



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

IN-STATE

APPLICATION FOR LICENSURE

For applicants who hold a California Associate Registration*

- ➔ This application is for individuals who need their hours of supervised experience to be evaluated in order to qualify for the National Clinical Mental Health Counselor (NCMHCE) Examination.
- ➔ Your hours of experience must be gained within the six (6) years prior to the date the Board receives this application
- ➔ This application can be submitted before you pass the LPCC Law and Ethics Examination

Dear In-State Applicant:

Thank you for your interest in becoming a California Licensed Professional Clinical Counselor (LPCC). Included in this packet are the following forms and documents:

1. Application Instructions
2. Important Information for Applicants
3. In-State Application for Licensure
4. In-State Experience Verification form

BOARD OF BEHAVIORAL SCIENCES

This application may also be used by applicants with an Out-of-State degree who have gained experience hours in California. You may have coursework to complete - please refer to the notice sent upon approval of your Associate application. If you have any Out-of-State experience, please use an [Out-of-State Experience Verification form](#) (scroll to "Supervision Forms"). *Do not use this application if you are licensed at the highest level for independent practice in another state. Use the [Out-of-State Application for Licensure](#) instead.

APPLICATION FOR LICENSURE
**LICENSED PROFESSIONAL
CLINICAL COUNSELOR**



In-State Applicants

Application Instructions

Read Carefully Before Completing Your Application

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

EXPEDITED REVIEW

The Board is required to expedite the licensure process for the following applicants:

- **Honorably discharged veterans of the U.S. Armed Forces** pursuant to Business and Professions Code (BPC) section 115.4. Download the request form from the Board's [website](#) and include it ON TOP OF your application.
- **Spouses/Partners of persons on active duty military** pursuant to BPC section 115.5. Download the request form from the Board's [website](#) and include it ON TOP OF your application.
- **Refugees / Asylees / Special Immigrant Status Holders ("SI" or "SQ")** pursuant to BPC section 135.4. Download the request form from the Board's [website](#) and include it ON TOP OF your application.

RECEIPT OF APPLICATION

If you would like to know whether the Board has received your application, you will need to 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.

Carefully read ALL 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 your application being deficient or delayed.

A. APPLICATION

Instructions	Document(s) Required
<ul style="list-style-type: none">• Complete all sections of the <i>Application for Licensure</i> 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).• <u>Name Change</u>: If you have registered with the Board previously and have changed your legal name without notifying the Board, submit a Notification of Name Change form with your application packet along with the required documentation.• <u>Email Address</u>: The Board strongly recommends submission of your email address to facilitate communication.	Completed and signed <i>Application for Licensure</i>

B. FEE

Instructions	Document(s) Required
Attach a \$250.00 check or money order made payable to the Behavioral Sciences Fund. This is an application fee for evaluating your experience and is NOT REFUNDABLE.	\$250 check or money order payable to Behavioral Sciences Fund

D. SUPERVISED EXPERIENCE (continued)

Instructions	Document(s) Required
<p>W-2 FORMS: If you were employed while gaining hours, you must submit a copy of your W-2 for each year you are claiming, and for each employer. If your W-2 is not available, you may submit a copy of your “Wage and Income Transcript” from the Internal Revenue Service. If a W-2 is not available for the current year, attach a copy of a current pay stub. If your W-2 does not match the name of your employer listed on the experience verification form, an explanation is required. If you are submitting a 1099 form, an explanation is required.</p> <p>SUPERVISOR RESPONSIBILITY STATEMENT: Submit the original <i>Supervisor Responsibility Statement</i> signed by each supervisor.</p> <p>SUPERVISORY PLAN: Submit a <i>Supervisory Plan</i> for each supervisor and each employer. Must contain an original signature.</p>	<p>Copies of W-2 Form(s)/Check Stub for Current Year (if applicable)</p> <p>Original Supervisor Responsibility Statement(s)</p> <p>Original Supervisory Plan(s)</p>

E. SUICIDE RISK ASSESSMENT AND INTERVENTION COURSEWORK

Instructions	Document(s) Required
<p>Six (6) hours of coursework or applied experience in Suicide Risk Assessment and Intervention is required. If this content was included within your supervised experience, and you can obtain a written certification from the program’s director of training, or from your primary supervisor stating that the training was included within your supervised experience, it may be accepted in lieu of a course.</p> <p>If this content was included within your qualifying degree program, you will need to obtain a written certification from the registrar or training director of your school or program stating that this coursework was included within the curriculum required for graduation, or within the coursework that was completed by you.</p> <p>Otherwise, this requirement may be met by taking a six-hour course from a school that holds a regional or national institutional accreditation recognized by the U.S. Department of Education, a school approved by the California Bureau for Private Postsecondary Education, or an acceptable continuing education provider.</p>	<p>Proof of course completion</p>

F. APPLY FOR INITIAL LICENSE ISSUANCE

Instructions	Document(s) Required
<p>Upon meeting all requirements for licensure, you must submit a Request for Initial License Issuance and fee. Do not submit at this time – it will be rejected.</p>	<p>AFTER you pass BOTH exams, submit a <i>Request for Initial License Issuance</i> and fee</p>

**LICENSED PROFESSIONAL
CLINICAL COUNSELOR
APPLICANTS**

1. ABANDONMENT OF LICENSURE 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:

- 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.
- You fail to sit for examination within one (1) year after being notified of eligibility.
- You fail 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.

2. 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 examination.
 - You will not be eligible to take the National Clinical Mental Health Counselor Examination (NCMHCE) until you have passed the LPCC California Law and Ethics Exam. You will receive information on registering for each exam upon approval of your application.

The examinations contain objective multiple-choice questions and are offered at locations throughout California and in other states. Upon receipt of your notice of eligibility, it is your responsibility to contact the testing administrator to schedule your examination. Further information about the examination process is provided on the Board's [website](#).

3. REQUEST FOR TESTING ACCOMMODATION – DISABILITY OR ENGLISH AS A SECOND LANGUAGE

Refer to the Board's [website](#) for information on how to apply for testing accommodations.

4. 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 hereunder, are available from the ADA coordinator.

5. SCOPE OF PRACTICE – TREATMENT OF COUPLES AND FAMILIES

Licensed Professional Clinical Counselors may not assess or treat couples or families unless the LPCC has met certain requirements. In addition, an LPCC **must** obtain written confirmation of meeting the requirements to assess and treat couples and families from the Board **prior to** assessing or treating a couple or family client. The licensee must **provide a copy** of this written confirmation to couple or family clients and to certain types of supervisees. More information, including the *Request for Confirmation of Qualifications to Assess and Treat Couples and Families* form, is available on the Board's [website](#).

6. 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.

7. STATUTES AND REGULATIONS

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

8. 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 their professional capacity or within the scope of their 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 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 Penal Code Section 11166 or Welfare and Institutions Code 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 imprisonment and fine. For further details about these requirements, consult Penal Code sections 11164 and Welfare and Institutions Code section 15630, and subsequent sections.

9. 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, 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.

10. 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 licensee or registrant does not pay their state tax obligation, the individual's license or registration may be suspended.

11. NOTICE OF COLLECTION OF PERSONAL INFORMATION:

The Board of Behavioral Sciences of the Department of Consumer Affairs collects the personal information requested in the *Application for Licensure* packet as authorized by Business and Professions Code sections 27, 30, 114.5, 480, 4990.38, 4999.32, 4999.33, 4999.42, 4999.46, 4999.46.2, 4999.46.3, 4999.46.4, 4999.50, 4999.51, 4999.60, 4999.61, 4999.62, 4999.90 and 4999.91; Title 16 of the California Code of Regulations sections 1805 and 1806; and the Information Practices Act. The Board uses this information principally to identify and evaluate applicants for licensure, issue and renew licenses/registrations, 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 (unless requested information is identified as voluntary or optional).

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.

APPLICATION FOR LICENSURE
**LICENSED PROFESSIONAL
 CLINICAL COUNSELOR**
In-State Applicant



Office Use Only:

Carefully read the Application Instructions FIRST

Attach a \$250 Fee

APCC Number: _____

SSN or ITIN*	Birth Date: mm/dd/yyyy	E-Mail Address		
Legal Name**	Last	First	Middle	
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)	
Public Address of Record*** Number and Street				
City	State	Zip Code	Phone	

* 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. 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 professional clinical counseling 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 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 Part C of the [Background Statement](#) form, available on the Board's website, to facilitate processing of your application.

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.

4. Have you attached proof of completion of 6 hours of coursework or training in Suicide Risk Assessment and Intervention as described in the *Application Instructions*? Yes No

Applicant Name: Last	First	Middle
----------------------	-------	--------

5. Were you a paid employee for all or a portion of your supervised experience? Yes No
If YES, attach a copy of your W-2(s) as described in the Application Instructions.

6. Were you a volunteer for any of your supervised experience? Yes No
If YES, attach a copy of the letter from your employer verifying voluntary status.

BACKGROUND QUESTIONS – RESPONSE IS VOLUNTARY.

Providing an answer to the following questions is voluntary. Providing responses now, instead of waiting for the Board to receive your fingerprint results, will facilitate processing of your application. Your decision not to disclose information will not be a factor in the Board’s decision to grant or deny an application. For more information, see the [Criminal Conviction FAQ](#).

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?

Yes No

If YES, we recommend that you complete Part A of the [Background Statement](#) form, available on the Board’s website, to facilitate processing of your application
If the conviction(s) have been previously reported to the Board, we recommend that you include a written statement listing each conviction, including the date(s) of the conviction(s). You do not need to resubmit documentation previously 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?

Yes No

If YES we recommend that you complete Part B of the [Background Statement](#) form, available on the Board’s website, to facilitate processing of your 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



LICENSED PROFESSIONAL CLINICAL COUNSELOR IN-STATE EXPERIENCE VERIFICATION

This form is to be completed by the applicant's California supervisor and submitted by the applicant with their *Application for Licensure*. All information on this form is subject to verification.

- Use separate forms for each supervisor and each employment setting.
- Ensure that your form is complete and correct prior to signing. Have your supervisor initial any changes.
- Do not submit your *Weekly Summary* forms unless specifically requested by the Board.

APPLICANT NAME:

Last	First	Middle	Associate Number APC
------	-------	--------	-------------------------

Dates of experience being claimed:	From: _____ mm/dd/yyyy	To: _____ mm/dd/yyyy
------------------------------------	---------------------------	-------------------------

SUPERVISOR INFORMATION:

Supervisor's Name		Telephone	
License Type	License Number	State	Date First Licensed*

- **Physicians:** Were you certified in Psychiatry by the American Board of Psychiatry and Neurology during the entire period of supervision?

No Yes: Date Board Certified: _____ Certification Number: _____

- **LPCCs:** If the applicant is reporting experience with couples or families, did you meet the qualifications to treat couples and families, as specified in California law?

N/A No Yes: Date you met the qualifications: _____

**If licensed in California for less than two years on the first date of experience claimed, attach out-of-state license information*

APPLICANT'S EMPLOYER INFORMATION:

Name of Applicant's Employer		Business Phone	
Address:	Number and Street	City	State Zip Code

Applicant:	Last	First	Middle
------------	------	-------	--------

APPLICANT'S EMPLOYER INFORMATION (continued):

1. Was this experience gained in a setting that lawfully and regularly provides mental health counseling or psychotherapy? Yes No
2. Was this experience gained in a private practice setting? Yes No
3. Was this experience gained in a hospital or community mental health setting? Yes No
(Minimum 150 hours required overall)
4. Was this experience gained in a setting that provided oversight to ensure that the applicant's work meets the experience and supervision requirements and is within the scope of practice? Yes No
5. Was the applicant receiving pay? *If YES, attach a copy of the applicant's W-2 statement for each year experience is claimed. If a W-2 has not yet issued for this year, attach a copy of the current paystub. If applicant volunteered, submit a letter from the employer verifying volunteer status for these dates.* Yes No

EXPERIENCE INFORMATION:

1. How many weeks of supervised experience are being claimed? _____ Weeks		
2. Hours of Experience:		Logged Hours
a. Total Direct Counseling Experience <i>(Minimum 1,750 hours overall)</i>		
<ul style="list-style-type: none"> • Of the above hours, how many were gained while working with Couples, Families or Children? 		
b. Total Non-Clinical Experience <i>(Maximum 1,250 hours overall)</i>		
<ul style="list-style-type: none"> • Of the above hours, how many were Face-to-Face Supervision? 		Hours Per Week
<ul style="list-style-type: none"> ○ Individual or Triadic 		
<ul style="list-style-type: none"> ○ Group (group contained no more than 8 persons) 		

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

Signature of Supervisor: _____ Date: _____
ORIGINAL SIGNATURE REQUIRED