



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



REQUEST FOR LICENSE OR REGISTRATION CERTIFICATION

REQUIRED FEE MUST ACCOMPANY THIS FORM **Number of certifications requested (\$25 per certification):**
Make check payable to - Behavioral Sciences Fund _____ x \$25 = \$ _____ (Total Fee Required)

A Certification of License will include current license status, any disciplinary action taken against the license, and renewal information. This certification is provided in good faith. If the fee does not clear the financial institution, this certification is considered invalid and the licensee will be notified immediately.

1) I hereby request certification of license or registration status for the following:

- | | |
|--|--|
| <input type="checkbox"/> Associate Clinical Social Worker (ASW)
<input type="checkbox"/> Associate Marriage and Family Therapist (AMF)
<input type="checkbox"/> Associate Professional Clinical Counselor (APC)
<input type="checkbox"/> Licensed Clinical Social Worker (LCSW) | <input type="checkbox"/> Licensed Marriage and Family Therapist (LMFT)
<input type="checkbox"/> Licensed Educational Psychologist (LEP)
<input type="checkbox"/> Licensed Professional Clinical Counselor (LPCC) |
|--|--|

2) Requestor Information

Please type or print clearly in ink

Name of Requester:				
Requestor Mailing Address :	Number and Street	City	State	Zip Code
Requestor Telephone:	Fax Number:	Email Address:		

3) Certification requested for the following licensee/registrant:

Name of Licensee or Registrant:	License or Registration Number:
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4) The certification will be mailed to the following location(s):

Attach additional addresses if necessary

Name:				
Company Name (if applicable):				
Mailing Address :	Number and Street	City	State	Zip Code
Business Telephone:	Fax Number:	Email Address:		

Name:				
Company Name (if applicable):				
Mailing Address :	Number and Street	City	State	Zip Code
Business Telephone:	Fax Number:	Email Address:		