



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



LICENSED PROFESSIONAL CLINICAL COUNSELOR OUT-OF-STATE LICENSE OR REGISTRATION VERIFICATION

APPLICANT: Complete this section authorizing release of information by another state licensing agency. Mail this form and any necessary fees to that licensing agency.

Verification For: Applicant Applicant's Supervisor

Name of California Applicant:

| | | | |
|------|-------|--------|-------------------------------|
| Last | First | Middle | BBS File Number or PCI Number |
|------|-------|--------|-------------------------------|

Name of Individual to be Verified:

| | | | |
|------|-------|--------|----------------|
| Last | First | Middle | License Number |
|------|-------|--------|----------------|

I hereby authorize the release of my information to the California Board of Behavioral Sciences

Signature of individual to be verified: _____ Date: _____

STATE BOARD/LICENSING AGENCY: Please return the completed form to the above address.

1. Full name as shown in your records: _____

2. License or Registration Title: _____

3. License or Registration Status: _____

Issue Date: _____ Expiration Date: _____

4. Any complaints or disciplinary action? Yes No If YES, attach an explanation.

5. Experience: A. Total hours of supervised experience: _____

B. Number of direct client contact hours: _____

 Signature of Person Completing Form Date

 Printed Name and Title

State Board/Licensing Agency
 Stamp Here

 State Board or Licensing Agency Name

 State Phone Number