



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



APPLICATION FOR
**ASSOCIATE MARRIAGE AND FAMILY THERAPIST
REGISTRATION**
In-State Applicant

FOR USE BY APPLICANTS WITH A CALIFORNIA DEGREE

Dear In-State Applicant:

Thank you for your interest in becoming an Associate Marriage and Family Therapist. Included in this packet are the following forms and documents:

1. Application Instructions
2. Important Information for Applicants
3. In-State Application for Registration as an Associate Marriage and Family Therapist
4. In-State Degree Program Certification – Form A
5. In-State Degree Program Certification – Form B
6. Important Live Scan Information and Instructions
7. Request for Live Scan Service Form

Note: Do not submit your pre-degree hours of experience with this application. Submit your hours after ALL experience has been completed.

BOARD OF BEHAVIORAL SCIENCES

APPLICATION FOR
**ASSOCIATE MARRIAGE
AND FAMILY THERAPIST
(AMFT) REGISTRATION**



Applicants with a California Degree

Application Instructions

Read Carefully Before Completing Your Application

Submit your 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.

PROOF OF RECEIPT OF APPLICATION

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

NOTE: If you are applying for a subsequent (second or third) AMFT registration, please use the [Application for Subsequent AMFT Registration Number](#).

A. APPLICATION

Instructions	Document(s) Required
<ul style="list-style-type: none"> Complete all sections of the <i>Application for Associate Marriage and Family Therapist Registration</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>Email Address</u>: The Board strongly recommends submission of your email address to facilitate communication. 	<p>Completed and signed Application for Associate Marriage and Family Therapist Registration</p>

B. FEE

Instructions	Document(s) Required
<p>Attach a \$150.00 check or money order made payable to the Behavioral Sciences Fund. This is an earned fee for evaluation of your application and is NOT REFUNDABLE.</p>	<p>\$150.00 check or money order payable to the Behavioral Sciences Fund</p>

C. FINGERPRINTS

Instructions	Document(s) Required
<p>The Board requires a Department of Justice (DOJ) and Federal Bureau of Investigation (FBI) criminal history background check on all applicants.</p> <p><u>If you currently reside in California:</u> Read the <i>Instructions for Live Scan Fingerprinting</i> and complete the <i>Request for Live Scan Service</i> form included in this application packet.</p> <ul style="list-style-type: none"> The information on this form must match the information you provide on your application. DO NOT COMPLETE FINGERPRINTS MORE THAN 60 DAYS PRIOR TO SUBMITTING YOUR APPLICATION. Fingerprint results without an application on file will <u>only</u> be held for 6 months. <p><u>If you currently reside out of state:</u> You must use the "hard card" fingerprint method unless you can access a California Live Scan Service operator. To request fingerprint hard cards, send an email to BBS.Fingerprint@dca.ca.gov with "Fingerprint Hard Cards" in the subject line, and we will mail them to you.</p> <ul style="list-style-type: none"> DO NOT SUBMIT YOUR FINGERPRINTS TO THE BOARD UNTIL YOU HAVE SUBMITTED YOUR APPLICATION – we are unable to process them until your application is received. DOJ processing time for hard card fingerprints is 8 or more weeks. 	<p><u>If you currently reside in California:</u> Submit the second copy of your completed <i>Request for Live Scan Service Applicant Submission</i> form.</p> <p><u>If you currently reside out of state:</u> Submit two completed fingerprint hard cards (FBI and DOJ)</p>

D. OFFICIAL TRANSCRIPTS

Instructions	Document(s) Required
<p>Provide official transcript(s) verifying your master’s or doctoral degree.</p> <ul style="list-style-type: none"> • Mailed to the Board IN AN ENVELOPE SEALED BY THE EDUCATIONAL INSTITUTION; or • Sent electronically BY YOUR SCHOOL to the Board at BBSLMFTtranscripts@dca.ca.gov OR, if applying for both AMFT and APCC registration, send to BBStranscripts@dca.ca.gov (for questions about electronic submission, see FAQ). 	<p>Official transcript(s) with degree title and date of conferral posted.</p> <p>MUST BE SENT ELECTRONICALLY BY SCHOOL OR MAILED IN A SEALED ENVELOPE AS DIRECTED.</p>

E. DEGREE PROGRAM CERTIFICATION

Instructions	Document(s) Required
<p>Provide one of the following <i>Degree Program Certification</i> forms, completed and signed by your school’s Chief Academic Officer or authorized designee IN AN ENVELOPE SEALED BY THE EDUCATIONAL INSTITUTION as described below.</p> <ul style="list-style-type: none"> • FORM A – Have your school complete the <i>In-State Degree Program Certification, Form A</i> if you began graduate study BEFORE August 1, 2012, AND completed that study on or before December 31, 2018 (and your degree program does not meet the “2012” requirements stipulated in Business and Professions Code (BPC) section 4980.36). • FORM B – Have your school complete the <i>In-State Degree Program Certification, Form B</i> if either of the following apply to you: <ul style="list-style-type: none"> ➤ You began graduate study on or after August 1, 2012 OR ➤ You began graduate study before August 1, 2012, AND you graduated from a degree program that meets the requirements of BPC section 4980.36. 	<p><i>Degree Program Certification</i> form IN AN ENVELOPE SEALED BY THE EDUCATIONAL INSTITUTION</p>

Important Information for ASSOCIATE MARRIAGE AND FAMILY THERAPIST APPLICANTS



1. POST-DEGREE EXPERIENCE AND THE 90-DAY RULE

Post-degree hours of experience will only begin accruing from the issuance date of your Associate registration, unless the Board receives your application for registration within 90 days from the date your qualifying degree was conferred, as posted on your transcript. Applicants may not work in a private practice or professional corporation until the associate registration has been issued.

Special note for applicants who graduated on or after January 1, 2020:

Hours may only be accepted under the “90-day-rule” described above IF the hours are obtained at a workplace that, prior to the applicant gaining hours, required Live Scan fingerprinting. The applicant must provide documentation to the Board consisting of a copy of the processed “State of California Request for Live Scan Service” form. This form must be submitted with the **Application for Licensure** in order for the hours gained between graduation and registration issuance to be accepted. A copy of the processed form is the **ONLY** acceptable documentation specified in law. There are no exceptions. See the [FAQ](#) about the 90-day rule for more information about the new requirements.

2. EXAM REQUIREMENT FOR RENEWAL OF REGISTRATION

Registrants Must Take a California Law and Ethics Exam to Renew:

After your Associate registration is issued, you will be required to take the LMFT California Law and Ethics Exam. Your registration will not be renewable until the exam has been taken. You will be given instructions on applying for this exam once your registration has been issued.

About the California Law and Ethics Exam

The California Law and Ethics Exam is designed to assess an applicant's knowledge of and ability to apply legal and ethical standards relating to clinical practice. See the [Exams](#) tab of the Board's website for more information.

3. SUPERVISION AND WORK SETTING REQUIREMENTS

You are required to work under the supervision of a qualified supervisor in order to gain hours of experience toward licensure. In addition, it is against the law for you to provide clinical services in a private practice setting or in a professional corporation without a registration and without the required supervision. See the [Publications](#) section of the

“Applicants/LMFT” tab on the Board’s website for more information and additional requirements about supervision and work settings.

4. MAXIMUM RENEWALS AND ISSUANCE OF SUBSEQUENT REGISTRATIONS

Your registration can be renewed five (5) times, for a total six (6)-year length. If you need to retain a registration after this time, you will need to apply for a subsequent registration number. A subsequent registration can only be issued to applicants who have passed the LMFT California Law and Ethics Exam (or the former LMFT Standard Written Exam).

5. ABANDONMENT OF APPLICATION

In accordance with Title 16, California Code of Regulations section 1806, an application shall be deemed abandoned in either of the following circumstances:

- 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
- OR
- You do not complete your application within one (1) year after it has been filed.

To re-open an abandoned application, you must submit a new application, fee and all required documentation, as well as meet all current registration requirements in effect at the time the new application is submitted.

6. SUICIDE RISK ASSESSMENT AND INTERVENTION REQUIREMENT

Six (6) hours of coursework or applied experience in Suicide Risk Assessment and Intervention is required when you submit your *Application for Licensure*. 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.

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.

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.

7. 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.

8. STATUTES AND REGULATIONS

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

9. AMERICANS WITH DISABILITIES ACT

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 ADA. Information concerning the provisions of the ADA, and the rights provided thereunder, are available from the Board's ADA coordinator.

10. 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.

11. 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.

12. 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 registrant does not pay their state tax obligation, the associate registration may be suspended.

13. NOTICE OF COLLECTION OF PERSONAL INFORMATION:

The Board of Behavioral Sciences of the Department of Consumer Affairs collects the personal information requested on this form as authorized by Business and Professions Code sections 27, 30, 114.5, 480, 4980.36, 4980.37, 4980.40, 4980.41, 4980.43, 4980.44, 4980.72, 4980.74, 4980.78, 4980.79, 4980.81, 4982, 4982.25 and 4990.38; 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, 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.

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
**ASSOCIATE MARRIAGE
 AND FAMILY THERAPIST
 REGISTRATION**



In-State Applicant

Office Use Only:

Carefully read the Application Instructions FIRST

Attach a \$150 Fee

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
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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 marriage and family therapy 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 submitted official transcripts verifying your qualifying master’s degree? See *Application Instructions* for transcript requirements. Yes – Sealed Transcripts via Mail
Yes – Electronic Transcripts
No

Applicant Name: Last	First	Middle
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5. Have you submitted a *Degree Program Certification* form? Yes No
 See *Application Instructions* for requirements.

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: _____



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**MARRIAGE AND FAMILY THERAPIST
 IN-STATE DEGREE PROGRAM CERTIFICATION
 FORM A**

This form is for use by the following individuals:

- You began graduate study before August 1, 2012 and completed that study on or before December 31, 2018 **AND**
- Your degree program is NOT designed to meet the “2012” educational requirements

Please contact your school if you have questions about completing the appropriate form

Type or print clearly in ink

Applicant Name: Last	First	Middle
SSN or Individual Taxpayer ID Number:	Enrollment Date mm/dd/yyyy	

APPLICANT: The purpose of this form is for your school to verify the specifics of a degree earned in California. Enclose it with your application in an envelope that has been sealed by your school.

SCHOOL: The applicant named above is applying for licensure or registration. Please complete this form including the certification on the next page, and provide the applicant with the original IN A SEALED ENVELOPE.

The full legal text of the “pre-2012” educational requirements is located in Business and Professions Code (BPC) sections 4980.37 and 4980.41, available on the Board’s website under [Statutes and Regulations](#).

Yes No 1. The student was notified by means of public documents or otherwise in writing that the degree program is designed to meet the requirements of BPC sections 4980.37 and 4980.41(a)(4)&(5).

Yes No 2. The degree program is a single integrated program primarily designed to train marriage and family therapists and contains no less than 48 semester or 72 quarter units of instruction.

If NO, number of units in degree: _____ Semester units Quarter units

Applicant Name: Last	First	Middle
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- Yes No 3. The degree program includes no less than 12 semester or 18 quarter units of coursework in the areas of marriage, family, and child counseling and marital and family systems approaches to treatment as specified in BPC section 4980.37(b). This coursework shall include all of the following areas:
- The salient theories of a variety of psychotherapeutic orientations directly related to marriage and family therapy, and marital and family systems approaches to treatment
 - Theories of marriage and family therapy and how they can be utilized in order to intervene therapeutically with couples, families, adults, children, and groups
 - Developmental issues and life events from infancy to old age and their effect upon individuals, couples and family relationships
 - A variety of approaches to the treatment of children.
- Course numbers:* _____

- Yes No 4. The degree program contains no less than six (6) semester or nine (9) quarter units of supervised practicum as defined in BPC section 4980.37(c)(1).
- Course number(s):* _____
- Yes No 5. The practicum includes a minimum of 150 hours of face-to-face experience counseling individuals, couples, families or groups.
- If NO, please specify number of hours completed:* _____
- Yes No 6. The applicant has completed coursework in diagnosis, assessment, treatment planning and treatment of mental disorders (Psychopathology) as specified in BPC section 4980.37(e)(1).
- Course number(s):* _____
- Yes No 7. The degree program prepares students to be familiar with cross-cultural mores and values, including a wide range of racial and ethnic backgrounds as specified in BPC section 4980.37(e)(7).
- Course number(s):* _____
- Yes No 8. The applicant has completed specific instruction in alcoholism and other chemical substance dependency as required by BPC section 4980.41(a)(4).
- Course number(s):* _____

Applicant Name: Last	First	Middle
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Yes No 9. The applicant has completed coursework in spousal or partner abuse assessment detection, and intervention as specified in BPC section 4980.41(a)(5). If the degree program commenced on or after January 1, 2004, this instruction shall be a minimum of 15 hours.

Course number(s): _____

Yes No 10. Did the applicant's degree program contain 6 hours of content related to suicide risk assessment and intervention? (*Note: Not required to be part of degree program*).

CERTIFICATION

I hereby certify that all of the foregoing is true and correct

Signature of Chief Academic Officer or Authorized Designee

Name of Institution

Print Name

Institution Accredited or Approved by

Date Signed



Board of Behavioral Sciences
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 Telephone: (916) 574-7830
www.bbs.ca.gov



MARRIAGE AND FAMILY THERAPIST IN-STATE DEGREE PROGRAM CERTIFICATION FORM B

This form is for use by the following applicants:

- 1) You began graduate study on or after August 1, 2012 **OR**
- 2) You began graduate study before August 1, 2012, AND did not complete the degree on or before December 31, 2018.

Contact your school if you have questions about which form to use

Type or print clearly in ink

Applicant Name: Last	First	Middle
SSN or Individual Taxpayer ID Number	Enrollment Date	Degree Award Date

APPLICANT: The purpose of this form is for your school to verify completion of a degree program that complies with California law. Enclose it with your application in an envelope that has been sealed by your school.

SCHOOL: This applicant is applying for a MFT license or registration. Please complete this form including the certification on the next page, and provide applicant with the original form **IN A SEALED ENVELOPE**.

The full legal text of the educational requirements can be found in the Business and Professions Code (BPC), available on the Board's website under [Statutes and Regulations](#).

1. Did the applicant's degree program contain 6 hours of content related to suicide risk assessment and intervention? (*Note: Not required to be part of degree program*)..... Yes No
2. Has this specific degree program been reviewed and accepted by the Board? ..Yes No
 - *If NO, contact the Board for information on how to proceed.*
 - *If YES, answer the questions below and indicate in question #5 how the applicant's program differs from the Board-accepted program.*
3. Did this student complete the program as accepted by the Board?Yes No
 - *If NO, contact the Board for information on how to proceed.*
 - *If YES, answer the questions below and indicate in question #5 how the applicant's program differs from the Board-accepted program.*

Applicant Name: Last	First	Middle
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4. Was the student notified by means of public documents or otherwise in writing that the degree program was designed to meet the requirements of BPC section 4980.36? Yes No
5. The degree program contained:
- a. TOTAL UNITS: At least 60 semester or 90 quarter units of instruction: Yes No
- b. MFT COURSEWORK: 12 semester or 18 quarter units as specified in BPC section 4980.36(d)(1)(A): Yes No
- c. PRACTICUM: At least 6 semester or 9 quarter units that included a minimum of 225 hours as defined in BPC section 4980.36(d)(1)(B):..... Yes No
- d. ALL OTHER CONTENT: as required by BPC section 4980.36(c), (d) & (e)..... Yes No
6. If you answered NO to any of the prior questions, mark the area where the program differed and specify how it differed:
- Total Units: _____
- MFT Coursework: _____
- Practicum: _____
- All Other Content required by BPC section 4980.36(c), (d) & (e): _____
- _____
- Other (explain): _____
- _____
- _____

<u>CERTIFICATION</u>	
<i>I hereby certify that all of the foregoing is true and correct</i>	
Signature of Chief Academic Officer or Authorized Designee	Name of Institution
Print Name	Institution Accredited or Approved by
Date Signed	



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INSTRUCTIONS FOR LIVE SCAN FINGERPRINTING AND PRIVACY NOTICES

Live Scan Fingerprinting is available only in California. Live Scan fingerprint results will be submitted to the **Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI)** electronically.

If you need to have your fingerprints taken in another state, you must use the "hard card" fingerprint method. To request hard cards and instructions, send an email to BBS.Fingerprint@dca.ca.gov with "Fingerprint Hard Cards" in the subject line, and include your mailing address. Please be advised that the DOJ processing time for hard card fingerprints is a minimum of 8 to 12 weeks, or longer. In order to avoid processing delays and additional costs that result from invalid fingerprint cards, fingerprints must be taken at a law enforcement agency in the state of residence.

Fingerprint Fees - Paid to Live Scan Site

If you have your prints taken via Live Scan, you must pay the fingerprint fees below **directly to the site** where you have your Live Scan fingerprints taken:

DOJ FINGERPRINT PROCESSING FEE: \$32.00

FBI FINGERPRINT PROCESSING FEE: \$17.00

In addition to these processing fees, there may be a service charge associated with the Live Scan site you visit. The Live Scan service site will collect the above fees at the time you are fingerprinted. The Live Scan service charge may vary from location to location.

Complete the Request for Live Scan Service Form

You must complete and submit the attached *Request for Live Scan Service* form at the Live Scan site. Make sure that the information provided in Section 3 of the form matches the information on your BBS application. Once your fingerprints have been scanned, the Live Scan Operator will complete Section 4 of this form and return the second and third copies to you.

The second copy of this form, with Section 4 completed by the Live Scan Operator, must be MAILED to the BBS in order to retrieve your fingerprint results from the DOJ. Retain the third copy for your records as a proof of payment.

Live Scan Fingerprint Locations

You must visit an approved Live Scan Service Site. Most local Police and Sheriff Departments offer the Live Scan fingerprinting service. Some large school districts, passport services, and stores with generalized fingerprinting expertise may also offer Live Scan. A current listing of Live Scan sites is available on the DOJ website at <https://oag.ca.gov/fingerprints/locations>.

Consider calling the Live Scan service provider for hours of operation, fees, and appointment times if necessary. You must present valid photo identification (i.e., driver's license, military ID, or passport) at the Live Scan site.

Filling Out Your Live Scan Form

To facilitate prompt and accurate processing, please **TYPE or print legibly in ink.**

SECTION 1: Type of Application: LIC/CERT/PERMIT

Check the box for the applicable registration or license you are applying for with the BBS. Even if you are applying for more than one registration or license type, **CHECK THE BOX FOR ONLY ONE LICENSE TYPE.** Your fingerprint results will be put towards ALL registrations and licenses you hold. You do not need to pay or be fingerprinted for each individual BBS license type.

SECTION 2: This section is already completed.

SECTION 3:

Name of Applicant: Enter your full name

Alias: Indicate all other names used

Date of Birth: Indicate your month/day/year of birth

Sex: Mark the appropriate box

Height: Indicate your height in feet and inches

Weight: Indicate your weight in pounds (lbs.)

Eye Color: Indicate eye color abbreviation:

BLK - Black	GRY - Gray	MAR - Maroon	BLU - Blue	GRN - Green
PNK - Pink	BRO - Brown	HAZ - Hazel	MUL - Multicolor	

Hair Color: Indicate hair color abbreviation:

BAL - Bald	BRO - Brown	SDY - Sandy	BLK - Black
GRY - Gray	WHI - White	BLN - Blonde	RED - Red

Place of Birth: Indicate the state or country of birth

Social Security Number: Enter your SSN or individual taxpayer ID number. Must match the number provided on your application.

Driver's License No: Enter your Driver's license number if you have one.

Address: Enter a mailing address of your choice. You may use a business address, your home address, or any current address. This address will not be viewable by the public, and will be used solely for the BBS' records.

Your BBS File number:
Enter your BBS file number. If you are a brand new applicant and do not currently hold an identifying number, leave this line blank.

If Resubmission, List Original ATI No.
This is only used for a second fingerprinting due to a prior fingerprint rejection. The ATI No. allows you to be re-fingerprinted without paying the DOJ and FBI processing fee (service charges may still apply.)

Applicant Signature
Sign and date the application to indicate that you have read the included Privacy Notice, Privacy Act Statement and Applicant's Privacy Rights.

SECTION 4:
To be completed by the Live Scan operator.

REQUEST FOR LIVE SCAN SERVICE

Privacy Notice

As Required by Civil Code § 1798.17

Collection and Use of Personal Information. The California Justice Information Services (CJIS) Division in the Department of Justice (DOJ) collects the information requested on this form as authorized by Business and Professions Code sections 4600-4621, 7574-7574.16, 26050-26059, 11340-11346, and 22440-22449; Penal Code sections 11100-11112, and 11077.1; Health and Safety Code sections 1522, 1416.20-1416.50, 1569.10-1569.24, 1596.80-1596.879, 1725-1742, and 18050-18055; Family Code sections 8700-87200, 8800-8823, and 8900-8925; Financial Code sections 1300-1301, 22100-22112, 17200-17215, and 28122-28124; Education Code sections 44330-44355; Welfare and Institutions Code sections 9710-9719.5, 14043-14045, 4684-4689.8, and 16500-16523.1; and other various state statutes and regulations. The CJIS Division uses this information to process requests of authorized entities that want to obtain information as to the existence and content of a record of state or federal convictions to help determine suitability for employment, or volunteer work with children, elderly, or disabled; or for adoption or purposes of a license, certification, or permit. In addition, any personal information collected by state agencies is subject to the limitations in the Information Practices Act and state policy. The DOJ's general privacy policy is available at <http://oag.ca.gov/privacy-policy>.

Providing Personal Information. All the personal information requested in the form must be provided. Failure to provide all the necessary information will result in delays and/or the rejection of your request.

Access to Your Information. You may review the records maintained by the CJIS Division in the DOJ that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. In order to process applications pertaining to Live Scan service to help determine the suitability of a person applying for a license, employment, or a volunteer position working with children, the elderly, or the disabled, we may need to share the information you give us with authorized applicant agencies. The information you provide may also be disclosed in the following circumstances:

- With other persons or agencies where necessary to perform their legal duties, and their use of your information is compatible and complies with state law, such as for investigations or for licensing, certification, or regulatory purposes.
- To another government agency as required by state or federal law.

Contact Information. For questions about this notice or access to your records, you may contact the Associate Governmental Program Analyst at the DOJ's Keeper of Records at (916) 210-3310, by email at keeperofrecords@doj.ca.gov, or by mail at: Department of Justice Bureau of Criminal Information & Analysis Keeper of Records P.O. Box 903417 Sacramento, CA 94203-4170.

REQUEST FOR LIVE SCAN SERVICE

Privacy Act Statement

Authority. The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose. Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses. During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental, or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

REQUEST FOR LIVE SCAN SERVICE

Noncriminal Justice Applicant's Privacy Rights

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification¹ that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared.²
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record.³

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.⁴

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.) *You can find additional information on the FBI website at <https://www.fbi.gov/about-us/cjis/background-checks>*

¹ Written notification includes electronic notification, but excludes oral notification

² <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ See 28 CFR 50.12(b) ⁴ See U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c)

⁴ See U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c)

SECTION 1

ORI: **A0462**

(Code assigned by DOJ)

Type of Application: **LIC/PERMIT/CERT**

Type of License: **(Mark Only ONE)**

Marriage and Family Therapist

Clinical Social Worker

Educational Psychologist

Professional Clinical Counselor

SECTION 2

Agency Authorized to Receive Criminal Record Information:

Mail Code: **01484**

Board of Behavioral Sciences
1625 North Market Blvd. Suite S-200
Sacramento CA 95834

Contact Name: **Fingerprint Unit**

Contact Phone: **(916) 574-7859**

SECTION 3

Name of Applicant: _____
(Please Print) Last

First _____ MI _____

Alias: _____
Last First

Driver's License No.: _____

Date of Birth: _____ Sex: Male Female

Billing No.: **APPLICANT MUST PAY**

Height: _____ Weight: _____

Address:

Eye Color: _____ Hair Color: _____

Number and Street

Place of Birth: _____

City State Zip

Social Security Number: _____

BBS File Number: _____

BBS Applicant: Please mail a copy of this form to the address in Section 2 with your BBS application.

If Resubmission, list Original ATI No.: _____

(Must provide proof of rejection)

Level of Service: DOJ FBI

I have received and read the included Privacy Notice, Privacy Act Statement and Applicant's Privacy Rights.

Applicant Signature: _____ Date: _____

SECTION 4

Live Scan Transaction Completed By: _____ Date: _____

Transmitting Agency: _____ LSID: _____

ATI No.: _____ Amount Collected/Billed: _____

ORIGINAL – Live Scan Operator SECOND COPY – Requesting Agency THIRD COPY - Applicant

SECTION 1

ORI: **A0462**

(Code assigned by DOJ)

Type of Application: **LIC/PERMIT/CERT**

Type of License: *(Mark Only ONE)*

Marriage and Family Therapist

Clinical Social Worker

Educational Psychologist

Professional Clinical Counselor

SECTION 2

Agency Authorized to Receive Criminal Record Information:

Mail Code: **01484**

Board of Behavioral Sciences
1625 North Market Blvd. Suite S-200
Sacramento CA 95834

Contact Name: Fingerprint Unit

Contact Phone: (916) 574-7859

SECTION 3

Name of Applicant: _____
(Please Print) Last

First _____ MI _____

Alias: _____
Last First

Driver's License No.: _____

Date of Birth: _____ Sex: Male Female

Billing No.: **APPLICANT MUST PAY**

Height: _____ Weight: _____

Address:

Eye Color: _____ Hair Color: _____

Number and Street _____

Place of Birth: _____

City _____ State _____ Zip _____

Social Security Number: _____

BBS File Number: _____

BBS Applicant: Please mail a copy of this form to the address in Section 2 with your BBS application.

If Resubmission, list Original ATI No.: _____

(Must provide proof of rejection)

Level of Service: DOJ FBI

I have received and read the included Privacy Notice, Privacy Act Statement and Applicant's Privacy Rights.

Applicant Signature: _____ Date: _____

SECTION 4

Live Scan Transaction Completed By: _____ Date: _____

Transmitting Agency: _____ LSID: _____

ATI No.: _____ Amount Collected/Billed: _____

SECTION 1

ORI: **A0462**

(Code assigned by DOJ)

Type of Application: **LIC/PERMIT/CERT**

Type of License: **(Mark Only ONE)**

Marriage and Family Therapist

Clinical Social Worker

Educational Psychologist

Professional Clinical Counselor

SECTION 2

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1625 North Market Blvd. Suite S-200
Sacramento CA 95834

Contact Name: **Fingerprint Unit**

Contact Phone: **(916) 574-7859**

SECTION 3

Name of Applicant: _____
(Please Print) Last

First MI

Alias: _____
Last First

Driver's License No.: _____

Date of Birth: _____ Sex: Male Female

Billing No.: **APPLICANT MUST PAY**

Height: _____ Weight: _____

Address:

Eye Color: _____ Hair Color: _____

Number and Street

Place of Birth: _____

City State Zip

Social Security Number: _____

BBS File Number: _____

BBS Applicant: Please mail a copy of this form to the address in Section 2 with your BBS application.

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SECTION 4

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Transmitting Agency: _____ LSID: _____

ATI No.: _____ Amount Collected/Billed: _____

ORIGINAL – Live Scan Operator SECOND COPY – Requesting Agency THIRD COPY - Applicant