with and advocating for diverse populations, and counselors' roles in eliminating biases and prejudices, and processes of intentional and unintentional oppression and discrimination.
- Number of units:* ____ *Course number(s)/Term(s):* _____
-
- Yes No 7. Principles of the diagnostic process, including differential diagnosis, and the use of current diagnostic tools, such as the current edition of the Diagnostic and Statistical Manual, the impact of co-occurring substance use disorders or medical psychological disorders, established diagnostic criteria for mental or emotional disorders, and the treatment modalities and placement criteria within the continuum of care.
- Number of units:* ____ *Course number(s)/Term(s):* _____
-
- Yes No 8. Research and evaluation, including studies that provide an understanding of research methods, statistical analysis, the use of research to inform evidence-based practice, the importance of research in advancing the profession of counseling, and statistical methods used in conducting research, needs assessment, and program evaluation.
- Number of units:* ____ *Course number(s)/Term(s):* _____
-

Applicant Name:	Last	First	Middle
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- Yes No 9. Professional orientation, ethics, and law in counseling, including professional ethical standards and legal considerations, licensing law and process, regulatory laws that delineate the profession's scope of practice, counselor-client privilege, confidentiality, the client dangerous to self or others, treatment of minors with or without parental consent, relationship between practitioner's sense of self and human values, functions and relationships with other human service providers, strategies for collaboration, and advocacy processes needed to address institutional and social barriers that impeded access, equity, and success for clients.
- Number of units:* ____ *Course number(s)/Term(s):* _____
-
- Yes No D. In addition to the course requirements listed in # 1 - 9 above, the applicant's degree contains 12 semester or 18 quarter units of advanced coursework 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 E. The applicant's degree program contained 6 semester or 9 quarter units of supervised practicum or field study experience, or the equivalent, which provided a range of clinical counseling experience including applied psychotherapeutic techniques; assessment; diagnosis; prognosis; treatment; issues of development, adjustment, and maladjustment; health and wellness promotion; and other recognized counseling interventions.
- Number of units:* ____ *Course number(s)/Term(s):* _____
-
- Yes No F. The applicant's degree program contained a minimum of 150 hours of face-to-face supervised clinical experience counseling individuals, families or groups.

<u>CERTIFICATION</u> <i>I hereby certify that all of the foregoing is true and correct</i>	
Signature of Chief Academic Officer or Authorized Designee	Name of Institution
Print Name	Institution Accredited or Approved by
Date Signed	



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INSTRUCTIONS FOR LIVE SCAN FINGERPRINTING

Live Scan Fingerprinting is available only in California. Live Scan fingerprint results will be submitted to the **Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI)** electronically.

If you need to have your fingerprints taken in another state, you must use the "hard card" fingerprint method. To request hard cards and instructions, send an email to BBSWebmaster@dca.ca.gov with "Fingerprint Hard Cards" in the subject line, and include your mailing address. Please be advised that the DOJ processing time for hard card fingerprints is a minimum of 8 to 12 weeks, or longer. In order to avoid processing delays and additional costs that result from invalid fingerprint cards, fingerprints must be taken at a law enforcement agency in the state of residence.

Fingerprint Fees - Paid to Live Scan Site

If you have your prints taken via Live Scan, you must pay the fingerprint fees below **directly to the site** where you have your Live Scan fingerprints taken:

DOJ FINGERPRINT PROCESSING FEE: \$32.00

FBI FINGERPRINT PROCESSING FEE: \$17.00

In addition to these processing fees, there may be a service charge associated with the Live Scan site you visit. The Live Scan service site will collect the above fees at the time you are fingerprinted. The Live Scan service charge may vary from location to location.

Complete the Request for Live Scan Service Form

You must complete and submit the enclosed *Request for Live Scan Service* form at the Live Scan site. Make sure that the information provided in Section 3 of the form matches the information on your application. Once your fingerprints have been scanned, the Live Scan Operator will complete Box 6 of this form and return the second and third copies to you.

The second copy of this form, with Box 6 completed by the Live Scan Operator, must be MAILED to the BBS in order to retrieve your fingerprint results from DOJ. Retain the third copy for your records as a proof of payment.

Live Scan Fingerprint Locations

You must visit an approved Live Scan Service Site. Most local Police and Sheriff Departments offer the Live Scan fingerprinting service. Some large school districts, passport services, and stores with generalized fingerprinting expertise may also offer Live Scan. A current listing of Live Scan sites is available on the DOJ website at <http://aq.ca.gov/fingerprints/publications/contact.php>

Consider calling the Live Scan service provider for hours of operation, fees, and appointment times if necessary. You must present valid photo identification (i.e., driver's license, military ID, or passport) at the Live Scan site.

Filling Out Your Live Scan Form

To facilitate prompt and accurate processing, please **TYPE** or **print legibly**

SECTION 1:

Job Title or Type of License, Certification or Permit:

Check the box for the applicable license, or registration you are applying for with the BBS. If you are a Licensee with multiple licenses, only check your most used license type. Your fingerprint results will be put towards ALL licenses you hold. You will not need to pay and/or be fingerprinted for each individual BBS license you hold. **CHECK THE BOX FOR ONLY ONE LICENSE TYPE.**

SECTION 2: This section is already completed.

SECTION 3:

Name of Applicant: Enter your full name

Alias: Indicate all other names used

Date of Birth: Indicate your month/day/year of birth

Sex: Place an "X" in the appropriate box

Height: Indicate your height in feet and inches

Weight: Indicate your weight in pounds (lbs.)

Eye Color: Indicate eye color abbreviation:

BLK - Black	GRY - Gray	MAR - Maroon	BLU - Blue	GRN - Green
PNK - Pink	BRO - Brown	HAZ - Hazel	MUL - Multicolor	

Hair Color: Indicate hair color abbreviation:

BAL - Bald	BRO - Brown	SDY - Sandy	BLK - Black
GRY - Gray	WHI - White	BLN - Blonde	RED - Red

Place of Birth: Indicate the state or country of birth

Social Security Number: Enter your SSN or individual taxpayer ID number. Must match the number provided on your application.

Driver's License No: Enter your Driver's license number if you have one

Address: Enter a mailing address of your choice. You may use a business address, your home address, or any current address. This address will not be viewable by the public, and will be used solely for the BBS' records.

SECTION 4:

Your number:

Enter your current BBS license or registration number. Enter all that apply. If you are a brand new applicant and do not currently hold an identifying number, leave this line blank.

If resubmission, list the Original ATI No.

This is only used for a second fingerprinting due to a prior fingerprint rejection. The ATI No. allows you to be re-fingerprinted without paying the DOJ and FBI processing fee (service charges may still apply.)

SECTION 5: Leave this section blank.

SECTION 6: To be completed by the Live Scan operator.

APPLICANT

SECTION 1

ORI: **A0462**

(Code assigned by DOJ)

Type of Application: **LIC/CERT/PERMIT RENEWAL**

Job Title or Type of License, Certification or Permit: **(Only One Title)**

☐

Marriage and Family Therapist

☐

Clinical Social Worker

☐

Educational Psychologist

☐

Professional Clinical Counselor

SECTION 2

Agency Address Set Contributing Agency

Mail Code: **01484**

Board of Behavioral Sciences
1625 North Market Blvd. Suite S-200
Sacramento, CA 95834

Contact Name: **Fingerprint Unit**

Contact Phone: **(916) 574-7859**

SECTION 3

Name of Applicant: _____
(Please print) Last First MI

Alias: _____ Driver's License No: _____
Last First

Date of Birth: _____ SEX: ☐ Male ☐ Female Misc. No. BIL: **APPLICANT MUST PAY**
Agency Billing Number

Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____ Address: _____
Street No.

Place of Birth: _____ City State Zip

Social Security Number: _____

SECTION 4

Your Number _____
BBS File Number (Example: 103123)

BBS Applicant: Please mail a copy of this form
to the address in Box 2 upon completion.

If resubmission, list Original ATI No. _____ Level of Service ☒ DOJ ☒ FBI

SECTION 5

Employer: (Additional response for agencies specified by statute)

Employer Name

Street No. Street or PO Box

City State Zip Code

LEAVE THIS SECTION BLANK

Mail Code (assigned by DOJ)

Agency Telephone No. (optional)

SECTION 6

Live Scan Transmission Completed By: _____ Date: _____

Transmitting Agency

ATI No.

Amount Collected/Billed

ORIGINAL- Live Scan Operator SECOND COPY- Requesting Agency THIRD COPY- Applicant

APPLICANT

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