



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



## 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.

**Contact your school if you have questions about which form to use**

*Type or print clearly in ink*

Applicant Name: Last	First	Middle
SSN 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 or sent via email 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 or sent via email to [BBSLPCtranscripts@dca.ca.gov](mailto:BBSLPCtranscripts@dca.ca.gov).

The full legal text of the educational requirements can be found in the Business and Professions Code (BPC), available on the Board's website under [Statutes and Regulations](#).

1. Did the applicant's degree program contain 6 hours of content in suicide risk assessment and intervention? (*Note: Not required to be part of degree program*). Yes  No
2. 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*). Yes  No
3. Was the student notified by a public document or otherwise in writing that the degree program was designed to meet the requirements of BPC section 4999.33? Yes  No
4. 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 on the following page and indicate in question #7 how the applicant's program differs from the Board-accepted program.

Applicant Name: Last	First	Middle
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5. Did this student complete the degree program as accepted by the Board? ..... Yes  No
6. The following required content was contained within the degree program:
- a. TOTAL UNITS: At least 60 semester units or 90 quarter units of instruction: ..... Yes  No
  - b. CORE CONTENT AREAS (CCAs): Fulfills the CCAs as reported to and accepted by the Board for this program: ..... Yes  No
  - c. ADVANCED COURSEWORK (must be in ADDITION to CCA courses):  
15 semester units or 22.5 quarter units:..... Yes  No
  - d. SUPERVISED PRACTICUM OR FIELD STUDY: At least 6 semester units or 9 quarter units  
that included a minimum of 280 supervised hours providing face-to-face clinical  
counseling of individuals, families or groups: ..... Yes  No
  - e. ADDITIONAL CONTENT: As required by BPC section 4999.33(d):..... Yes  No
7. If you answered NO to questions 5 or 6, mark the area where the program differed and specify how it differed. Attach additional sheets if necessary:

- Total Units: \_\_\_\_\_
  - Core Content Areas: \_\_\_\_\_
  - Advanced Coursework: \_\_\_\_\_
  - Practicum Units or Hours: \_\_\_\_\_
  - Additional Content: \_\_\_\_\_
  - Other (explain): \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

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