



**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](http://www.bbs.ca.gov)



## INACTIVE TO ACTIVE LICENSE STATUS CHANGE

ALLOW 30 DAYS FOR YOUR LICENSE REQUEST TO BE PROCESSED

Type or print clearly in ink and enclose the correct fee to avoid delays in processing.

Legal name*:	Last	First	Middle
License Type and Number:		Expiration Date:	
Address of Record (Number and Street)*:			
City:		State:	Zip Code:
Is this a new address? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, we will update our records accordingly			
Business Phone:	Residence Phone:	Email Address (OPTIONAL):	

\*As it appears on your license. See reverse for information on name changes.

\*\*See reverse for information on the public listing of your address.

### FEE

The fee for changing your license status from inactive to active is half of the active biennial renewal fee.

License Type	Fee
LMFT	\$65
LCSW	\$50
LPCC	\$87.50
LEP	\$40

### FOR OFFICE USE ONLY

Cashiering No.: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Date Ordered: \_\_\_\_\_

By: \_\_\_\_\_

### REQUEST

Request is hereby made for my license to be changed from an inactive status to an active status. I have completed the continuing education required to activate an inactive license. During the time I had an inactive license, I did not engage in any activity for which an active license is required.

**NOTE: The Board may refuse to issue a registration or license, or may suspend or revoke the license or registration if the applicant secures the license or registration by fraud, deceit, or misrepresentation.**

\_\_\_\_\_  
 Signature of Licensee

\_\_\_\_\_  
 Date

*\* If you have a name change that you would like processed with your application, you must submit the [Notification of Name Change](#) form and all required documentation. Your application will not be processed until your name change has been processed. Do not send original documents unless specifically requested to do so.*

*\*\* 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, use an alternate mailing address. All correspondence from the Board will be mailed to this address.*

## **IMPORTANT INFORMATION**

### **RECEIPT OF REQUEST**

Please do not contact the Board to check the status of your request for active status. Contact your bank to see if your check has been cashed, or include a self-addressed stamped postcard or envelope with your application, which will be mailed back to you upon receipt. Once your request has been approved, your active status will appear in the [BreEZe online system](#) and you will receive confirmation in the mail.

### **REQUIRED CONTINUING EDUCATION**

#### **License Activation**

To activate your license, you must complete 36 hours of Continuing Education (CE) within two years prior to the postmark date of this request form.

#### **License Renewal After Activation**

After your license has been activated, you will be required to renew your license prior to its usual expiration date. To renew, you must complete additional CE. The number of CE hours required to *renew* depends on the postmark date of your request for active status, as follows:

- 18 hours of CE are required if your license will expire **less than one year** from the date of your request for active status. All 18 hours must be taken within your current renewal period\*\*\* and before your license expiration date.
- 36 hours of CE are required if your license will expire **more than one year** from the date of your request for active status. All 36 hours must be taken within your current renewal period\*\*\* and before your license expiration date.

Any CE hours completed in the prior renewal period **CANNOT** be used toward the upcoming renewal. CE must be taken from a BBS-accepted provider or accredited school.

**DO NOT SUBMIT PROOF OF CE WITH THIS REQUEST.** You must retain your CE certificates for at least two years from the date of your request for active status. The board performs random CE audits. If you are audited, you must provide copies of your CE certificates at that time as proof of completion.

For clarification, contact [BBS.Renewal@dca.ca.gov](mailto:BBS.Renewal@dca.ca.gov) or call (916) 574-7830.

*\*\*\*A renewal period is defined in Title 16, California Code of Regulations section 1887, as the two-year period which spans from a license's expiration date to the license's next expiration date.*