



**Board of Behavioral Sciences**  
1625 North Market Blvd., Suite S200, Sacramento, CA 95834  
Telephone: (916) 574-7830 TTY: (800) 326-2297  
[www.bbs.ca.gov](http://www.bbs.ca.gov)



## **LICENSED EDUCATIONAL PSYCHOLOGIST APPLICATION PACKET**

Dear Applicant:

Thank you for your interest in becoming a California Licensed Educational Psychologist. Included in this packet are:

1. Application Instructions
2. Important Information for Applicants
3. LEP Examination Eligibility Application
4. Experience Verification forms:
  - A. Verification of Supervised Experience
  - B. Verification of Experience as a Credentialed School Psychologist
5. Examination Security Notice
6. Important Live Scan Information and Instructions
7. Request for Live Scan Service form

BOARD OF BEHAVIORAL SCIENCES



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## **APPLICATION INSTRUCTIONS LICENSED EDUCATIONAL PSYCHOLOGIST**

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

**Carefully read the following instructions to ensure that you submit an accurate and complete application package and that all required original documents are furnished to the Board. All items are mandatory. Any omission may result in the application being rejected as incomplete.**

**The Board has the right to refuse to issue any registration or license, or to suspend or revoke the license or registration of any applicant who secures the license or registration by fraud, deceit, or misrepresentation on any application for licensure or registration submitted to the Board.**

**1. APPLICATION**

Complete all sections in ink. The application must be signed.

**2. PHOTOGRAPH**

Should measure approximately 2" X 2" and be taken within 60 days of the filing of this application. The photograph must be of passport quality of your head and shoulders only. Attach the photograph to the application in the space provided.

**3. EXAMINATION SECURITY NOTICE**

The *Examination Security Notice* must be completed and signed in ink. Failure to complete the notice will affect your examination eligibility.

**4. FEES:**

- a) Submit a \$200.00 check or money order made payable to the Behavioral Sciences Fund. The \$200.00 fee consists of a \$100.00 application fee and \$100.00 written examination fee. The \$100.00 application fee is an **earned fee** for evaluation of your application and is **NOT REFUNDABLE**.
- b) Once you pass the written examination, you will be required to submit a *Request for Initial License Issuance* form with a fee. This fee will be prorated and established according to the month of issuance (month fee is received by the Board) and expiration date (applicant's birth month) of the license.

**5. FINGERPRINTING**

The Board requires a Department of Justice (DOJ) and Federal Bureau of Investigation (FBI) criminal history background check on all out-of-state applicants.

**If you currently reside in California:** Please download the *Request for Live Scan Service Applicant Submission form* (Form BCII 8016) from our web site. The information on this form must match the information you provide on your application. The second copy of this form, with box 6 completed, must be submitted with your application. Note: DO NOT COMPLETE FINGERPRINTS MORE THAN 60 DAYS PRIOR TO SUBMITTING YOUR APPLICATION. FINGERPRINT RESULTS WITHOUT AN APPLICATION ON FILE WILL BE HELD FOR 6 MONTHS.

**If you currently reside out of state:** You must use the "hard card" fingerprint method. To request fingerprint hard cards, send an email to BBSWebmaster@dca.ca.gov with "Fingerprint Hard Cards" in the subject line and we will mail them to you. 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.

**6. TRANSCRIPTS**

Provide official transcript(s) verifying your master's degree and completion of a minimum of 60 semester hours (or 90 quarter hours) of postgraduate coursework in pupil personnel services. TRANSCRIPTS MUST BE IN AN ENVELOPE SEALED BY THE EDUCATIONAL INSTITUTION.

**7. CREDENTIAL**

Provide a copy of your Pupil Personnel Credential showing a specialization in school psychology.

**8. EXPERIENCE VERIFICATION FORMS**

Applicants must submit BOTH of the forms listed below in order to show proof of completing the experience requirements for licensure. The forms must have the original signature of the verifying party.

**a) Verification of Experience as a Credentialed School Psychologist (Form #37A-501):**

Use this form to provide verification of two (2) years of full time (or equivalent) experience as a credentialed school psychologist. This form must be completed by an authorized school district employee with professional knowledge of your experience. This experience must have been obtained within the six (6) years immediately preceding the date on which your application for licensure is received by the Board.

**AND**

**b) Supervised Professional Experience Verification (Form #37A-502):**

Use this form to provide verification of EITHER of the following (only A or B is required):

A. One (1) year of supervised professional experience in an accredited school psychology program.

**OR**

B. One (1) year of full time (or equivalent) experience as a credentialed school psychologist obtained under the direction of a Licensed Educational Psychologist or a Licensed Psychologist.

**Note: The above experience (A or B) can be older than six (6) years from the date your application for licensure is received.**

**9. BACKGROUND QUESTIONS (A - D)**

If you answered YES to application questions A, B, C or D, complete the *Background Statement*, available on the Board's website. Please be aware that your processing time will be longer than normal and will be dependent on your providing all information required by the Board.



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## **IMPORTANT INFORMATION FOR LICENSED EDUCATIONAL PSYCHOLOGIST APPLICANTS**

### **1. VETERANS HONORABLY DISCHARGED RECEIVE EXPEDITED REVIEW**

The board is required to expedite the licensure process for an applicant who is a honorably discharged veteran of the U.S. Armed Forces. Download the request form from the Board's website and include it ON TOP OF your application.

### **2. SPOUSES OR PARTNERS OF PERSONS ON ACTIVE MILITARY DUTY RECEIVE EXPEDITED REVIEW**

The board is required to expedite the licensure process for an applicant whose spouse or domestic partner is an active duty member of the U.S. Armed Forces and meets other criteria. Download the request form from the Board's website and include it ON TOP OF your application.

### **3. RECEIPT OF APPLICATION**

Please do not contact the Board to check the status of your application. To determine if the Board has received your application, see if your check has been cashed. Another option is to include a self-addressed stamped postcard or envelope ON TOP OF your application, which will be mailed back to you upon receipt.

### **4. 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 written examination

The written examination contains objective multiple-choice questions and is offered at various locations throughout California. Upon receipt of your notice of eligibility, it is your responsibility to contact the testing administrator to schedule your examination. Further information is provided in the *LEP Written Examination Candidate Handbook*, which applicants receive through the mail as their "Notice of Eligibility." This handbook is also available on the Board's website.

### **5. REQUESTS FOR ACCOMMODATION:**

All examination sites are physically accessible to individuals with disabilities. Pursuant to Title II of the Americans with Disabilities Act (ADA) and California law, the Board will provide reasonable accommodations to qualified candidates with mental disabilities, physical disabilities, or qualifying medical conditions. However, the Board will not provide

accommodations that fundamentally alter the measurement of the skills or knowledge the examination is intended to test.

Accommodations will not be provided at the examination site unless prior approval by the board has been granted. **A candidate who seeks an accommodation has the responsibility to make the request and provide documentation substantiating the need for accommodation at the time of submission of the application for the examination.**

The information supplied to substantiate a candidate's request for an accommodation will be kept confidential to the extent provided by law. Any request for accommodation (except for accommodations requiring a physically accessible examination site) must be submitted to the Board on the forms prescribed by the Board. If you wish to submit a request for accommodation, the forms are available on the Board's website or contact the Board directly to request the form be mailed to you.

The Board does not discriminate on the basis of disability in employment or in the admission and access to its programs or activities. The Executive Officer of the Board has been designated to coordinate and carry out this agency's compliance with the nondiscrimination requirements of Title II of the ADA. Information concerning the provisions of the ADA, and the rights provided hereunder, are available from the ADA coordinator.

## **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, please provide an alternate mailing address. California law requires all persons regulated by the Board to notify the Board in writing within 30 days of any change of address.

## **7. ABANDONMENT OF APPLICATION**

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

- Applicant does not submit evidence that he or she has removed the deficiencies specified in the deficiency letter within one (1) year from the date of the deficiency letter
- Applicant fails to sit for examination within one (1) year after being notified of eligibility
- Applicant fails 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 requirements in effect at the time the new application is submitted.

## **8. STATUTES AND REGULATIONS**

To obtain a copy of the *Board's Statutes and Regulations*, please download it from the Board's website or submit a written request to the Board.

## **9. 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 his or her professional capacity or within the scope of his or her 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 and/or dependent 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 Section 11166 and 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 that imprisonment and fine.

For further details about these requirements, consult Penal Code sections 11164 and Welfare and Institutions Code section 15630, and subsequent sections.

## **10. SOCIAL SECURITY NUMBER OR OTHER TAXPAYER IDENTIFICATION NUMBER**

Disclosure of your tax identification number 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, which 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.

## **11. STATE TAX OBLIGATION – EFFECTIVE JULY 1, 2012:**

Pursuant to Business and Professions Code section 31(e), the State Board of Equalization and the Franchise Tax Board may share taxpayer information with a board. A licensee must pay his or her state tax obligation and his or her license may be suspended if the state tax obligation is not paid.

## **12. 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 4989.20 and Article 5 of Chapter 13 (commencing with section 4989), Title 16 of the California Code of Regulations Sections 1805, 1806 and 1856, 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 [BBSWebMaster@dca.ca.gov](mailto:BBSWebMaster@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](mailto:dca@dca.ca.gov).



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## LICENSED EDUCATIONAL PSYCHOLOGIST EXAMINATION ELIGIBILITY APPLICATION

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

For Office Use Only:

Cashiering No.

Please type or print clearly in ink

1. Legal name*: Last		First	Middle	ATTACH A PHOTOGRAPH TAKEN WITHIN 60 DAYS OF THE FILING OF THIS APPLICATION (Head and Shoulders Only)	
2. If you have ever been known by another name, list the full name(s) and dates of use below (attach additional names and dates):					
Full Name		Dates of Use (to/from):			
Full Name		Dates of Use (to/from):			
3. Address of Record** Number and Street					
City		State	Zip Code		
4. Business Telephone		5. Residence telephone			
6. E-Mail Address (OPTIONAL)					
7. Birth Date: mm/dd/yyyy		8. SSN or ITIN***			9. Sex
10. Education: (Qualifying Degree)		11. Name of school, college or university			

12. Have you ever applied for or been issued a license, registration or certificate to practice educational psychology or any other healing art 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	Approximate Date of Application	License, Registration or Certificate Number	Date Issued

13. Have you ever served in the United States Armed Forces or the California National Guard (OPTIONAL)? Yes, Currently  Yes, Previously  No



Applicant Name: Last	First	Middle
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14. Other post-graduate education:

SCHOOL NAME	COURSE OF STUDY	DEGREE	DATE AWARDED

**BACKGROUND QUESTIONS**

<p>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? Convictions dismissed under sections 1203.4, 1203.4a, or 1203.41 of the Penal Code (or equivalent non-California law) must be disclosed. If you have obtained a dismissal of such a conviction, submit a certified copy of the court order.</p> <p>DO NOT INCLUDE:</p> <ul style="list-style-type: none"> <li>• Offenses prior to your 18<sup>th</sup> birthday</li> <li>• Charges dismissed under section 1000.3 of the Penal Code</li> <li>• Convictions under sections 11357(b), (c), (d), (e) or section 11360(b) of the Health and Safety Code which are two (2) years or older</li> <li>• Traffic violations for which a fine of \$500 or less was imposed</li> <li>• Infractions</li> </ul>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>If YES, you must complete Part A of the "Background Statement" form, available on the Board's website. You must disclose convictions even if previously reported to the Board. However, it is not necessary for you to resubmit documentation previously on file. Instead, provide a written statement indicating that you believe the information is already on file.</i></p>
<p>B. Is any criminal action pending against you, or are you currently awaiting judgment and sentencing following entry of a plea or jury verdict? DO NOT INCLUDE:</p> <ul style="list-style-type: none"> <li>• Traffic violations for which a fine of \$500 or less was imposed</li> <li>• Infractions</li> </ul>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>If YES, you must complete Part B of the "Background Statement" form, available on the Board's website.</i></p>
<p>C. Have you ever been denied a professional license ("license" includes registrations, certificates, or other means to engage in practice) OR had a professional 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?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>If YES, you must complete Part C of the "Background Statement" form, available on the Board's website. Disclosure is required even if previously reported to the Board. However, it is not necessary for you to resubmit documentation previously on file. Instead, provide a written statement indicating that you believe the information is already on file.</i></p>

Applicant Name: Last		
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D. Does your current use of chemical substances in any way impair or limit your ability to conduct with safety to the public the practice of educational psychology?	Yes <input type="checkbox"/> No <input type="checkbox"/>  <i>If YES, you must complete Part D of the "Background Statement" form, available on the Board's website.</i>
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**NOTE: Knowingly providing false information or omitting pertinent information may be grounds for denial of this application.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

*\*The board has the right to refuse to issue any registration or license, or may suspend or revoke the license or registration of any registrant or licensee if the applicant secures the license or registration by fraud, deceit, or misrepresentation on any application for licensure or registration submitted to the board.*

**\*\*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. If you do not want your home or work address available to the public, please provide an alternate mailing address.**

**\*\*\* Disclosure of your tax identification number is mandatory. You may provide either your Social Security Number, Federal Employer Identification Number, or Individual Taxpayer Identification Number, as applicable. This number must match the number you provide on your fingerprint forms. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405 (c) (2) (c)) authorizes collection of your tax identification number, which 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.**



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**LICENSED EDUCATIONAL PSYCHOLOGIST  
 VERIFICATION OF EXPERIENCE  
 AS A CREDENTIALLED SCHOOL PSYCHOLOGIST**

This form must be completed by an authorized school district employee with professional knowledge of the applicant's experience as a Credentialed School Psychologist. All information on this form is subject to verification. Two (2) years of full-time experience or the equivalent is required. Be sure to:

- Use a separate form for each employment setting
- Make certain that the form is complete and correct prior to signing
- Provide an original signature in ink and have the signer initial any changes

*NOTE: An applicant cannot be credited with experience as a credentialed school psychologist if it was obtained more than six (6) years prior to filing the LEP Application Packet with the Board.*

**APPLICANT:** *(Please type or print clearly in ink)*

Name:	Last	First	Middle
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**EMPLOYER / SCHOOL DISTRICT:** *(Please type or print clearly in ink)*

1. Employer/School District Name:		2. Telephone Number:	
3. Address: Number and Street		City	
State	Zip Code	4. Position Occupied by Applicant:	
5. Dates of Applicant's Employment: From: _____ To: _____ mm/dd/yyyy mm/dd/yyyy		6. Number of Hours Worked per Week: _____ (32 or more hours is full time)	

***I have professional knowledge that the above applicant was employed as a Credentialed School Psychologist as indicated above. NOTE: Knowingly providing false information or omitting pertinent information may be grounds for denial of this application.***

\_\_\_\_\_  
Signature of Employer/School District's Authorized Designee

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title



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## LICENSED EDUCATIONAL PSYCHOLOGIST VERIFICATION OF SUPERVISED EXPERIENCE

**Complete either Section I OR Section II** of this form. All information on this form is subject to verification  
 Be sure to:

- Use a separate form for each employment setting
- Make certain that the form is complete and correct prior to signing
- Provide an original signature in ink and have the signer initial any changes

### SECTION I INTERNSHIP

An individual with professional knowledge of your internship must complete this section in order to verify completion of one (1) year of supervised professional experience in an accredited school psychology program.

NOTE: If you do not have this type of experience, complete Section II only.

**APPLICANT:** *(Please type or print clearly in ink)*

Applicant Name:	Last	First	Middle
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**SCHOOL / SCHOOL DISTRICT:** *(Please type or print clearly in ink)*

1. Name of School or School District where internship was completed:		
2. Business Phone:		
3. Dates of Applicant's Internship:	From: _____ mm/dd/yyyy	To: _____ mm/dd/yyyy
4. Internship Course Numbers and Titles:		

***I have professional knowledge that the above applicant completed one year of supervised professional experience as indicated above. NOTE: Knowingly providing false information or omitting pertinent information may be grounds for denial of this application.***

\_\_\_\_\_  
 Signature of Employer/School District's Authorized Designee

\_\_\_\_\_  
 Date Signed

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Title

**OR**

**SECTION II - SUPERVISED EXPERIENCE** (next page)

## SECTION II

### SUPERVISED EXPERIENCE

Your supervisor must complete this section in order to verify completion of one (1) year of full-time (or the equivalent) experience as a Credentialed School Psychologist, obtained under the direction of either a Licensed Educational Psychologist or a Licensed Psychologist is required.

NOTE: If you do not have this type of experience, complete Section I only.

**APPLICANT:** *(Please type or print clearly in ink)*

Applicant Name:	Last	First	Middle
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**SUPERVISOR:** *(Please type or print clearly in ink)*

1. Supervisor's Name:		Last	First	Middle
2. Supervisor License Information (LEP or Licensed Psychologist):				
<i>NOTE: If you are licensed out-of-state, please provide a copy of your license.</i>				
Type of License	License Number	State of Licensure	Date Originally Licensed	
3. Supervisor Phone Number:		4. Name of School/School District:		
5. Dates of Experience:				
From:		_____	To: _____	
		mm/dd/yyyy	mm/dd/yyyy	
6. Number of hours worked per week: _____ <i>(32 or more hours is full time)</i>				

***The above applicant completed the above supervised experience under my direction.***

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

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date Signed



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## EXAMINATION SECURITY NOTICE

California statutes authorize state agencies to maintain the security of their licensing examinations. Section 123 of the Business and Professions Code states:

*"It is a misdemeanor for any person to engage in any conduct which subverts or attempts to subvert any licensing examination or the administration of an examination..."*

Conduct that subverts or attempts to subvert a licensing examination includes:

- removal of examination materials from the examination room;
- unauthorized reproduction of any and all portions of a licensing examination;
- acquisition of examination materials before, during, or after the examination;
- preparation or instruction of applicants for the examination with the aid of examination material;
- paying or using professional examination takers to reconstruct any portions of a licensing examination;
- buying, selling, or receiving future, current, or previously administered examination materials;
- communicating with other candidates during the examination or permitting one's answers to be copied by another candidate;
- impersonating another candidate or having another person take the examination on one's behalf.

A person found guilty of any of these acts is liable for damages sustained by the agency administering the examination in an amount not to exceed \$10,000, plus the costs of litigation. In addition, a board may deny, suspend, revoke, or otherwise restrict the license of an applicant or a licensee who has violated the above.

COMPLETE THIS SECTION

*I have read and fully understand the above requirements and hereby certify that I am the person named below who applied for licensure with the Board of Behavioral Sciences.*

License Application Type      LCSW       MFT       LEP       LPCC

Candidate's Name (print) \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_\_

Candidate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## INSTRUCTIONS FOR LIVE SCAN FINGERPRINTING

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 [BBSWebmaster@dca.ca.gov](mailto:BBSWebmaster@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 enclosed *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 application. Once your fingerprints have been scanned, the Live Scan Operator will complete Box 6 of this form and return the second and third copies to you.

**The second copy of this form, with Box 6 completed by the Live Scan Operator, must be MAILED to the BBS in order to retrieve your fingerprint results from 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 <http://ag.ca.gov/fingerprints/publications/contact.php>

**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**

## **SECTION 1:**

### Job Title or Type of License, Certification or Permit:

Check the box for the applicable license, or registration you are applying for with the BBS. If you are a Licensee with multiple licenses, only check your most used license type. Your fingerprint results will be put towards ALL licenses you hold. You will not need to pay and/or be fingerprinted for each individual BBS license you hold. **CHECK THE BOX FOR ONLY ONE 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: Place an "X" in the appropriate box

Height: Indicate your height in feet and inches

Weight: Indicate your weight in pounds (lbs.)

Eye Color: Indicate eye color abbreviation:

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

Hair Color: Indicate hair color abbreviation:

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

Place of Birth: Indicate the state or country of birth

Social Security Number: Enter your social security number 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.

## **SECTION 4:**

### Your number:

Enter your current BBS license or registration number. Enter all that apply. If you are a brand new applicant and do not currently hold an identifying number, leave this line blank.

### If resubmission, list the 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.)

**SECTION 5:** Leave this section blank.

**SECTION 6:** To be completed by the Live Scan operator.



# APPLICANT

**SECTION 1**

ORI: A0462  
(Code assigned by DOJ)

Type of Application: LIC/CERT/PERMIT RENEWAL

Job Title or Type of License, Certification or Permit: **(Only One Title)**

**Marriage and Family Therapist**

**Clinical Social Worker**

**Educational Psychologist**

**Professional Clinical Counselor**

**SECTION 2**

Agency Address Set Contributing Agency

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: \_\_\_\_\_ Driver's License No: \_\_\_\_\_  
Last First

Date of Birth: \_\_\_\_\_ SEX:  Male  Female Misc. No. BIL: **APPLICANT MUST PAY**  
Agency Billing Number

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Address: \_\_\_\_\_  
Street No.

Place of Birth: \_\_\_\_\_ City State Zip

Social Security Number: \_\_\_\_\_

**SECTION 4**

Your Number \_\_\_\_\_  
BBS File Number (Example: 103123)

BBS Applicant: Please mail a copy of this form to the address in Box 2 upon completion.

If resubmission, list Original ATI No. \_\_\_\_\_ Level of Service  DOJ  FBI

**SECTION 5**

Employer: (Additional response for agencies specified by statute)

**LEAVE THIS SECTION BLANK**

Employer Name \_\_\_\_\_

Street No. Street or PO Box \_\_\_\_\_

Mail Code (assigned by DOJ) \_\_\_\_\_

City State Zip Code \_\_\_\_\_

Agency Telephone No. (optional) \_\_\_\_\_

**SECTION 6**

Live Scan Transmission Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Transmitting Agency \_\_\_\_\_ ATI No. \_\_\_\_\_ Amount Collected/Billed \_\_\_\_\_

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

# APPLICANT

**SECTION 1**

ORI: A0462 Type of Application: LIC/CERT/PERMIT RENEWAL  
(Code assigned by DOJ)

Job Title or Type of License, Certification or Permit: **(Only One Title)**

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Marriage and Family Therapist</b> | <input type="checkbox"/> <b>Clinical Social Worker</b>          |
| <input type="checkbox"/> <b>Educational Psychologist</b>      | <input type="checkbox"/> <b>Professional Clinical Counselor</b> |

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Agency Billing Number

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Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Address: \_\_\_\_\_  
Street No.

Place of Birth: \_\_\_\_\_ City State Zip

Social Security Number: \_\_\_\_\_

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|---|---|
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Street No.

Place of Birth: \_\_\_\_\_ City State Zip

Social Security Number: \_\_\_\_\_

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City State Zip Code \_\_\_\_\_

Agency Telephone No. (optional) \_\_\_\_\_

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