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

APPLICATION FOR

ASSOCIATE CLINICAL SOCIAL WORKER REGISTRATION

In-State* Applicant

➡ *Apply within 90 days of graduation** to count experience hours gained in California immediately after graduating*

See 90-day Rule FAQ on the Board's website for details

Thank you for your interest in becoming an Associate Clinical Social Worker (ASW). Included in this packet are the following forms and documents:

1. Application Instructions
2. Application Checklist
3. Important Information for Applicants
4. Application for Registration as an Associate Clinical Social Worker
5. Instructions for Live Scan Fingerprinting
6. Request for Live Scan Service Form

**In-State* means an applicant with a degree from a school located within California, or from an online program that is designed to meet California's requirements.*

***Per the graduation date posted on your transcript*

APPLICATION FOR

ASSOCIATE CLINICAL SOCIAL WORKER (ASW) REGISTRATION

Board of Behavioral Sciences

APPLICATION INSTRUCTIONS

In-State* Applicants

READ CAREFULLY BEFORE COMPLETING YOUR APPLICATION

**In-State* means an applicant with a degree from a school located within California, or from an online program that is designed to meet California's requirements.*

Submit your completed application to:

Board of Behavioral Sciences
1625 North Market Blvd., Suite S200
Sacramento, CA 95834

➡ **Use only one clip to hold your application and fee together**. Staples and paperclips interfere with your application being scanned.

➡ **Avoid delays! Use the included *Application Checklist* and read all instructions closely. This will help you submit a complete application and avoid deficiencies.**

➡ **If you are applying for a SUBSEQUENT (second or third) ASW registration, use the *Application for Subsequent ASW Registration Number*.**

EXPEDITED REVIEW

The Board will expedite the licensure process for the following applicants who meet the qualifications specified on the forms linked below *(all expedite forms are available at www.bbs.ca.gov>Applicants>LCSW>Forms/Pubs):*

- **Active-duty military members.** Download the form here and include it ON TOP OF your application.
- **Honorably discharged veterans of the U.S. Armed Forces or the California National Guard**. Download the form here and include it ON TOP OF your application.
- **Spouses/Partners of persons on active duty in the U.S. Armed Forces assigned to a duty station in California**. A $75 fee waiver is also available to these applicants. Download the form here and include it ON TOP OF your application.
- **Refugees / Asylees / Special Immigrant Status Holders ("SI" or "SQ")**. Download the form here and include it ON TOP OF your application.

PROOF OF RECEIPT OF APPLICATION

If you would like to know whether the Board has received your application, mail your application using a method that includes tracking. You can also check with your bank to see if your check or money order has been cashed by the Board.

A. APPLICATION

Instructions	Document(s) Required
• Complete all sections of the *Application for Associate Clinical Social Worker Registration.* The application may be typed or completed in ink. • Sign the application in ink (wet signature) or electronically. An electronic signature will be accepted if completed via an electronic signature platform such as Adobe Sign or DocuSign which ensures security and authenticity. • You must use your legal name. Your "legal name" is the name established legally by your birth certificate, marriage or domestic partnership certificate, or divorce decree (for example). • Email Address: Provide your email address if you have one. This address is not subject to public disclosure.	**Completed and signed *Application for Associate Clinical Social Worker Registration***

B. FEE

Instructions	Document(s) Required
Attach a $75.00 check or money order made payable to the Behavioral Sciences Fund. This is an earned fee for evaluation of your application and is NOT REFUNDABLE.	**$75.00 check or money order payable to the Behavioral Sciences Fund**
Out-of-State Fingerprinting Fee: Attach a $49 fee if ONLY you are submitting fingerprint "hard cards" due to being fingerprinted outside of *California (see next page for details).*	**If submitting fingerprint "hard cards" also attach a $49 check or money order payable to the Behavioral Sciences Fund**

C. FINGERPRINTS

Instructions	Document(s) Required
The Board requires a Department of Justice (DOJ) and Federal Bureau of Investigation (FBI) criminal history background check on all applicants. **If you currently reside in California:** Read the *Instructions for Live Scan Fingerprinting* and complete the *Request for Live Scan Service* form included in this application packet. • The information on this form must match the information you provide on your application. • DO NOT COMPLETE FINGERPRINTS MORE THAN 60 DAYS PRIOR TO SUBMITTING YOUR APPLICATION. Fingerprint results without an application on file will only be held for 6 months. **If you currently reside out of state:** You must use the "hard card" fingerprint method unless you can access a California Live Scan Service operator. To request fingerprint hard cards, send an email to BBS.Fingerprint@dca.ca.gov with "Fingerprint Hard Cards" in the subject line, and we will mail them to you. • YOU MUST SUBMIT YOUR TWO COMPLETED FINGERPRINT CARDS TO THE BOARD WITH YOUR APPLICATION. • *Sending fingerprint cards and/or the $49 fee separate from your application will cause a delay with the approval of your application.* • DOJ processing time for hard card fingerprints is **8 or more weeks.**	**If you currently reside in California: Submit the second copy of your completed *Request for Live Scan Service Applicant Submission* form** **If you currently reside out of state: Submit two completed fingerprint hard cards (FBI and DOJ) and $49 fee payable to Behavioral Sciences Fund WITH YOUR APPLICATION**

D. OFFICIAL TRANSCRIPTS

Instructions	Document(s) Required
Provide official sealed transcript(s) verifying your master's degree from a social work program accredited by the Commission on Accreditation of the Council on Social Work Education (CSWE). The degree title and date of conferral must be posted. An applicant with a degree from a program which is a candidate for accreditation by the CSWE is eligible for ASW registration. Submit your transcripts as follows: • Provided IN AN ENVELOPE SEALED BY THE SCHOOL; or • Emailed BY YOUR SCHOOL to the Board at BBSTranscripts@dca.ca.gov • For questions about electronic submission, see FAQ *(access at www.bbs.ca.gov>Updates/FAQs>FAQs).*	**Official sealed transcript(s) with degree title and date of conferral posted** **MUST BE IN AN ENVELOPE SEALED BY THE SCHOOL OR EMAILED BY THE SCHOOL AS DIRECTED**

E. ADDITIONAL COURSEWORK

Instructions	Document(s) Required
CALIFORNIA LAW AND ETHICS COURSE ➡ Applicants who graduated ON OR AFTER January 1, 2008: All California schools have verified that graduates after this date have met this course requirement, so no documentation is necessary. ➡ Applicants who graduated ON OR BEFORE December 31, 2007: You must submit proof of completion of graduate level coursework in California Law and Ethics. No specific number of hours are required, but coursework must include all of the following content, and may be embedded in more than one course: • Contemporary professional ethics and statutes, regulations, and court decisions that delineate the scope of practice of clinical social work. • Therapeutic, clinical, and practical considerations involved in the legal and ethical practice of clinical social work, including, but not limited to, family law. • The current legal patterns and trends in the mental health professions. • Psychotherapist-patient privilege, confidentiality, dangerous patients, and the treatment of minors with and without parental consent. • A recognition and exploration of the relationship between a practitioner's sense of self and human values, and the practitioner's professional behavior and ethics. • Application of legal and ethical standards in different types of work settings. • Licensing law and process.	**Proof of completion of coursework in California Law and Ethics *(if graduated on or before December 31, 2007)***
COURSES REQUIRED PRIOR TO LICENSURE The courses listed on the next page must be completed prior to approval of your *Application for Licensure*. You may submit documentation of completion with your ASW application or wait until you apply for licensure. For required course providers and course content, see the next page. This information is also available in the *Statutes and Regulations (access at bbs.ca.gov> Applicant>scroll to the blue bar at the bottom of the page).*	Not required at this time but you may submit proof of completion with your ASW application
APPLICANTS WITH A DEGREE AWARD DATE OF 01/01/2021 OR LATER With the exception of the Telehealth course, applicants who graduated on or after January 1, 2021 with an in-state degree do NOT need to submit proof of additional coursework completion. All California-based degree programs have confirmed to the Board that all graduates after that date have completed the additional coursework within their degree program.	

ADDITIONAL COURSES REQUIRED PRIOR TO LICENSURE

Courses must be taken from a CSWE-accredited school or an acceptable continuing education provider *(access at www.bbs.ca.gov >Licensees>Continuing Education>Where to find CE Courses).*

COURSE	REQUIRED OF:	LENGTH	CONTENT REQUIRED
Suicide Risk Assessment and Intervention	All applicants	6 hours of coursework or applied experience	See BPC section 4996.27
Provision of Mental Health Services via Telehealth *(must include law and ethics related to telehealth)*	All applicants	3 hours	See the AB 1759 FAQ *(go to www.bbs.ca.gov> Updates/FAQs>Updates)*
Child Abuse Assessment and Reporting in California	All applicants	7 hours	See BPC section 28. Course must be based on California law.
Human Sexuality	All applicants	10 hours	See 16 CCR section 1807
Alcoholism and Other Chemical Substance Abuse and Dependency	All applicants	15 hours	See 16 CCR section 1807.3
Aging, Long Term Care and Elder/Dependent Adult Abuse	Applicants who entered a MSW program after 1/1/2004	10 hours	See BPC section 4996.25
Spousal/Partner Abuse Assessment, Detection, and Intervention	All applicants EXCEPT for those who entered a MSW program prior to 01/01/1995	• No specific number of hours for those who entered a MSW program prior to 12/31/03, but must be of sufficient length to cover the topics of assessment, detection and intervention • 15 hours for those who entered a MSW program after 1/1/2004	BPC section 4996.2(f)

ASSOCIATE CLINICAL SOCIAL WORKER (ASW) REGISTRATION

Board of Behavioral Sciences

APPLICATION CHECKLIST

In-State Applicants

Avoid application deficiencies!

Carefully read the preceding *Application Instructions* to ensure all requirements are met pertaining to the documents listed below:

☐ Completed Application (form number 37A-520)

☐ Official transcript(s) with degree title and date of conferral posted

☐ If you graduated ON OR BEFORE December 31, 2007, proof of completion of California Law and Ethics Coursework.

☐ Completed Request for Live Scan Service form **OR**

Two completed fingerprint "hard cards" with the $49 fingerprint card processing fee (check or money order payable to the Behavioral Sciences Fund)

☐ $75.00 check or money order payable to the Behavioral Sciences Fund

Important Information for

ASSOCIATE CLINICAL SOCIAL WORKER APPLICANTS

Board of Behavioral Sciences

1. PUBLICATIONS FOR ASWs

The following Board publications provide important information for *ASWs (access at www.bbs.ca.gov>Applicants>LCSW>Forms/Pubs):*

- Handbook for Future LCSWs
- Answers to Most Frequently Asked Questions Relating to ASWs
- ASW Supervisor Qualification Summary
- A Guide to Supervision for ASWs
- 10 Tips for a Smoother Licensing Process

2. WHEN CAN I BEGIN COUNTING POST-DEGREE EXPERIENCE? WHAT IS THE 90-DAY RULE?

The date that you may begin counting post-degree hours of experience toward licensure depends on all of the following:

➡ If you submit your *Application for Associate Registration* WITHIN 90 days from the date your qualifying degree was conferred (as posted on your transcript) you may begin accruing hours immediately upon your degree award date (as posted on your transcript).

➡ If you submit your *Application for Associate Registration* MORE than 90 days after the date your qualifying degree was conferred (as posted on your transcript) you may not begin accruing hours until your Associate registration (ASW) number has been issued.

Live Scan Requirement for Applicants who Graduated on or after January 1, 2020:

Hours may only be accepted under the "90-day-rule" described above IF the hours are obtained at a workplace that, prior to your gaining hours, required Live Scan fingerprinting. To count these hours, you must provide a copy of the processed "State of California Request for Live Scan Service" form (provided by your employer) with your *Application for Licensure*. A copy of the processed form is the ONLY acceptable documentation specified in law. If you cannot provide a copy of the processed Request for Live Scan Service form from your employer, your experience hours will only count from the date your Associate registration is issued. There are no exceptions. See the 90-day Rule FAQ for more information *(access at www.bbs.ca.gov>Updates/FAQs)*.

3. EXAM REQUIREMENT FOR RENEWAL OF REGISTRATION

Registrants Must Take a California Law and Ethics Exam to Renew

After your Associate registration is issued, you will be required to take the LCSW California Law and Ethics Exam. Your registration will not be renewable until the exam has been taken. You will be given instructions on applying for this exam once your registration has been issued. The California Law and Ethics Exam is designed to assess an applicant's knowledge of and ability to apply legal and ethical standards relating to clinical practice. See the Exams tab of the Board's website for more information.

4. CONTINUING EDUCATION REQUIREMENT FOR RENEWAL OF REGISTRATION

Registrants Must Complete 3 Hours of CE in California Law and Ethics to Renew

Three (3) hours of continuing education (CE) in California Law and Ethics is required once every renewal cycle in order to renew your registration. For more information see the Registrant CE Information Brochure *(access at www.bbs.ca.gov>Applicants>LCSW> Forms/Pubs).*

5. SUPERVISION AND WORK SETTING REQUIREMENTS

You are required to work under the supervision of a qualified supervisor in order to gain hours of experience toward licensure. You and your supervisor are required to complete a *Supervision Agreement* within 60 days of commencing supervision.

In addition, it is against the law for you to provide clinical services in a private practice setting or in a professional corporation prior to issuance of your ASW registration.

6. 6-YEAR LIMIT AND ISSUANCE OF SUBSEQUENT REGISTRATIONS

Your registration can only be renewed five (5) times, for a total six (6)-year length. If you need to continue beyond six years, you must apply for a subsequent registration number. A subsequent registration can only be issued to applicants who have passed the LCSW California Law and Ethics Exam. Those issued a subsequent registration are not permitted to work in a private practice setting or in a professional corporation.

7. AVOID YOUR FILE BEING CLOSED BY MEETING THE TIME FRAMES BELOW

In accordance with Title 16, California Code of Regulations (CCR) section 1806, an application shall be deemed abandoned in either of the following circumstances:

- You do not submit evidence that you have cleared the deficiencies specified in the deficiency letter within one (1) year from the date of the initial deficiency letter **OR**
- You do not complete your application within one (1) year after it has been filed.

To re-open an abandoned application, you must submit a new application, fee and all required documentation, as well as meet all current requirements in effect at the time the new application is submitted.

8. PUBLIC ADDRESS

The address you enter on your application is public information and will be placed on the Internet pursuant to BPC section 27. If you do not want your home or work address available to the public, use an alternate mailing address such as a post office box. Email addresses are not subject to public disclosure.

9. EMAIL AND MAILING ADDRESS CHANGES

You are required to maintain a current mailing address with the Board. You are also required to maintain a current email address with the Board if you have one. When you have a change in your mailing or email address, be sure to update it ASAP online at www.breeze.ca.gov.

10. STATUTES AND REGULATIONS

To obtain a copy of the Board's *Statutes and Regulations*, please download it from the Board's website *(go to www.bbs.ca.gov>Applicant and scroll to the bottom of the page).*

11. AMERICANS WITH DISABILITIES ACT

The Executive Officer of the Board has been designated to coordinate and carry out this agency's compliance with the nondiscrimination requirements of Title II of the ADA. Information concerning the provisions of the ADA, and the rights provided hereunder, are available from the ADA coordinator.

12. SOCIAL SECURITY NUMBER OR OTHER TAXPAYER IDENTIFICATION NUMBER

Disclosure of your tax identification number on your application is mandatory. You may provide either your Social Security Number, your Federal Employer Identification Number, or Individual Taxpayer Identification Number, as applicable. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405 (c) (2) (c)) authorizes collection of these tax identification numbers.

Your tax identification number will not be deemed a public record and shall not be open to the public. Your tax identification number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your tax identification number, your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a $100 penalty against you.

13. STATE TAX OBLIGATION

Pursuant to Business and Professions Code section 31(e), the State Board of Equalization and the Franchise Tax Board may share taxpayer information with the Board. If a registrant does not pay their state tax obligation, the individual's ASW registration may be suspended.

14. NOTICE OF COLLECTION OF PERSONAL INFORMATION

Please see the Notice on Collection of Personal Information *(access at www.bbs.ca.gov>About Us>About the Board>Other Information>Policies).*

15. QUESTIONS?

Please visit the **Contact Us** link at www.bbs.ca.gov and select an option under "Message the Board."

APPLICATION FOR

ASSOCIATE CLINICAL SOCIAL WORKER REGISTRATION

In-State Applicant

Board of Behavioral Sciences

Office Use Only:

Avoid delays and deficiencies - carefully read the Application Instructions FIRST

Attach Fee

SSN or ITIN*	Birth Date: mm/dd/yyyy	E-Mail Address	
Legal Name** Last	First	Middle	
Public Address of Record*** Number and Street			
City	State	Zip Code	Phone
If you have ever been known by another name, list the full name(s) and dates of use below (attach any additional names and dates):			
Full Name			Dates of Use (from/to)
Full Name			Dates of Use (from/to)

** Disclosure of your United States tax identification number is mandatory. You may provide either your Social Security Number, your Federal Employer Identification Number, or Individual Taxpayer Identification Number, as applicable. This number must match the number you provide on your fingerprint forms. See Important Information for Applicants for more information about how your tax identification number is used.*

*** You must use your legal name. Your "legal name" is the name established legally by your birth certificate, marriage or domestic partnership certificate, or divorce decree (for example).*

**** 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. All correspondence from the Board will be mailed to this address. If you do not want your home or work address available to the public, use an alternate mailing address such as a post office box.*

Applicant Name: Last	First	Middle

1. Have you ever served in the United States Armed Forces or the California National Guard? **(OPTIONAL)**

Yes, Currently ☐ No ☐
Yes, Previously ☐

2. Have you ever applied for or been issued a license, registration or certificate to practice clinical social work or any other health care profession in California or any other state?

Yes ☐ No ☐

If YES, *provide the information requested below (continue on an additional sheet if needed):*

State	Type of License, Registration or Certificate	License, Registration or Certificate Number	Date Issued	Status

3. Within the 7 years preceding your submission of this application, were you denied a professional health care license ("license" includes registrations, certificates, or other means to engage in practice) OR had a professional health care license or privilege suspended, revoked, or otherwise disciplined, OR voluntarily surrendered any such license in California or any other state or territory of the United States, or by any other governmental agency or a foreign country?

Yes ☐ No ☐

If YES, we recommend that you complete the Background Statement form to facilitate processing of your application (access at bbs.ca.gov>Consumers> Criminal Convictions>Forms).

We recommend that you answer "Yes" even if you have previously reported it to the Board, and indicate the type of professional license that was denied, suspended, disciplined, or surrendered, including the date(s) of the denial, suspension, disciplinary action, You do not need to resubmit documentation previously on file.

Applicant Name: Last	First	Middle

4. Have you submitted official transcripts verifying your qualifying master's degree? See *Application Instructions section D* for transcript requirements.

Yes – Sealed Transcripts via Mail ☐

Yes – Electronic Transcripts ☐

No ☐

5. If your degree was earned ON OR BEFORE December 31, 2007, have you attached proof of completion of a California Law and Ethics course? See *Application Instructions section E* for requirements.

Yes ☐ No ☐

6. **ADDITIONAL COURSEWORK:** The following courses are NOT required for Associate registration. However, they are required prior to your application for licensure. If you have already completed a course, you may list the course title and the provider below and submit documentation of completion now rather than with a future application. See *Application Instructions section E* for information on course content and provider requirements.

a) Suicide Risk Assessment and Intervention (6 hours)

Course Title(s): _____

Provider(s): _____

b) Provision of Mental Health Services via Telehealth (3 hours)

Course Title(s): _____

Provider(s): _____

c) Child Abuse Assessment and Reporting in California (7 hours)

Course Title(s): _____

Provider(s): _____

d) Human Sexuality (10 hours)

Course Title(s): _____

Provider(s): _____

e) Alcoholism and Other Chemical Substance Abuse and Dependency (15 hours)

Course Title(s): _____

Provider(s): _____

Applicant Name: Last	First	Middle

6. **ADDITIONAL COURSEWORK (continued):**

f) Aging, Long Term Care; Elder/Dependent Adult Abuse (10 hours)

Course Title(s): _____

Provider(s): _____

g) Spousal or Partner Abuse Assessment, Detection and Intervention (See Application Instructions)

Course Title(s): _____

Provider(s): _____

BACKGROUND INFORMATION – RESPONSE IS VOLUNTARY

Some criminal convictions will appear on the Board's background check and may require additional investigation prior to a licensing determination. For information on which convictions the Board is permitted to consider, see the **Criminal Conviction FAQ** *(access at bbs.ca.gov>Consumers> Criminal Convictions>Publications).* All currently pending criminal actions will appear on the Board's background check and may require additional investigation prior to a licensing determination.

You are not required to disclose any past convictions or pending criminal cases on this application. In some cases, voluntarily providing information with the application about convictions that the Board is permitted to consider may help an application get processed more quickly.

You may therefore choose to complete the *Background Statement* form *(access at bbs.ca.gov>Consumers> Criminal Convictions>Forms)* and submit it with your application along with evidence of rehabilitation. The form is available on the Board's website, and includes areas to report convictions the board is permitted to consider, or pending criminal actions.

You can also submit the *Background Statement* form and evidence of rehabilitation after you submit your application or in response to inquiries from the Board. You may seek legal assistance from a lawyer or legal aid organization before providing any information about your criminal history. The Board will not deny your application because you exercised your right not to provide criminal history information in your initial application.

NOTE: Knowingly making a false statement of fact that is required to be revealed in this application may be grounds for denial of this application

Signature of Applicant: _____ ***Date:*** _____

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

INSTRUCTIONS FOR LIVE SCAN FINGERPRINTING AND PRIVACY NOTICES

Live Scan Fingerprinting is available only in California. Live Scan fingerprint results will be submitted to the **Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI)** electronically.

If you need to have your fingerprints taken in another state, you must use the "hard card" fingerprint method. To request hard cards and instructions, send an email to BBS.Fingerprint@dca.ca.gov with "Fingerprint Hard Cards" in the subject line, and include your mailing address. Please be advised that the DOJ processing time for hard card fingerprints is a minimum of 8 to 12 weeks, or longer. In order to avoid processing delays and additional costs that result from invalid fingerprint cards, fingerprints must be taken at a law enforcement agency in the state of residence.

Fingerprint Fees - Paid to Live Scan Site

If you have your prints taken via Live Scan, you must pay the fingerprint fees below **directly to the site** where you have your Live Scan fingerprints taken:

DOJ FINGERPRINT PROCESSING FEE: $32.00
FBI FINGERPRINT PROCESSING FEE: $17.00

In addition to these processing fees, there may be a service charge associated with the Live Scan site you visit. The Live Scan service site will collect the above fees at the time you are fingerprinted. The Live Scan service charge may vary from location to location.

Complete the Request for Live Scan Service Form

You must complete and submit the attached *Request for Live Scan Service* form at the Live Scan site. Make sure that the information provided in Section 3 of the form matches the information on your BBS application. Once your fingerprints have been scanned, the Live Scan Operator will complete Section 4 of this form and return the second and third copies to you.

The second copy of this form, with Section 4 completed by the Live Scan Operator, must be MAILED to the BBS in order to retrieve your fingerprint results from the DOJ. Retain the third copy for your records as a proof of payment.

Live Scan Fingerprint Locations

You must visit an approved Live Scan Service Site. Most local Police and Sheriff Departments offer the Live Scan fingerprinting service. Some large school districts, passport services, and stores with generalized fingerprinting expertise may also offer Live Scan. A current listing of Live Scan sites is available on the DOJ website at https://oag.ca.gov/fingerprints/locations.

Consider calling the Live Scan service provider for hours of operation, fees, and appointment times if necessary. You must present valid photo identification (i.e., driver's license, military ID, or passport) at the Live Scan site.

Filling Out Your Live Scan Form

To facilitate prompt and accurate processing, please **TYPE or print legibly in ink.**

SECTION 1: ***Type of Application: LIC/CERT/PERMIT***

Check the box for the applicable registration or license you are applying for with the BBS. Even if you are applying for more than one registration or license type, **CHECK THE BOX FOR ONLY ONE LICENSE TYPE.** Your fingerprint results will be put towards ALL registrations and licenses you hold. You do not need to pay or be fingerprinted for each individual BBS license type.

SECTION 2: This section is already completed.

SECTION 3:

Name of Applicant: Enter your full name

Alias: Indicate all other names used

Date of Birth: Indicate your month/day/year of birth

Sex: Mark the appropriate box

Height: Indicate your height in feet and inches

Weight: Indicate your weight in pounds (lbs.)

Eye Color: Indicate eye color abbreviation:

BLK - Black	**GRY** - Gray	**MAR** - Maroon	**BLU** - Blue	**GRN** - Green
PNK – Pink	**BRO** - Brown	**HAZ** - Hazel	**MUL** - Multicolor	

Hair Color: Indicate hair color abbreviation:

BAL - Bald	**BRO** - Brown	**SDY** - Sandy	**BLK** - Black
GRY - Gray	**WHI** - White	**BLN** - Blonde	**RED** - Red

Place of Birth:	Indicate the state or country of birth
Social Security Number:	Enter your SSN or individual taxpayer ID number. Must match the number provided on your application.
Driver's License No:	Enter your Driver's license number if you have one.
Address:	Enter a mailing address of your choice. You may use a business address, your home address, or any current address. This address will not be viewable by the public, and will be used solely for the BBS' records.

Your BBS File number:
Enter your BBS file number. If you are a brand new applicant and do not currently hold an identifying number, leave this line blank.

If Resubmission, list Original ATI No.
This is only used for a second fingerprinting due to a prior fingerprint rejection. The ATI No. allows you to be re-fingerprinted without paying the DOJ and FBI processing fee (service charges may still apply.)

Applicant Signature
Sign and date the application to indicate that you have read the included Privacy Notice, Privacy Act Statement and Applicant's Privacy Rights.

SECTION 4:
To be completed by the Live Scan operator.

REQUEST FOR LIVE SCAN SERVICE

Privacy Notice

As Required by Civil Code § 1798.17

Collection and Use of Personal Information. The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Business and Professions Code sections 4600-4621, 7574-7574.16, 26050-26059, 11340-11346, and 22440-22449; Penal Code sections 11100-11112, and 11077.1; Health and Safety Code sections 1522, 1416.20-1416.50, 1569.10-1569.24, 1596.80-1596.879, 1725-1742, and 18050-18055; Family Code sections 8700-87200, 8800-8823, and 8900-8925; Financial Code sections 1300-1301, 22100-22112, 17200-17215, and 28122-28124; Education Code sections 44330-44355; Welfare and Institutions Code sections 9710-9719.5, 14043-14045, 4684-4689.8, and 16500-16523.1; and other various state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled; or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at http://oag.ca.gov/privacy-policy.

Providing Personal Information. All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request.

Access to Your Information. You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. In order to process applications pertaining to Live Scan service to help determine the suitability of a person applying for a license, employment, or a volunteer position working with children, the elderly, or the disabled, we may need to share the information you give us with authorized applicant agencies. The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes.
- To another government agency as required by state or federal law.

Contact Information. For questions about this notice or access to your records, you may contact the Associate Governmental Program Analyst at the DOJ's Keeper of Records at (916) 210-3310, by email at keeperofrecords@doj.ca.gov, or by mail at: Department of Justice Bureau of Criminal Information & Analysis Keeper of Records P.O. Box 903417 Sacramento, CA 94203-4170.

REQUEST FOR LIVE SCAN SERVICE

Privacy Act Statement

Authority. The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose. Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses. During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental, or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

REQUEST FOR LIVE SCAN SERVICE

Noncriminal Justice Applicant's Privacy Rights

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification[1] that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.[2]
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.[3]

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.[4]

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at https://www.fbi.gov/services/cjis/identity-history-summary-checks

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.) *You can find additional information on the FBI website at* https://www.fbi.gov/about-us/cjis/background-checks

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1 Written notification includes electronic notification, but excludes oral notification

2 https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement

3 See 28 CFR 50.12(b) 4 See U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c)

4 See U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c)

State of California
REQUEST FOR LIVE SCAN SERVICE
BCII 8016 (04/2020)
Applicant Submission

APPLICANT

SECTION 1

ORI: **A0462**
(Code assigned by DOJ)

Type of Application: **LIC/CERT/PERMIT**

Type of License: ***(Mark Only ONE)***

Marriage and Family Therapist **Clinical Social Worker**

Educational Psychologist **Professional Clinical Counselor**

SECTION 2

Agency Authorized to Receive Criminal Record Information:

Board of Behavioral Sciences
1625 North Market Blvd. Suite S-200
Sacramento CA 95834

Mail Code: **01484**

Contact Name: Fingerprint Unit
Contact Phone: (916) 574-7859

SECTION 3

Name of Applicant: _____ _____ _____
(Please Print) Last First MI

Alias: _____
Last First

Driver's License No.: _____

Date of Birth: _____ Sex: Male Female

Billing No.: **APPLICANT MUST PAY**

Height: _____ Weight: _____

Address:

Eye Color: _____ Hair Color: _____

_____
Number and Street

Place of Birth: _____

_____ ____ _____
City State Zip

Social Security Number: _____

BBS File Number: _____

BBS Applicant: Please mail a copy of this form to the address in Section 2 with your BBS application.

If Resubmission, list Original ATI No.:

_____
(Must provide proof of rejection)

Level of Service: ☒ DOJ ☒ FBI

I have received and read the included Privacy Notice, Privacy Act Statement and Applicant's Privacy Rights.

Applicant Signature:_____ Date:_____

SECTION 4

Live Scan Transaction Completed By: _____ Date: _____

Transmitting Agency: _____ LSID: _____

ATI No.: _____ Amount Collected/Billed: _____

ORIGINAL – Live Scan Operator **SECOND COPY – Requesting Agency** **THIRD COPY - Applicant**