



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



RE: MARRIAGE AND FAMILY THERAPIST INTERN REGISTRATION APPLICATION

Dear Applicant:

Thank you for your interest in becoming a Marriage and Family Therapist Intern. Included in this packet are:

1. Instructions for Completing the Application
2. Application for Registration as a Marriage and Family Therapist Intern
3. Program Certification – Form A
4. Program Certification – Form B
5. Important Live Scan Information and Instruction
6. Request for Live Scan Service Form
7. Mandatory Reporter

BOARD OF BEHAVIORAL SCIENCES



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



INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR REGISTRATION AS A MARRIAGE AND FAMILY THERAPIST INTERN

Please review this checklist to ensure that all required original documents are furnished to the Board. (Please retain a copy of all documents submitted to the Board.) **All items are mandatory.** Failure to provide any of the requested information may result in the application being rejected as incomplete. Submit a completed application to address shown above.

- APPLICATION
- Complete all sections of the application. The application **must** be signed.
- 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. The photograph is to be firmly affixed to the application, in the space provided.
- FEE:
- Submit a \$75.00 check or money order made payable to the Behavioral Sciences Fund. The fee is **NOT REFUNDABLE**.
- FINGERPRINTS:
- See enclosed "IMPORTANT FINGERPRINT INFORMATION". The Board requires a Department of Justice (DOJ) and Federal Bureau of Investigation (FBI) criminal history background check on all applicants. **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.**
- VERIFICATION OF EDUCATION:
- TRANSCRIPTS: You must provide official transcript(s) verifying your master's or doctor's degree with degree title and date of conferral posted. **MUST BE IN A SEALED ENVELOPE.**
 - PROGRAM CERTIFICATION: You must provide a Program Certification form completed and signed by the Chief Academic Officer or authorized designee. **Please contact your school program if you have questions about completing the appropriate form. MUST BE IN A SEALED ENVELOPE.**
 - FORM A** - Complete Program Certification Form A if you have an out-of-state degree **or** the following applies to you:
 - 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 requirements stipulated in BPC Section 4980.36.
 - FORM B** - Complete Program Certification Form B if you have a California degree **and** any of the following apply to you:
 - You began graduate study before August 1, 2012, and did not complete that study on or before December 31, 2018;
 - You began graduate study before August 1, 2012, and you graduated from a degree program that meets the requirements of this section; or
 - You began graduate study on or after August 1, 2012.
- VERIFICATION OF EDUCATION RECEIVED OUT-OF-COUNTRY:
- If you have an out-of-country degree, you **must** have your education evaluated to determine equivalency of a master's or doctor's degree in one of the named degrees in Section 4980.40(a) of the Business and Professions Code (B&P) in California prior to applying for registration. The evaluation service must be a member of the National Association of

Credential Evaluation Services. The Board requires a detailed report from the evaluation service. Please submit this evaluation, IN A SEALED ENVELOPE, with your application for registration.



CONVICTION OR DISCIPLINARY ACTION DOCUMENTS:

- Documents or letters explaining prior conviction(s) or disciplinary action(s) and attesting to your rehabilitation, if applicable. Please refer to the REPORTING PRIOR CONVICTION(S) or REPORTING DISCIPLINE AGAINST LICENSE(S) sections of these instructions.

I. INFORMATION

1. GENERAL:

- a. All applicants are advised that any or all information furnished herein is subject to investigation; further, that this application and all papers and documents pertinent thereto are the property of the State of California and will not be returned; further, that **ANY FALSE, DISHONEST OR MISLEADING STATEMENTS IN THIS APPLICATION OR THE ATTACHMENTS ARE GROUNDS FOR DENIAL OR SUBSEQUENT REVOCATION OR SUSPENSION OF THE REGISTRATION OR LICENSE FOR WHICH APPLICATION IS BEING MADE.**
- b. Please be advised that post-degree hours of experience will only begin accruing from the issuance date of your intern registration unless you applied for registration within 90 days of the granting of the qualifying master's or doctor's degree (this is the date your degree was conferred as posted on your transcript).

2. 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. Title 16, California Code of Regulations Section 1804, states that all persons regulated by the Board shall maintain a current mailing address with the Board and shall notify the Board within 30 days concerning any change of address giving both the old and new addresses.

CHANGES OF ADDRESS MUST BE RECEIVED IN WRITING.

3. LAWS AND REGULATIONS:

To obtain a copy of the Laws and Regulations, **please submit a written request to the Board** (type or print clearly your name and address), **or you may download the information from our Web site.**

4. DUPLICATION OF BOARD FORMS:

Applicants are granted permission to reproduce any form provided by the Board. **However, only those forms having original signatures will be accepted as part of any application.**

5. MANDATORY REPORTER:

Under California law each person licensed by the Board of Behavioral Sciences is a "mandated reporter" for both child and elder 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 abuse or neglect.

The mandated reporter must contact by telephone immediately or as soon as possible, to make a report to the appropriate agency or as soon as is practicably possible. The mandated reporter must prepare and send a written report thereof within two working days or 36 hours of receiving the information concerning the incident.

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.

Please allow 60 days for your application to be evaluated. If the application is incomplete, you will be advised as to the additional required information or educational requirements, which must be provided within one (1) year of notification. After one (1) year, the original application will be deemed abandoned and a new application and related documents with appropriate fee must be submitted. If acknowledgment of receipt is desired, you must send a self-addressed, stamped postcard that will be date-stamped and returned. **Acknowledgment of receipt does not constitute approval.**

6. REQUEST 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 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, please contact the Board and request a Request for Accommodation package.

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.

II. REPORTING PRIOR CONVICTION(S):

California Code of Regulations, Title 16, Section 1813 states: "When considering the denial of a license or registration under Section 480 of the Code, the board, in evaluating the rehabilitation of the applicant and his or her present eligibility for a license or registration shall consider the following criteria:

- (a) The nature and severity of the act(s) or crime(s) under consideration as grounds for denial.
- (b) Evidence of any act(s) committed subsequent to the act(s) or crime(s) under consideration as grounds for denial which also could be considered as grounds for denial under Section 480 of the Code.
- (c) The time that has elapsed since commission of the act(s) or crime(s) referred to in Section 480 of the Code.
- (d) The extent to which the applicant has complied with any terms of probation, parole, restitution, or any other sanctions lawfully imposed against the applicant.
- (e) Evidence, if any, of rehabilitation submitted by the applicant."

Submit the following information with your application if you report that you have been convicted of a misdemeanor or felony (including any convictions dismissed under Section 1203.4 of the Penal Code):

- 1. A certified copy of the conviction and disposition of your case from the Court Clerk of the court in which convicted and any police reports.
- 2. A letter from you describing the underlying circumstances of the conviction. If convicted under a different name, please give that name.
- 3. A letter from you describing rehabilitation efforts or changes you have made to prevent future problems. It is your responsibility to present sufficient evidence of rehabilitation to demonstrate your fitness for licensure. The evidence of rehabilitation may include, but is not limited to:
 - a. Proof of completion of probation if it was required.
 - b. Letters of reference from employers, instructors, professional counselors, probation or parole officers on official letterhead.
- 4. You must disclose **all** convictions even if they have been previously reported to the Board. However, it is not necessary for you to re-submit documentation previously on file; you may simply provide a written statement indicating that you believe the information is already on file.

III. REPORTING DISCIPLINE AGAINST LICENSE(S):

Submit the following information with your application if you report any disciplinary action you received against a professional license:

- 1. A certified copy of the determination made by the licensing entity. This document should include date and location of the incident, specific violation, date of disciplinary action, and sanctions or penalties imposed and completion dates.
- 2. A letter from you describing the underlying circumstances of the incident. If disciplinary action occurred under a different name, please give that name.
- 3. A letter from you describing rehabilitation efforts or changes you have made to prevent future problems. It is your responsibility to present sufficient evidence of rehabilitation to demonstrate your fitness for licensure. The evidence of rehabilitation may include, but is not limited to:
 - a. Proof of completion of probation if it was required.
 - b. Letters of reference from employers, instructors, professional counselors, probation or parole officers on official letterhead.
- 4. You must disclose all disciplines against licenses even if they have been previously reported to the Board. However, it is not necessary for you to re-submit documentation previously on file; you may simply provide a written statement indicating that you believe the information is already on file.

IV. 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 registrant must pay his or her state tax obligation and his or her registration may be suspended if the state tax obligation is not paid.

V. 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 4980.43, 4980.44, 4980.90 and Article 2 of Chapter 13 (commencing with section 4982), and Title 16 of California Code of Regulations Sections 1805 and 1806. The Board uses this information principally to identify and evaluate licenses and enforce licensing standards set by law and regulation.

Mandatory Submission. Submission of the requested information is mandatory. The Board cannot consider your application for 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 Office of Privacy Protection in the Department of Consumer Affairs, 1625 North Market Blvd., Sacramento, CA 95834, (866) 785-9663 or email dca@dca.ca.gov.



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



APPLICATION FOR REGISTRATION AS A MARRIAGE AND FAMILY THERAPIST INTERN

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
Maiden name and any other AKA				
2. Address of Record**:				
Number and Street				
City		State	Zip Code	
3. Business Telephone:		4. Residence telephone:		
5. E-Mail Address:				
6. Birth Date: mm/dd/yyyy		7. Social Security Number***:		8. Sex:
9. Education: (Qualifying Degree)		10. Name of school, college or university:		

ATTACH A
 PHOTOGRAPH TAKEN
 WITHIN 60 DAYS
 OF THE FILING
 OF THIS APPLICATION
 (Head and Shoulders Only)

11. Have you ever been convicted of, pled guilty to, or pled nolo contendere to any misdemeanor or felony?
 (Convictions dismissed under Section 1203.4 of the Penal Code must be disclosed. You need not include offenses prior to your 18th birthday or any traffic violations for which a fine of \$500.00 or less was imposed.) Yes No

If YES, attach your explanation and related documents as described in the reporting prior conviction(s) section of the instructions. You must disclose all convictions even if previously reported to the Board. However, it is not necessary for you to re-submit documentation previously on file, you may simply provide a written statement indicating that you believe the information is already on file.

12. Have you ever been denied a professional license, had a professional license privilege suspended, revoked, or otherwise disciplined, or have you ever voluntarily surrendered any such license in California or any other state or territory of the united states, or by any other governmental agency? Yes No

If YES, attach your explanation and related documents as described in the reporting discipline against license(s) section of the instructions.

I declare under penalty of perjury under the laws of the State of California that all the information submitted on this form and on any accompanying attachments is true and correct.

Signature of Applicant: _____ Date: _____

*Business and Professions Code section 4982(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 social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405 (c) (2) (c)) authorizes collection of your social security number. Your social security 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 social security number, your application for registration will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.



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



MARRIAGE AND FAMILY THERAPIST INTERN PROGRAM CERTIFICATION FORM A

This application applies to the following individuals:

- 1) **Applicants with a California degree who began graduate study before August 1, 2012, and completed that study on or before December 31, 2018**, AND whose degree program does not meet the requirements stipulated in Business and Professions Code (BPC) Section 4980.36 (If your degree program meets the requirements of BPC Section 4980.36, please submit Form B); OR
- 2) All applicants with an out-of-state degree, regardless of graduate program commencement and completion dates.

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

Business and Professions Code Section 4980.38(b) requires each applicant to submit to the Board a certification by the chief academic officer, or his or her designee, of the applicant's educational institution that the applicant has fulfilled the requirements enumerated in Sections 4980.37 and paragraphs (4) and (5) of subdivision (a) of Section 4980.41.

CHIEF ACADEMIC OFFICER or authorized designee: Please see the included full text of Business and Professions Code Sections 4980.37, and 4980.41 prior to completing and signing this form. Provide the applicant with the original of this completed form **IN A SEALED ENVELOPE**. Instruct the applicant to enclose the sealed envelope with his or her application for registration.

(Please type or print clearly in ink)

Applicant Name:	Last	First	Middle
Social Security Number:	Enrollment Date mm/dd/yyyy		

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | The student was notified by means of public documents or otherwise in writing that the degree program is designed to meet the requirements of Business and Professions Code Section 4980.37 and paragraphs (4) and (5) of subdivision (a) of Section 4980.41. For out-of-state education, these courses are required for licensure, not intern registration. |
| <input type="checkbox"/> | <input type="checkbox"/> | 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 semester/quarter units in degree _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 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 Business and Professions Code Section 4980.37(b). This coursework shall include all of the following areas: (1) The salient theories of a variety of psychotherapeutic orientations directly related to marriage and family therapy, and marital and family systems approaches to treatment. (2) Theories of marriage and family therapy and how they can be utilized in order to intervene therapeutically with couples, families, adults, children, and groups. (3) Developmental issues and life events from infancy to old age and their effect upon individuals, couples and family relationships. (4) A variety of approaches to the treatment of children.
Please specify course numbers: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | The degree program contains no less than six semester or nine quarter units of supervised practicum as defined in Business and Professions Code Section 4980.37(c)(1). |
| <input type="checkbox"/> | <input type="checkbox"/> | 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: _____ |

Continued on Next Page

Yes **No**

The applicant has completed coursework in diagnosis, assessment, prognosis, and treatment of mental disorders (Psychopathology) as specified in Business and Professions Code Section 4980.37(e)(1).

Please specify course number: _____

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 Business and Professions Code Section 4980.37(e)(7).

Please specify course number: _____

The applicant has completed specific instruction in alcoholism and other chemical substance dependency as required by Business and Professions Code Section 4980.41(4). If the degree program commenced on or after January 1, 1986, this instruction must be included in the degree program. (Title 16, California Code of Regulations Section 1810.) **For out-of-state education, this course is required for licensure, not intern registration.**

Please specify course number: _____

The applicant has completed coursework in spousal or partner abuse assessment detection, and intervention as specified in Business and Professions Code Section 4980.41(5). If the degree program commenced on or after January 1, 2004, this instruction shall include a minimum of 15 hours of coursework. **For out-of-state education, this course is required for licensure, not intern registration.**

Please specify course number: _____

I CERTIFY that 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
 1625 North Market Blvd., Suite S200, Sacramento, CA 95834
 Telephone: (916) 574-7830 TTY: (800) 326-2297
www.bbs.ca.gov



MARRIAGE AND FAMILY THERAPY INTERN PROGRAM CERTIFICATION FORM B

This form applies to the following individuals with California degrees:

- 1) Applicants for licensure or registration who began graduate study on or after August 1, 2012.
- 2) Applicants who began graduate study before August 1, 2012, and who graduated from a degree program that meets the requirements stipulated in Business and Professions Code Section 4980.36; or
- 3) Applicants who began graduate study before August 1, 2012, and did not complete that study on or before December 31, 2018.

If your degree was obtained out-of-state, please submit Form A

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

Business and Professions Code (BPC) Section 4980.38 requires each applicant to submit to the Board a certification by the chief academic officer, or his or her designee, of the applicant's educational institution that the applicant has fulfilled the requirements enumerated in Section 4980.36.

CHIEF ACADEMIC OFFICER or authorized designee: Please see the included full text of BPC Section 4980.36 prior to completing and signing this form. Provide the applicant with the original of this completed form **IN A SEALED ENVELOPE**. Instruct the applicant to enclose the sealed envelope with his or her application for registration.

(Please type or print clearly in ink)

Applicant Name:	Last	First	Middle
Social Security Number:	Enrollment Date mm/dd/yyyy		

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 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 Section 4980.36. |
| <input type="checkbox"/> | <input type="checkbox"/> | The degree program contains no less than 60 semester or 90 quarter units of instruction.
If NO, number of semester/quarter units in degree _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | The degree program does the following: (1) Throughout its curriculum, integrates marriage and family therapy principles, the principles of mental health recovery-oriented care and methods of service delivery in recovery-oriented practice environments, and an understanding of various cultures and the social and psychological implications of socioeconomic position, and an understanding of how poverty and social stress impact an individual's mental health and recovery; (2) Allows for innovation and individuality in the education of marriage and family therapists; (3) Encourages students to develop the personal qualities that are intimately related to effective practice; (4) Permits an emphasis or specialization that may address any one or more of the unique and complex array of human problems, symptoms, and needs of Californians served by marriage and family therapists; and (5) Provides students with the opportunity to meet with various consumers and family members of consumers of mental health services to enhance understanding of their experience of mental illness, treatment, and recovery. |
| <input type="checkbox"/> | <input type="checkbox"/> | The degree program includes no less than 12 semester or 18 quarter units of coursework in theories, principles, and methods of a variety of psychotherapeutic orientations directly related to marriage and family therapy and marital and family symptoms approaches to treatment and how these theories can be applied therapeutically with individuals, couples, families, adults, including elder adults, children, adolescents, and groups to improve, restore, or maintain healthy relationships.
Please specify course numbers: _____ |

Continued on Next Page

Yes No

- The degree program includes no less than six semester or nine quarter units of practicum that involves direct client contact in a supervised clinical placement that provides supervised fieldwork experience, and adheres to the requirements stipulated in BPC Section 4980.36(d)(1)(B)(iv).
Please specify course numbers: _____
- The practicum in the degree program includes a minimum of 150 hours of face-to-face experience counseling individuals, couples, families, or groups. In addition, an additional 75 hours of either client centered advocacy or face-to-face experience counseling individuals, couples, families or groups is required; for a total of 225 hours, as stipulated in BPC Section 4980.36(d)(1)(B).
If NO, please specify number of hours completed: _____
- The degree program includes instruction in diagnosis, assessment, prognosis, and treatment of mental disorders (Psychopathology), as specified in BPC Section 4980.36(d)(2)(A).
Please specify course number: _____
- The degree program includes instruction in developmental issues from infancy to old age and all areas of study specified in BPC Section 4980.36(d)(2)(B).
Please specify course number: _____
- The degree program includes instruction in the broad range of matters and life events that may arise within marriage and family relationships and within a variety of California cultures and includes instruction in all areas of study specified in BPC Section 4980.36(d)(2)(C).
Please specify course number: _____
- The degree program includes instruction in cultural competency and sensitivity and the areas of study specified in BPC Section 4980.36(d)(2)(D).
Please specify course number: _____
- The degree program includes instruction in multicultural development, cross-cultural interaction, and the areas of study specified in BPC Section 4980.36(d)(2)(E).
Please specify course number: _____
- The degree program includes instruction in the effects of socioeconomic status on treatment and available resources, as specified in BPC Section 4980.36(d)(2)(F).
Please specify course number: _____
- The degree program includes instruction in resilience and the areas of study specified in BPC Section 4980.36(d)(2)(G).
Please specify course number: _____
- The degree program includes instruction in human sexuality and the areas of study specified in BPC Section 4980.36(d)(2)(H).
Please specify course number: _____
- The degree program includes instruction in substance use disorders, co-occurring disorders, addiction, and the areas of study specified in BPC Section 4980.36(d)(2)(I).
Please specify course number: _____
- The degree program includes instruction in California law and professional ethics for marriage and family therapists and the areas of study specified in BPC Section 4980.36(d)(2)(J).
Please specify course number: _____
- The degree program includes instruction in case management, systems of care for the severely mentally ill, public and private services and supports available for the severely mentally ill, community resources for persons with mental illness and for victims of abuse, disaster and trauma response, advocacy for the severely mentally ill, and collaborative treatment, as specified in BPC Section 4980.36(e).
Please specify course number: _____

I CERTIFY that 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

INSTRUCTIONS FOR LIVE SCAN FINGERPRINTING

Live Scan Fingerprinting is meant for anyone living within California. Live Scan fingerprint results will be submitted to the **Department of Justice (DOJ)** and the **Federal Bureau of Investigation (FBI)** electronically.

Fingerprint Fees

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. Be aware that 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. 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 offer Live Scan also. 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 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:

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 social security number

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 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"/> Marriage and Family Therapist | <input type="checkbox"/> Clinical Social Worker |
| <input type="checkbox"/> Educational Psychologist | <input type="checkbox"/> 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
(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**
(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



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



IMPORTANT INFORMATION – PLEASE READ

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 abuse or neglect.

The mandated reporter must contact by telephone immediately or as soon as possible, to make a report to the appropriate agency or as soon as is practicably possible. The mandated reporter must prepare and send a written report thereof within two working days or 36 hours of receiving the information concerning the incident.

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.