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

REQUEST FOR LICENSE OR REGISTRATION CERTIFICATION

REQUIRED FEE MUST ACCOMPANY THIS FORM
Make check payable to - Behavioral Sciences Fund

FEE
$25 per Certificate

For Office Use Only

Cashiering No.

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

- ☐ Associate Clinical Social Worker (ASW)
- ☐ Marriage and Family Therapist Intern (IMF)
- ☐ Professional Clinical Counselor Intern (PCCI)
- ☐ Licensed Clinical Social Worker (LCSW)
- ☐ Licensed Marriage and Family Therapist (LMFT)
- ☐ Licensed Educational Psychologist (LEP)
- ☐ Licensed Professional Clinical Counselor (LPCC)

A Certification of License will include current license status, any disciplinary action taken against the license, and renewal information.

2) Number of certifications requested ($25 per certificate requested): _____

3) 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:		

4) Certification requested for the following licensee/registrant:

Name of Licensee or Registrant:	License or Registration Number:

5) 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:		

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

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.