



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



LICENSED PROFESSIONAL CLINICAL COUNSELOR OUT-OF-STATE LICENSE OR REGISTRATION VERIFICATION

APPLICANT: Complete this section authorizing release of information by another state licensing agency. Mail this form and any necessary fees to that licensing agency.

Verification For: Applicant Applicant's Supervisor

Name of California Applicant:

Last	First	Middle	BBS File No. or APC No.
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Name of Individual to be Verified:

Last	First	Middle	License Number
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I hereby authorize the release of my information to the California Board of Behavioral Sciences

Signature of individual to be verified: _____ Date: _____

STATE BOARD/LICENSING AGENCY: Please return this form to the above address.

1. Full name as shown in your records: _____
2. License or Registration Title: _____
3. License or Registration Status: _____
 Issue Date: _____ Expiration Date: _____
4. Any disciplinary action? Yes No If YES, attach an explanation.

 Signature of Person Completing Form

 Date

 Printed Name and Title

State Board/Licensing Agency
 Stamp Here

 State Board or Licensing Agency Name

 State

 Phone Number