

APPLICATION FOR LICENSE RENEWAL



- Attach fee payable to “Behavioral Sciences Fund”
- Renew [online](#) for faster processing

See Application Instructions for Important Information

- DO NOT SUBMIT THIS APPLICATION MORE THAN 90 DAYS PRIOR TO YOUR EXPIRATION DATE
- TYPE OR PRINT CLEARLY IN INK AND ENCLOSE THE CORRECT FEE TO AVOID DELAYS IN PROCESSING

License Type and Number:	<input type="checkbox"/> LMFT No. _____	<input type="checkbox"/> LPCC No. _____	License Expiration Date:	
	<input type="checkbox"/> LCSW No. _____	<input type="checkbox"/> LEP No. _____		
Legal Name:	Last	First	Middle	Amount Enclosed: \$
Telephone Number:	Email Address (OPTIONAL):			
Public 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				
CONVICTIONS OR DISCIPLINE - MARK ONE:				
Subsequent to your last renewal, have you been convicted of, pled guilty to, or pled nolo contendere to a misdemeanor or felony, or have you had any disciplinary action taken by any regulatory or licensing board in this or any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No				
LICENSE STATUS AND CONTINUING EDUCATION - MARK ONE:				
<input type="checkbox"/> Active Renewal: I have completed the required hours of CE within the last two years. Renew my license with an “active” status.				
<input type="checkbox"/> Inactive Renewal: Renew my license with an “inactive” status.				

I swear under penalty of perjury under the laws of the State of California that all statements, answers and representations on this form are true, complete and accurate. Providing false information or omitting pertinent information may be grounds for disciplinary action.

Signature of Licensee

Date

