



Board of Behavioral Sciences
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Professional Clinical Counselor Associate
Sample Verification of Employment as a Volunteer
Required when the Associate is a volunteer employee

Date:

Associate's name:

Employer name:

SAMPLE

This letter serves as verification that Associate Professional Clinical Counselor, (Associate's name), was employed by (Employer's name) as a volunteer from (Start date) to (End date).

Employer's Authorized Representative Name

Employer's Authorized Representative Signature

Date

NOTE:

This is a SAMPLE letter. It should be written on the letterhead of the employer. The Associate is required to submit this letter with his or her *Application for Licensure*. See Business and Professions Code section 4999.47(a)(2).