

**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**LICENSED PROFESSIONAL CLINICAL COUNSELOR
EXAMINATION ELIGIBILITY APPLICATION PACKET****FOR APPLICANTS WITH ALL
EXPERIENCE GAINED IN-STATE**

Dear 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 Examination Eligibility Application
4. In-State Experience Verification Form
5. Examination Security Notice

BOARD OF BEHAVIORAL SCIENCES



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APPLICATION INSTRUCTIONS

LICENSED PROFESSIONAL CLINICAL COUNSELOR IN-STATE EXAMINATION ELIGIBILITY APPLICATION

**DO NOT COMPLETE THIS APPLICATION IF YOU HAVE
ANY OUT-OF-STATE EXPERIENCE OR LICENSURE**

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

Carefully read the following instructions to ensure 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.

- A. APPLICATION
Complete all sections in ink and type or print legibly. The application must be signed.

Name Changes: 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, available on the Board's website, with your application packet along with the required documentation.

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

- C. EXAMINATION SECURITY NOTICE
This notice must be completed and signed in ink. Failure to complete the notice will affect your examination eligibility.

D. FEES

Submit a \$280.00 check or money order made payable to the Behavioral Sciences Fund. The \$280.00 fee consists of a \$180.00 application fee and a \$100.00 California Law and Ethics Examination fee. The application fee is an earned fee for evaluation of your application and is **NOT REFUNDABLE**.

E. VERIFICATION OF EXPERIENCE

Supervised experience must total at least two (2) years (104 supervised weeks) and 3,000 hours, obtained within the six (6) years immediately preceding the date on which your *Examination Eligibility* application is received by the Board. Submit the following:

1. EXPERIENCE VERIFICATION FORM: Each supervisor must complete an Experience Verification form in order to verify your hours of experience. Use separate forms for each supervisor and each employer. Note: "Weekly Summary" forms CANNOT be accepted in place of the *Experience Verification* form. Do not submit Weekly Summary forms unless specifically requested by the Board.
2. WORKSHOPS, SEMINARS, TRAINING AND CONFERENCES: If you completed any of these activities as part of your supervised experience, the hours must be included on the *Experience Verification* form in the space provided. Do not submit proof of completion.
3. W-2s: If you were employed, you must submit copies of your W-2s for each year you are claiming and for each employer. If W-2s are 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.
4. VOLUNTEER LETTER: If you volunteered, a letter from the employer is required indicating your voluntary status. A sample letter is available on the Board's website.
5. SUPERVISOR RESPONSIBILITY STATEMENT: Submit the original *Supervisor Responsibility Statement* signed by each of your supervisors.
6. SUPERVISORY PLAN: Submit the original *Supervisory Plan* signed by each of your supervisors.

F. 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 PROFESSIONAL CLINICAL COUNSELOR EXAMINATION ELIGIBILITY 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. If you would like to know whether the Board has received your application, check with your bank to 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. ABANDONMENT OF LICENSURE 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.

5. 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 California Law and Ethics examination

The California Law and Ethics 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 *LPCC California Law and Ethics Exam Candidate Handbook*, which applicants receive through the mail and includes the "Notice of Eligibility." This handbook is also available on the Board's website.

After passing the California Law and Ethics Examination, you will be required to pass the National Clinical Mental Health Counselor Examination (NCMHCE). Upon passing the Law and Ethics Examination, you will receive information on registering for the NCMHCE.

6. EXAM RESTRUCTURE COMING JANUARY 1, 2016

Effective January 1, 2016, the Board's examination process will be changing as follows. This information ONLY applies to individuals who continue to hold an intern registration while in the exam process.

○ *Registrants Must Take a California Law and Ethics Exam*

Exam Eligibility applicants who also hold an intern registration must take the California Law and Ethics Exam before the registration's expiration date. Otherwise, your registration will not be renewable until you have taken the exam. It is important to keep this in mind when you are scheduling your exam date.

○ *Passing Score Required for Subsequent Registrations*

Applications Postmarked After January 1, 2017: Applicants will no longer be able to obtain a subsequent intern registration (second, third, etc.) without first **passing** the California Law and Ethics Exam.

Applications Postmarked After January 1, 2016: Applicants will be able to obtain a subsequent registration number without passing the California Law and Ethics exam. However, such applicants must **pass the exam prior to the first registration renewal**. The subsequent registration cannot be renewed until the exam has been passed.

For more specific information on all of these changes, see the *Exam Restructure FAQ* available on the Board's website.

7. 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 other qualifying medical conditions which substantially limits their ability to take the examination. 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 you may contact the Board directly to request the form be mailed to you.

The Board will forward approved accommodations to the National Board for Certified Counselors (NBCC) after you pass the California Law and Ethics examination so that your accommodations will be in place when you take the National Clinical Mental Health Counselor's Exam (NCMHCE). NBCC is responsible for providing these accommodations, NOT the Board. Please direct any concerns regarding accommodations provided at the testing site to NBCC.

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.

8. SCOPE OF PRACTICE – TREATMENT OF COUPLES AND FAMILIES

Licensed Professional Clinical Counseling does not include the assessment or treatment of couples or families unless the professional clinical counselor has completed additional training and education. Please see the Board's website for more information.

9. INITIAL LICENSE APPLICATION AND FEE

Once you have passed the examinations, you will be sent a *Request for Initial License* form. The initial license 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.

10. 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 use 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.

11. 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.

12. MANDATORY REPORTER

Under California law each person licensed by the Board is a "mandated reporter" for both child, elder and/or dependent adult abuse or neglect. 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 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 imprisonment and fine. For further details about these requirements, consult Penal Code sections 11164 and Welfare and Institutions Code section 15630, and subsequent sections.

13. 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 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.

14. 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 or applicant must pay his or her state tax obligation and his or her license or registration may be suspended if the state tax obligation is not paid.

15. 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 4996.2, 4996.17, 4996.18, Article 2 of Chapter 14 (commencing with section 4992), 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 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.



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**LICENSED PROFESSIONAL CLINICAL COUNSELOR
 IN-STATE EXAMINATION ELIGIBILITY APPLICATION
 APPLICANTS WITH ALL EXPERIENCE GAINED IN-STATE**

For Office Use Only: P1, PA

Cashiering No:

QM: 1-S

APPROPRIATE FEE MUST ACCOMPANY THIS FORM

Make check payable to - Behavioral Sciences Fund

Please type or print clearly in ink

1. Legal name*:	Last	First	Middle	<p>ATTACH A PHOTOGRAPH TAKEN WITHIN 60 DAYS OF THE FILING OF THIS APPLICATION (Head and Shoulders Only)</p>
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 professional clinical counseling 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	Status

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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BACKGROUND QUESTIONS

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.

DO NOT INCLUDE:

- Offenses prior to your 18th birthday
- Charges dismissed under section 1000.3 of the Penal Code
- 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
- Traffic violations for which a fine of \$500 or less was imposed
- Infractions

Yes No

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.

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:

- Traffic violations for which a fine of \$500 or less was imposed
- Infractions

Yes No

If YES, you must complete Part B of the "Background Statement" form, available on the Board's website.

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?

Yes No

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.

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 professional clinical counseling?

Yes No

If YES, you must complete Part D of the "Background Statement" form, available on the Board's website.

Applicant Name: Last	First	Middle
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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:** _____

**Business and Professions Code section 4999.90(b) gives the board 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 these tax identification numbers. 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.***



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LICENSED PROFESSIONAL CLINICAL COUNSELOR IN-STATE EXPERIENCE VERIFICATION

This form is to be completed by the applicant's supervisor and submitted by the applicant with his or her *Application for Examination Eligibility*. All information on this form is subject to verification.

- Use separate forms for each supervisor and each employer
- Make sure that the form is complete and correct prior to signing
- Provide an original signature in ink and have the signer initial any changes

APPLICANT NAME:

Last	First	Middle	Intern Number
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SUPERVISOR INFORMATION:

Supervisor's Name		Business Phone	
License Type	License Number	State	Date First Licensed
If a Physician, were you certified in Psychiatry by the American Board of Psychiatry and Neurology during the entire period of supervision? N/A No Yes: Date Certified: _____ Certification #: _____			
Were you employed by the supervisee's employer? Yes No		If NO, attach a copy of the letter of agreement with the supervisee's employer	

APPLICANT'S EMPLOYER INFORMATION:

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

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 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
3. Was this experience gained in a private practice setting? Yes No
4. Was this experience gained in a hospital or community mental health setting, as defined in Title 16, California Code of Regulations section 1820(d)? Yes No
5. Was the applicant receiving pay for the employment? *If YES, attach a copy of the applicant's W-2 statement for each year experience is claimed. See application instructions for further information.* Yes No

Applicant:	Last	First	Middle
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EXPERIENCE INFORMATION:

1. Dates of experience being claimed:	From: _____ mm/dd/yyyy	To: _____ mm/dd/yyyy
2. How many weeks of supervised experience are being claimed? _____ weeks		
3. Show only those hours of experience logged on the <i>Weekly Summary of Experience Hours</i> form* below:		Logged Hours
a. Direct Counseling with Individuals, Groups, Couples or Families (<i>Minimum 1,750 hours</i>)		
• Of the hours recorded on line a, how many hours were gained treating children, couples or families? (<i>list even if not recorded on your Weekly Summary forms</i>)		
b. Group Therapy or Counseling (<i>Maximum 500 hours</i>)		
c. Telehealth Counseling (<i>Maximum 250 hours if gained BEFORE 1-1-14; Maximum 375 hours AFTER 1-1-14</i>)		
d. Administering and evaluating psychological tests of counselees, writing clinical reports and progress or process notes (<i>Maximum 250 hours</i>)**		
e. Workshops, seminars, training sessions, or conferences directly related to professional clinical counseling (<i>Maximum 250 hours</i>)**		
f. Client-Centered Advocacy**		
4. Face-to-face supervision:**	Units per week***	Logged Hours
a. Individual		
b. Group (group contained no more than 8 persons)		
<p>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.</p> <p>Signature of Supervisor: _____ Date: _____</p>		

*Do not submit your weekly summary forms unless specifically requested by the Board

**These categories when combined shall not exceed 1,250 hours of experience (BPC Section 4999.46(b)(6)).

***One "unit" of supervision is defined as one (1) hour of individual supervision or two (2) hours of group supervision. Do not provide an average - if your supervision hours differed from week to week, provide a range (for example, 2-3 units per week).

