



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 EDUCATIONAL PSYCHOLOGIST APPLICATION PACKET

Dear Applicant:

Thank you for your interest in becoming a California Licensed Educational Psychologist. Included in this packet are:

1. Application Instructions
2. Important Information for Applicants
3. LEP Examination Eligibility Application
4. Experience Verification forms:
 - A. Verification of Supervised Experience
 - B. Verification of Experience as a Credentialed School Psychologist
5. Examination Security Notice
6. Important Live Scan Information and Instructions
7. Request for Live Scan Service form

BOARD OF BEHAVIORAL SCIENCES



Board of Behavioral Sciences
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APPLICATION INSTRUCTIONS

LICENSED EDUCATIONAL PSYCHOLOGIST

Submit completed application to: Board of Behavioral Sciences
1625 North Market Blvd., Suite S200
Sacramento, CA 95834

Carefully read the following instructions to ensure an accurate and complete application package and that all required original documents are furnished to the Board. *All items are mandatory unless otherwise indicated.* Any omission may result in the application being deficient or delayed.

1. APPLICATION

- Complete all sections of the application in ink.
- The application must have your original signature.
- 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: Though providing your email address is optional, the Board strongly recommends submission to facilitate communication.

2. PHOTOGRAPH

Should measure approximately 2" X 2" and be taken within 60 days of the filing of this application. The photograph must be of passport quality of your head and shoulders only. Attach the photograph to the application in the space provided.

3. EXAMINATION SECURITY AGREEMENT

The *Examination Security Agreement* must be completed and signed in ink. Failure to complete the notice will affect your eligibility to take the examination.

4. FEE:

Submit a \$200.00 check or money order made payable to the Behavioral Sciences Fund. The \$200.00 fee consists of a \$100.00 application fee and \$100.00 written examination fee. The \$100.00 application fee is an earned fee for evaluation of your application and is NOT REFUNDABLE.

5. FINGERPRINTING

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: Download the *Request for Live Scan Service Applicant Submission* from our web site. The information on this form must match the information you provide on your application. The second copy of this form, with box 6 completed, must be submitted with 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. DO NOT SUBMIT YOUR FINGERPRINTS TO THE BOARD UNTIL YOU HAVE SUBMITTED YOUR APPLICATION – we are unable to process them until your application is received. The DOJ processing time for hard card fingerprints is a minimum of 8 to 12 weeks. To avoid processing delays and additional costs that result from invalid fingerprint cards, the Board recommends fingerprints be taken at a law enforcement agency in the state of residence.

6. TRANSCRIPTS

Provide official transcript(s) verifying your master's degree and completion of a minimum of 60 semester hours (or 90 quarter hours) of postgraduate coursework in pupil personnel services. TRANSCRIPTS MUST BE IN AN ENVELOPE SEALED BY THE EDUCATIONAL INSTITUTION.

7. CREDENTIAL

Provide a copy of your Pupil Personnel Services Credential showing a specialization in School Psychology.

8. EXPERIENCE VERIFICATION FORMS

Applicants must submit BOTH of the forms listed below in order to show proof of completing the experience requirements for licensure. The forms must have the original signature of the verifying party.

a) Verification of Experience as a Credentialed School Psychologist
(Form #37A-501):

Use this form to provide verification of two (2) years of full time (or equivalent) experience as a credentialed school psychologist. This form must be completed by an authorized school district employee with professional knowledge of your experience. This experience must have been obtained within the six (6) years immediately preceding the date on which your *Examination Eligibility Application* is received by the Board.

AND

b) Supervised Professional Experience Verification (Form #37A-502):

Use this form to provide verification of EITHER of the following (only A or B is required):

A. One (1) year of supervised professional experience in an accredited school psychology program.

OR

B. One (1) year of full time (or equivalent) experience as a credentialed school psychologist obtained under the direction of a Licensed Educational Psychologist or a Licensed Psychologist.

Note: The above experience (A or B) can be older than six (6) years from the date your application for licensure is received.

9. BACKGROUND QUESTIONS (A - D)

If you answered YES to application questions A, B, C or D, complete the [Background Statement](#), available on the Board's website. Please be aware that your processing time will be longer than normal and will also be dependent on your providing all information required by the Board.



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IMPORTANT INFORMATION FOR APPLICANTS SUBMITTING AN LEP EXAMINATION ELIGIBILITY APPLICATION

1. VETERANS HONORABLY DISCHARGED RECEIVE EXPEDITED REVIEW

The Board is required to expedite the licensure process for an applicant who is a honorably discharged veteran of the U.S. Armed Forces pursuant to Business and Professions Code section 115.4. Download the request form from the Board's [website](#) and include it ON TOP OF your application.

2. SPOUSES OR PARTNERS OF PERSONS ON ACTIVE MILITARY DUTY RECEIVE EXPEDITED REVIEW

The Board is required to expedite the licensure process for an applicant whose spouse or partner or partner by way of another legal union, is an active duty member of the U.S. Armed Forces and meets other criteria pursuant to Business and Professions Code section 115.5. Download the request form from the Board's [website](#) and include it ON TOP OF your application.

3. RECEIPT OF APPLICATION

If you would like to know whether the Board has received your application, the Board recommends that you mail your application in a manner that includes tracking. You can also check with the bank to see if your check or money order has been cashed. Another option is to include a self-addressed stamped postcard or envelope ON TOP OF your application, which will be mailed back to you upon receipt.

4. ABANDONMENT OF EXAMINATION ELIGIBILITY APPLICATION

An application shall be deemed abandoned in any of the circumstances described below. Abandonment could have major consequences, including the loss of any experience hours more than six (6) years old at the time of application. Per Title 16, California Code of Regulations Section 1806, an application shall be deemed abandoned when:

- Applicant does not submit evidence that he or she has cleared the deficiencies specified in the deficiency letter within one (1) year from the date of the initial deficiency letter.

- Applicant fails to sit for examination within one (1) year after being notified of eligibility.
- Applicant fails to pay the initial license fee within one (1) year after notification by the board of successful completion of examination requirements.

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

5. EXAMINATION:

Once the Board evaluates your application, you will receive one of the following:

- A notice describing any deficiencies in your application OR
- A notice of eligibility to take the written examination

The written examination contains objective multiple-choice questions and is offered at various locations throughout California. Upon receipt of your notice of eligibility, it is your responsibility to contact the testing administrator to schedule your examination. Further information is provided in the *LEP Written Examination Candidate Handbook*, available on the Board's [website](#).

6. REQUESTS FOR TESTING ACCOMMODATIONS:

Pursuant to Title II of the Americans with Disabilities Act (ADA) and California law, the Board will provide reasonable accommodations to qualified candidates with mental disabilities, physical disabilities, or other qualifying medical conditions which limit a major life activity or a major bodily function.

Accommodations may be made to the regular testing environment, and auxiliary aids and services may be provided that allow applicants with disabilities to demonstrate their true aptitude. However, the Board will not provide accommodations that fundamentally alter the measurement of the skills or knowledge the examination is intended to test.

- Candidates do NOT need to request an accommodation for a physically accessible exam site, as all sites are physically accessible.
- A testing accommodation CANNOT be provided at the examination site unless prior approval has been granted. DO NOT SCHEDULE YOUR EXAMINATION UNTIL YOUR ACCOMMODATION HAS BEEN APPROVED. Otherwise, the testing vendor will be unable to provide your requested accommodation.

- A candidate who seeks an accommodation is responsible for submitting the request and providing reasonable documentation to substantiate the need for accommodation.
- Refer to the *Candidate Request for Testing Accommodation* packet, available on the Board's [website](#), for instructions on how to submit your request, or contact the Board directly to request the packet be mailed to you.

PROCESSING TIME WILL VARY DEPENDING ON THE VOLUME OF REQUESTS RECEIVED FROM APPLICANTS.

7. NONDISCRIMINATION AND ADA COORDINATOR

The Executive Officer of the Board has been designated to coordinate and carry out the Board's compliance with the nondiscrimination requirements of Title II of the Americans with Disabilities Act (ADA). Information concerning the provisions of the ADA, and the rights provided thereunder, are available from the ADA coordinator.

8. INITIAL LICENSE APPLICATION AND FEE

Once you have passed both examinations, you will be required to submit a *Request for Initial License* form, along with the fee indicated on the form, in order to have your license issued. This form is available on the Board's [website](#), or you may request one be mailed to you.

9. PUBLIC ADDRESS and CHANGE OF ADDRESS

The address you enter on any Board form 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, such as a post office box. California law requires all persons regulated by the Board to [notify the Board in writing](#) within 30 days of any change of address.

10. STATUTES AND REGULATIONS

To obtain a copy of the Board's *Statutes and Regulations*, please access it from the Board's [website](#) or submit a written request to the Board.

11. MANDATORY REPORTER

Under California law each person licensed by the Board of Behavioral Sciences is a "mandated reporter" for both child, elder and/or dependent adult abuse or neglect purposes. California Penal Code section 11166 and Welfare and Institutions Code section 15630 require that all mandated reporters make a report to an agency specified [generally law enforcement, state, and/or county adult protective services

agencies, etc...] in Penal Code section 11165.9 and Welfare and Institutions Code section 15630(b)(1) whenever the mandated reporter, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a child, elder and/or dependent adult whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or elder and/or dependent abuse or neglect.

The mandated reporter must make a report of such abuse or neglect immediately, or as soon as practically possible, in the manner specified in Penal Code Section 11166 (for child abuse or neglect) or in Welfare and Institutions Code Section 15630 (for elder or dependent adult abuse or neglect).

Failure to comply with the requirements of Section 11166 and Section 15630 is a misdemeanor, punishable by up to six months in a county jail, by a fine of one thousand dollars (\$1,000), or by both that imprisonment and fine.

For further details about these requirements, consult Penal Code sections 11164 and Welfare and Institutions Code section 15630, and subsequent sections.

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 – EFFECTIVE JULY 1, 2012:

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 licensee or applicant does not pay his or her state tax obligation, his or her license or registration may be suspended.

14. NOTICE OF COLLECTION OF PERSONAL INFORMATION:

The Board of Behavioral Sciences of the Department of Consumer Affairs collects the personal information requested in the *Licensed Educational Psychologist Examination Eligibility Application* as authorized by Business and Professions Code sections 27, 30, 114.5, 480, and 4989.20; Title 16 of the California Code of Regulations sections 1805, 1806 and 1856; and the Information Practices Act. The Board uses this information principally to identify and evaluate applicants for licensure, issue and renew licenses, and enforce licensing standards set by statutes and regulations.

Mandatory Submission. Submission of the requested information is mandatory. The Board cannot consider your application for registration, licensure or renewal unless you provide all of the requested information.

Access to Personal Information. You may review the records maintained by the Board of Behavioral Sciences that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. We make every effort to protect the personal information you provide us. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code section 6250 and following), as allowed by the Information Practices Act (Civil Code section 1798 and following);
- To another government agency as required by state or federal law; or
- In response to a court or administrative order, a subpoena, or a search warrant.

Contact Information. For questions about this notice or access to your records, you may contact the Board at (916) 574-7830 or by email at BBS.info@dca.ca.gov. For questions about the Department of Consumer Affairs' privacy policy or the Information Practices Act, you may contact the Department of Consumer Affairs, 1625 North Market Blvd., Sacramento, CA 95834, (800) 952-5210 or email dca@dca.ca.gov.



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LICENSED EDUCATIONAL PSYCHOLOGIST EXAMINATION ELIGIBILITY APPLICATION

\$200 FEE MUST ACCOMPANY THIS FORM

Make check payable to - Behavioral Sciences Fund

Type or print clearly in ink

1. Legal Name*: Last		First		Middle	
2. If you have ever been known by another name, list the full name(s) and dates of use below (attach additional names and dates):					ATTACH A PHOTOGRAPH TAKEN WITHIN 60 DAYS OF FILING THIS APPLICATION (Head and Shoulders Only)
Full Name			Dates of Use (to/from):		
Full Name			Dates of Use (to/from):		
3. Address of Record** Number and Street					
City		State	Zip Code		
4. Business Telephone			5. Residence Telephone		
6. E-Mail Address (OPTIONAL)			7. Birth Date: mm/dd/yyyy		
8. SSN or ITIN***		9. Qualifying Degree Title		10. Name of School	

11. Have you ever served in the United States Armed Forces or the California National Guard (OPTIONAL)?
 Yes, Currently Yes, Previously No

Applicant Name: Last	First	Middle
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12. Have you ever applied for or been issued a license, registration or certificate to practice educational psychology or any other healing art 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

13. Other post-graduate education:

School Name	Course of Study	Degree	Date Awarded

Applicant Name: Last	First	Middle
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BACKGROUND QUESTIONS

A. Have you been convicted of, pled guilty to, or pled nolo contendere to any misdemeanor or felony in the United States, its territories, or a foreign country? Convictions dismissed under sections 1203.4, 1203.4a, or 1203.41 of the Penal Code (or equivalent non-California law) must be disclosed. If you have obtained a dismissal of such a conviction, submit a certified copy of the court order.

DO NOT INCLUDE:

- Convictions prior to your 18th birthday, unless you were charged as an adult;
- Charges dismissed under section 1000.3 of the Penal Code;
- Convictions under sections 11357(b), (c), (d), (e) or section 11360(b) of the Health and Safety Code which are two (2) years or older;
- Traffic violations for which a fine of \$500 or less was imposed; or
- Infractions

Yes No

If YES, you must complete Part A of the [Background Statement](#) form, available on the Board's website. You must disclose convictions even if previously reported to the Board. However, it is not necessary for you to resubmit documentation previously on file. Instead, provide a written statement indicating that you believe the information is already on file.

B. Is any criminal action pending against you, or are you currently awaiting judgment and sentencing following entry of a plea or jury verdict? **DO NOT INCLUDE:**

- Traffic violations for which a fine of \$500 or less was imposed
- Infractions

Yes No

If YES, you must complete Part B of the [Background Statement](#) form, available on the Board's website.

C. Have you ever been denied a professional license ("license" includes registrations, certificates, or other means to engage in practice) OR had a professional license 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, you must complete Part C of the [Background Statement](#) form, available on the Board's website. Disclosure is required even if previously reported to the Board. However, it is not necessary for you to resubmit documentation previously on file. Instead, provide a written statement indicating that you believe the information is already on file.

Applicant Name: Last	First	Middle
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D. Does your current use of chemical substances in any way impair or limit your ability to interact safely with the public while engaging in the practice of educational psychology?

Yes No N/A

If YES, you must complete Part D of the [Background Statement](#) form, available on the Board's website.

NOTE: Knowingly providing false information or omitting pertinent information may be grounds for denial of this application. The board has the right to refuse to issue any registration or license, or may suspend or revoke the license or registration of any registrant or licensee if the applicant secures the license or registration by fraud, deceit, or misrepresentation.

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

** You must use your legal name. Your "legal name" is the name established legally by a court order, 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 sent 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.**

***** Disclosure of your 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. 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.**



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LICENSED EDUCATIONAL PSYCHOLOGIST VERIFICATION OF SUPERVISED EXPERIENCE

Complete either Section I OR Section II of this form. All information on this form is subject to verification. Be sure to:

- Use a separate form for each work setting
- Make certain that the form is complete and correct prior to signing
- Provide an original signature in ink and have the signer initial any changes

SECTION I

FIELD EXPERIENCE OR INTERNSHIP

An individual with professional knowledge of your field experience or internship must complete this section in order to verify completion of one (1) year of supervised professional experience in an accredited school psychology program. NOTE: If you do not have this type of experience, complete Section II only.

APPLICANT: *(Type or print clearly in ink)*

Applicant Name:	Last	First	Middle
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SCHOOL / SCHOOL DISTRICT: *(Type or print clearly in ink)*

1. Name of School or School District Where Experience was Completed:		2. Telephone Number:	
3. Dates of Applicant's Experience:	From: _____ mm/dd/yyyy	To: _____ mm/dd/yyyy	
4. Field Experience or Internship Course Numbers and Titles:			

I have professional knowledge that the above applicant completed one year of supervised professional experience as indicated above. NOTE: Knowingly providing false information or omitting pertinent information may be grounds for denial of this application.

Signature of Employer/School District's Authorized Designee

Date Signed

Print Name

Title

SECTION II *(next page)*

LICENSED EDUCATIONAL PSYCHOLOGIST VERIFICATION OF SUPERVISED EXPERIENCE

SECTION II

EXPERIENCE UNDER LEP OR LICENSED PSYCHOLOGIST

Your supervisor must complete this section in order to verify completion of one (1) year of full-time (or the equivalent) experience as a Credentialed School Psychologist, obtained under the direction of either a Licensed Educational Psychologist or a Licensed Psychologist.

NOTE: If you do not have this type of experience, complete Section I only.

APPLICANT: *(Type or print clearly in ink)*

Applicant Name:	Last	First	Middle
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SUPERVISOR: *(Type or print clearly in ink)*

1. Supervisor's Name: Last				First		Middle	
2. Supervisor License Information (LEP or Licensed Psychologist):							
<i>NOTE: If you are licensed out-of-state, provide a copy of your license.</i>							
Type of License		License Number		State		Date Originally Licensed	
3. Supervisor Phone Number:				4. Name of School/School District:			
5. Dates of Experience:		From: _____		To: _____			
		mm/dd/yyyy		mm/dd/yyyy			
6. Applicant worked: <input type="checkbox"/> Full-time							
<input type="checkbox"/> Part-time (Provide the number of hours worked per month: _____)							

I hereby attest that the applicant completed the above supervised experience under my direction.

NOTE: Knowingly providing false information or omitting pertinent information may be grounds for denial of this application. The Board may take disciplinary action on a licensee who helps an applicant obtain a license by fraud, deceit or misrepresentation.

Signature of Supervisor

Date Signed



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LICENSED EDUCATIONAL PSYCHOLOGIST VERIFICATION OF EXPERIENCE AS A CREDENTIALLED SCHOOL PSYCHOLOGIST

This form must be completed by an authorized school district employee with professional knowledge of the applicant's experience as a Credentialed School Psychologist. All information on this form is subject to verification. Two (2) years of full-time experience or equivalent part-time experience is required. Be sure to:

- Use a separate form for each employment setting
- Make certain that the form is complete and correct prior to signing
- Provide an original signature in ink and have the signer initial any changes

NOTE: An applicant cannot be credited with experience as a Credentialed School Psychologist if it was obtained more than six (6) years prior to filing the LEP Examination Eligibility Application Packet.

APPLICANT: (Type or print clearly in ink)

Applicant Name:	Last	First	Middle
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EMPLOYER / SCHOOL DISTRICT: (Type or print clearly in ink)

1. Employer/School District Name:		2. Telephone Number:	
3. Address: Number and Street		City	
State	Zip Code	4. Position Occupied by Applicant: <input type="checkbox"/> School Psychologist <input type="checkbox"/> Other: _____	
5. Dates of Applicant's Employment: From: _____ To: _____ mm/dd/yyyy mm/dd/yyyy		6. Number of Hours Worked per Week: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time (Provide the number of hours worked per month: _____)	

I have professional knowledge that the above applicant completed the above experience as a Credentialed School Psychologist. NOTE: Knowingly providing false information or omitting pertinent information may be grounds for denial of this application.

 Signature of Employer/School District's Authorized Designee

 Date Signed

 Print Name

 Title



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EXAMINATION SECURITY AGREEMENT

California statutes authorize state agencies to maintain the security of their licensing examinations. Section 123 of the Business and Professions Code states:

“It is a misdemeanor for any person to engage in any conduct which subverts or attempts to subvert any licensing examination or the administration of an examination...”

Conduct that subverts or attempts to subvert a licensing examination includes:

- Removal of examination materials from the examination room;
- Unauthorized reproduction of any and all portions of a licensing examination;
- Acquisition of examination materials before, during, or after the examination;
- Preparation or instruction of applicants for the examination with the aid of examination material;
- Paying or using professional examination takers to reconstruct any portions of a licensing examination;
- Buying, selling, or receiving future, current, or previously administered examination materials;
- Communicating with other candidates during the examination or permitting one’s answers to be copied by another candidate;
- Impersonating another candidate or having another person take the examination on one’s behalf.

A person found guilty of any of these acts is liable for damages sustained by the agency administering the examination in an amount not to exceed \$10,000, plus the costs of litigation. In addition, a board may deny, suspend, revoke, or otherwise restrict the license of an applicant or a licensee who has violated the above.

COMPLETE THIS SECTION

I have read and fully understand the above requirements and hereby certify that I am the person named below who applied for licensure with the Board of Behavioral Sciences.

License Application Type: LCSW MFT LEP LPCC

Candidate’s Name: _____
 (print) Last First Middle

Date of Birth: _____

Candidate’s
 Signature: _____ Date _____



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INSTRUCTIONS FOR LIVE SCAN FINGERPRINTING

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 application. Once your fingerprints have been scanned, the Live Scan Operator will complete Box 6 of this form and return the second and third copies to you.

The second copy of this form, with Box 6 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 <http://ag.ca.gov/fingerprints/publications/contact.php>

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**

SECTION 1: Job Title or Type of License, Certification or Permit:

Check the box for the applicable license, or registration you are applying for with the BBS. If you are a Licensee with multiple licenses, only check your most used license type. Your fingerprint results will be put towards ALL licenses you hold. You will not need to pay and/or be fingerprinted for each individual BBS license you hold. **CHECK THE BOX FOR ONLY ONE 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: Place an "X" in 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.

SECTION 4:

Your number:

Enter your current BBS license or registration number. Enter all that apply. If you are a brand new applicant and do not currently hold an identifying number, leave this line blank.

If resubmission, list the 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.)

SECTION 5: Leave this section blank.

SECTION 6: To be completed by the Live Scan operator.

APPLICANT

SECTION 1

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

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

Job Title or Type of License, Certification or Permit: **(Only One Title)**

Marriage and Family Therapist

Clinical Social Worker

Educational Psychologist

Professional Clinical Counselor

SECTION 2

Agency Address Set Contributing Agency

Mail Code: **01484**

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

Contact Name: **Fingerprint Unit**

Contact Phone: **(916) 574-7859**

SECTION 3

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

Alias: _____ Driver's License No: _____
Last First

Date of Birth: _____ SEX: Male Female Misc. No. BIL: **APPLICANT MUST PAY**
Agency Billing Number

Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____ Address: _____
Street No.

Place of Birth: _____ City State Zip

Social Security Number: _____

SECTION 4

Your Number _____
BBS File Number (Example: 103123)

BBS Applicant: Please mail a copy of this form to the address in Box 2 upon completion.

If resubmission, list Original ATI No. _____ Level of Service DOJ FBI

SECTION 5

Employer: (Additional response for agencies specified by statute)

LEAVE THIS SECTION BLANK

Employer Name _____

Street No. _____ Street or PO Box _____

Mail Code (assigned by DOJ) _____

City _____ State _____ Zip Code _____

Agency Telephone No. (optional) _____

SECTION 6

Live Scan Transmission Completed By: _____ Date: _____

Transmitting Agency _____ ATI No. _____ Amount Collected/Billed _____

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

APPLICANT

SECTION 1

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

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

Job Title or Type of License, Certification or Permit: **(Only One Title)**

Marriage and Family Therapist

Clinical Social Worker

Educational Psychologist

Professional Clinical Counselor

SECTION 2

Agency Address Set Contributing Agency

Mail Code: **01484**

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

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

SECTION 3

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

Alias: _____ Driver's License No: _____
Last First

Date of Birth: _____ SEX: Male Female Misc. No. BIL: **APPLICANT MUST PAY**
Agency Billing Number

Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____ Address: _____
Street No.

Place of Birth: _____ City State Zip

Social Security Number: _____

SECTION 4

Your Number _____
BBS File Number (Example: 103123)

BBS Applicant: Please mail a copy of this form to the address in Box 2 upon completion.

If resubmission, list Original ATI No. _____ Level of Service DOJ FBI

SECTION 5

Employer: (Additional response for agencies specified by statute)

LEAVE THIS SECTION BLANK

Employer Name _____

Street No. _____ Street or PO Box _____

Mail Code (assigned by DOJ) _____

City _____ State _____ Zip Code _____

Agency Telephone No. (optional) _____

SECTION 6

Live Scan Transmission Completed By: _____ Date: _____

Transmitting Agency _____ ATI No. _____ Amount Collected/Billed _____

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

APPLICANT

SECTION 1

ORI: A0462
(Code assigned by DOJ)

Type of Application: LIC/CERT/PERMIT

Job Title or Type of License, Certification or Permit: **(Only One Title)**

Marriage and Family Therapist

Clinical Social Worker

Educational Psychologist

Professional Clinical Counselor

SECTION 2

Agency Address Set Contributing Agency

Mail Code: 01484

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

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

SECTION 3

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

Alias: _____ Driver's License No: _____
Last First

Date of Birth: _____ SEX: Male Female Misc. No. BIL: **APPLICANT MUST PAY**
Agency Billing Number

Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____ Address: _____
Street No.

Place of Birth: _____ City State Zip

Social Security Number: _____

SECTION 4

Your Number _____
BBS File Number (Example: 103123)

BBS Applicant: Please mail a copy of this form to the address in Box 2 upon completion.

If resubmission, list Original ATI No. _____ Level of Service DOJ FBI

SECTION 5

Employer: (Additional response for agencies specified by statute)

LEAVE THIS SECTION BLANK

Employer Name _____

Street No. _____ Street or PO Box _____

Mail Code (assigned by DOJ) _____

City _____ State _____ Zip Code _____

Agency Telephone No. (optional) _____

SECTION 6

Live Scan Transmission Completed By: _____ Date: _____

Transmitting Agency _____ ATI No. _____ Amount Collected/Billed _____

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