



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



NOTIFICATION OF ADDRESSES INSTRUCTIONS

The attached form must be submitted to your assigned Board of Behavioral Sciences (Board) Probation Analyst **NO LATER THAN 15 DAYS PRIOR TO THE EFFECTIVE DATE OF YOUR FINAL DECISION.**

In addition, if there are any changes to the information that you list on this form, you must submit a new Notification of Addresses form to your assigned Board Probation Analyst **WITHIN 30 DAYS OF THE DATE OF THE CHANGE.**

Complete and submit the attached form in the following manner:

1. Make a photocopy of the blank form and keep it in case there are any future changes to the information that you list on this form (or save a copy of the electronic file);
2. Complete all items on the form and indicate "Not Applicable" if any items do not apply to you;
3. If you are self-employed: In the "Employment" section, list "Self," the address where services are provided to clients, and the telephone number that you provide to clients;
4. Sign and date the form (an electronic signature is accepted); and,
5. Send this form by the above listed due dates by doing **either** of the following:
 - a. Email it to your assigned Board Probation Analyst; OR
 - b. Mail it to the attention of your assigned Board Probation Analyst at **[must be postmarked no later than the above listed due date(s)]**:

Board of Behavioral Sciences
Attn: [INSERT NAME OF ASSIGNED PROBATION ANALYST]
1625 N. Market Blvd., Ste. S200
Sacramento, CA 95834

6. If there are any **changes** to the information that you list on this form, submit a new and updated form within 30 days of the date of the change in the above listed manner.

If the change includes your name:

You must also change your name by accessing and completing the applicable form at <https://www.bbs.ca.gov/licensees/manage.html>.

Then, mail the form to the Board's address, listed on the prior page. [NOTE: Do NOT mail the form to the attention of your assigned Probation Analyst.].

If the change includes your Address of Record (AOR) and/or email address:

You must **also** do one of the following:

- a. Manually change your AOR and/or email address by accessing and completing the applicable form(s) at:
<https://www.bbs.ca.gov/licensees/manage.html>.

Then, mail the form(s) to the Board's address, listed on the prior page. [NOTE: Do NOT mail these forms to the attention of your assigned Probation Analyst.].

-OR-

- b. Change your AOR and/or email address online through your BreEZe account, which can be accessed at: <https://www.bbs.ca.gov/licensees/manage.html>.

Please note that your AOR is public information and will be placed on the Internet pursuant to Business and Professions Code section 27.

QUESTIONS:

If you have any questions, contact your assigned Board Probation Analyst. If you have an URGENT matter and are unable to reach your assigned Board Probation Analyst, you may contact the Board's Probation Unit at BBS.Probation@dca.ca.gov.

Please read the [Notice on Collection of Personal Information](#) (access at www.bbs.ca.gov>About Us>About the Board>Other Information).



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NOTIFICATION OF ADDRESSES

TYPE OR PRINT CLEARLY

PERSONAL INFORMATION			
Name (as it appears on your license or registration)		License or Registration Number	
Residence Address: Number and Street	City	State	Zip Code
Residence Telephone	Cell Phone		
Business Telephone	Fax Number		
E-mail Address	Website Addresses (List all website affiliations)		
Is this a change to your personal information (listed above)? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If Yes, specify the date of the change: _____			
PUBLIC ADDRESS OF RECORD (AOR)			
Number and Street		City	State Zip Code
Is this a change to your AOR? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, specify the date of the change: _____			
CURRENT EMPLOYMENT INFORMATION (List all employers)			
Employer #1		Telephone	
Address: Number and Street		City	State Zip Code
Employer #2		Telephone	
Address: Number and Street		City	State Zip Code
Employer #3		Telephone	
Address: Number and Street		City	State Zip Code
Is this a change to your employment information? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If Yes, specify the date of the change: _____			

I certify that the foregoing information is true, correct and complete. I understand that knowingly providing false information or omitting information on this form is considered non-compliance with the terms and conditions of my probation and may be grounds for revocation of probation.

SIGNATURE

DATE