



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



## LICENSED PROFESSIONAL CLINICAL COUNSELOR

### APPLICATION FOR LICENSURE

#### IN-STATE\* Applicants

➔ Use this application when you are ready to have your supervised experience evaluated to qualify to take the NCMHCE Clinical Exam

➔ This application can be submitted before you pass the LPCC Law and Ethics Exam

➔ Your hours of experience must have been gained within the six (6) years prior to the date your application is received by the Board

Thank you for your interest in becoming a California Licensed Professional Clinical Counselor (LPCC). This packet contains the following:

1. Application Instructions
2. Application Checklist
3. Important Information for Applicants
4. Application for Licensure (In-State)
5. Experience Verification (In-State)

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**\*You may submit this IN-STATE application if either of the following apply:**

- ➔ **You hold a California Associate Registration; OR**
- ➔ **You have an Out-of-State degree and have gained experience hours in California** (You may have coursework to complete - refer to the notice sent upon approval of your Associate application).

APPLICATION FOR LICENSURE  
**LICENSED PROFESSIONAL  
CLINICAL COUNSELOR**



## **APPLICATION INSTRUCTIONS**

### **In-State Applicants**

#### **READ ALL PAGES CAREFULLY BEFORE SUBMITTING YOUR APPLICATION**

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

- ➔ **Be sure to submit an accurate and complete application package and ensure that all required original documents are furnished to the Board.**
  - ➔ *All items are mandatory unless otherwise indicated.*
- ➔ **Use the Application Checklist included in this packet to help avoid deficiencies.**

#### **EXPEDITED REVIEW**

The Board is required to expedite the licensure process for the following applicants (*all expedite forms available at [www.bbs.ca.gov](http://www.bbs.ca.gov)>Applicants>LPCC>Forms/Pubs*):

- **Honorably Discharged Veterans of the U.S. Armed Forces** pursuant to Business and Professions Code (BPC) section 115.4. Download the request form from the Board's [website](#) and include it ON TOP OF your application.
- **Spouses/Partners of Persons on Active Duty Military** pursuant to BPC section 115.5. A \$250 application fee waiver is also available to these applicants. Download the request form from the Board's [website](#) and include it ON TOP OF your application.
- **Refugees / Asylees / Special Immigrant Status Holders ("SI" or "SQ")** pursuant to BPC section 135.4. Download the request form from the Board's [website](#) and include it ON TOP OF your application.

#### **PROOF OF RECEIPT OF APPLICATION**

If you would like to know whether the Board has received your application, you will need to mail your application using a method that includes tracking. You can also check with the bank to see if your check or money order has been cashed by the Board.

## A. APPLICATION FORM

Instructions	Document(s) Required
<ul style="list-style-type: none"> <li>Complete all sections of the <i>Application for Licensure</i> in ink.</li> <li>The application must have your original signature.</li> <li>You must use your legal name. Your “legal name” is the name established legally by your birth certificate, marriage or domestic partnership certificate, or divorce decree (for example).</li> <li><u>Name Change</u>: If you have registered with the Board previously and have changed your legal name without notifying the Board, submit a <a href="https://www.bbs.ca.gov/pdf/forms/change_name.pdf">Notification of Name Change</a> form with your application packet along with the required documentation (access at <a href="https://www.bbs.ca.gov/pdf/forms/change_name.pdf">https://www.bbs.ca.gov/pdf/forms/change_name.pdf</a>).</li> <li><u>Email Address</u>: Provide your email address if you have one. This address is not subject to public disclosure.</li> </ul>	<p><b>Completed and signed <i>Application for Licensure</i></b></p>

## B. FEE

Instructions	Document(s) Required
<p>Attach a \$250.00 check or money order made payable to the Behavioral Sciences Fund. This is an application fee for evaluating your experience and is NOT REFUNDABLE.</p>	<p><b>\$250 check or money order payable to Behavioral Sciences Fund</b></p>

## C. EXAMINATIONS

Instructions	Document(s) Required
<p>If you have not previously passed the LPCC California Law and Ethics Exam, you must first pass this exam before proceeding with the National Clinical Mental Health Counseling Exam (NCMHCE).</p> <p>You will be eligible to take your initial exam after your <i>Application for Licensure</i> has been approved, and will receive information on how to register at that time. You will be provided with a one-year window in which to participate in the exam (Note: if you miss your one-year deadline, your application will be closed).</p> <p>The Board does not administer the NCMHCE and your exam fees must be paid by you directly to the exam administrator, the National Board of Certified Counselors (NBCC). Additional information is provided under the Exams tab on the Board’s <a href="#">website</a>.</p>	<p>None at this time</p>



## D. SUPERVISED EXPERIENCE (continued)

Instructions	Document(s) Required
<p>W-2 FORMS: If you were employed while gaining hours, you must submit copies of your W-2 for each year you are claiming, and for each employer. If your W-2 is not available, you must obtain a duplicate. If a W-2 is 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. If you are submitting a 1099 in accordance with <a href="#">BPC section 4999.46.3(i)</a>, an explanation is required.</p> <p>SUPERVISOR RESPONSIBILITY STATEMENT OR SUPERVISION AGREEMENT: Submit a <i>Supervisor Responsibility Statement</i> or <i>Supervision Agreement</i> for each supervisor. Must contain an original signature.</p> <p>SUPERVISORY PLAN: Submit an original <i>Supervisory Plan</i> for each supervisor and each employer. NOTE: For those submitting a <i>Supervision Agreement</i>, a <i>Supervisory Plan</i> is part of that agreement and does not need to be submitted separately.</p>	<p><b>Copies of W-2 Form(s) / Check Stub for Current Year (if applicable)</b></p> <p><b>Original Supervisor Responsibility Statement(s) or Supervision Agreement(s)</b></p> <p><b>Original Supervisory Plan(s)</b></p>

## E. SUICIDE RISK ASSESSMENT AND INTERVENTION TRAINING

Instructions	Document(s) Required
<p>Six (6) hours of coursework or applied experience in Suicide Risk Assessment and Intervention is required. If this content was included within your supervised experience, and you can obtain a written certification from the program's director of training, or from your primary supervisor stating that the training was included within your supervised experience, it may be accepted in lieu of a course.</p> <p>If this content was included within your qualifying degree program, you will need to obtain a written certification from the registrar or training director of your school or program stating that this coursework was included within the curriculum required for graduation, or within the coursework that was completed by you.</p> <p>Otherwise, this requirement may be met by taking a six-hour course from a school that holds a regional or national institutional accreditation recognized by the U.S. Department of Education, a school approved by the California Bureau for Private Postsecondary Education, or an acceptable <a href="#">continuing education</a> provider (access at <a href="https://www.bbs.ca.gov/licensees/cont_ed.html">https://www.bbs.ca.gov/licensees/cont_ed.html</a>).</p>	<p><b>Proof of course completion</b></p>

## F. TELEHEALTH COURSEWORK

Instructions	Document(s) Required
<p>Three (3) hours of coursework in the provision of mental health services via telehealth is required. This coursework must include law and ethics related to telehealth.</p> <p>If this content was included within your qualifying degree program, submit a written certification from the registrar or training director of your school or program stating that this coursework was included within the curriculum required for graduation, or within the coursework that was completed by you.</p> <p>Otherwise, this requirement may be met by taking a three-hour course from a school that holds a regional or national institutional accreditation recognized by the U.S. Department of Education, a school approved by the California Bureau for Private Postsecondary Education, or an acceptable <a href="https://www.bbs.ca.gov/licensees/cont_ed.html">continuing education</a> provider (access at <a href="https://www.bbs.ca.gov/licensees/cont_ed.html">https://www.bbs.ca.gov/licensees/cont_ed.html</a>).</p>	<p><b>Proof of course completion</b></p>

## G. APPLY FOR INITIAL LICENSE ISSUANCE

Instructions	Document(s) Required
<p><b>After</b> you have met all requirements for licensure, you must submit a <a href="https://www.bbs.ca.gov/pdf/forms/initial_lic_iss.pdf">Request for Initial License Issuance</a> and \$200 initial licensure fee (access at <a href="https://www.bbs.ca.gov/pdf/forms/initial_lic_iss.pdf">https://www.bbs.ca.gov/pdf/forms/initial_lic_iss.pdf</a>).</p> <p><b>Do not submit the form or fee until you have passed both exams – if you submit it too early it will be rejected.</b></p>	<p>AFTER you pass BOTH exams, submit a <i>Request for Initial License Issuance</i> and \$200 fee</p>

## **APPLICATION CHECKLIST**

### **In-State Application for Licensure**

**Avoid application deficiencies!**

Carefully read the preceding *Application Instructions* to ensure all requirements are met pertaining to the documents listed below:

- Completed Application (*form number 37A-632*)
- Telehealth Coursework – proof of completion
- Suicide Risk Assessment and Intervention Training– proof of completion (*if not previously submitted*)
- Verification of Experience form(s)
- Supervisor Responsibility Statement AND Supervisory Plan OR Supervision Agreement (*for each supervisor*)
- W-2 or letter verifying voluntary employment status (*for each employer*)
- Written Oversight Agreement (*if applicable*)
- \$250.00 check or money order payable to the Behavioral Sciences Fund

# **Important Information for LICENSED PROFESSIONAL CLINICAL COUNSELOR APPLICANTS**



## **1. AVOID YOUR FILE BEING CLOSED BY MEETING THE TIME FRAMES BELOW**

An application shall be deemed abandoned, meaning your file will be closed, in any of the circumstances described below. **File closure could have major consequences, including the loss of any experience hours more than six (6) years old at the time of re-application.** To re-open an abandoned (closed) application, you must submit a new application, fee, and all required documentation, as well as meet all current licensure requirements in effect at the time the new application is submitted.

Per Title 16, California Code of Regulations section 1806, an application shall be deemed abandoned when:

- You do not submit evidence that you have cleared the deficiencies specified in the deficiency letter within one (1) year from the date of the initial deficiency letter; or
- You fail to sit for examination within one (1) year after being notified of eligibility; or
- You fail to pay the initial license fee within one (1) year after notification by the board of successful completion of examination requirements.

## **2. WHAT HAPPENS AFTER THE BOARD EVALUATES MY APPLICATION?**

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 examination.
  - In-State and "Path B" Out-of-State Applicants: You will not be eligible to take the National Clinical Mental Health Counseling Examination (NCMHCE) until you have passed the LPCC California Law and Ethics Exam. See *Application Instructions* in this packet for more information.

The examinations contain objective multiple-choice questions and are offered at locations throughout California and in other states. Upon receipt of your notice of eligibility, it is your responsibility to contact the testing administrator to schedule your examination. Further information about the examination process is provided on the Board's [website](#).



### **3. REQUEST FOR TESTING ACCOMMODATION – DISABILITY OR ENGLISH IS YOUR SECOND LANGUAGE**

Refer to the Board's [website](#) for information on how to apply for testing accommodations (access at <https://www.bbs.ca.gov/exams>).

### **4. NONDISCRIMINATION AND ADA COORDINATOR**

The Executive Officer of the Board has been designated to coordinate and carry out the Board's compliance with the nondiscrimination requirements of Title II of the Americans with Disabilities Act (ADA). Information concerning the provisions of the ADA, and the rights provided hereunder, are available from the ADA coordinator.

### **5. PUBLIC ADDRESS**

The address you enter on your application is public information and will be placed on the Internet pursuant to BPC section 27. If you do not want your home or work address available to the public, use an alternate mailing address such as a post office box. Email addresses are not subject to public disclosure.

### **6. EMAIL ADDRESS AND PUBLIC ADDRESS CHANGES**

You are required to maintain a current mailing address with the Board. You are also required to maintain a current email address with the Board if you have one. When you have a change in your mailing or email address, be sure to update it ASAP online at [www.breeze.ca.gov](http://www.breeze.ca.gov).

### **7. STATUTES AND REGULATIONS**

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

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

Disclosure of your tax identification number on your application is mandatory. You may provide either your Social Security Number, Federal Employer Identification Number, or Individual Taxpayer Identification Number, as applicable. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405 (c) (2) (c)) authorizes collection of these tax identification numbers. Your tax identification number will not be deemed a public record and shall not be open to the public.

Your tax identification number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where

licensure is reciprocal with the requesting state. If you fail to disclose your tax identification number, your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

## 9. STATE TAX OBLIGATION

Pursuant to Business and Professions Code section 31(e), the State Board of Equalization and the Franchise Tax Board may share taxpayer information with the Board. If a licensee or registrant does not pay their state tax obligation, the individual's license or registration may be suspended.

## 10. NOTICE OF COLLECTION OF PERSONAL INFORMATION:

Please see the [Notice on Collection of Personal Information](#) (access at [www.bbs.ca.gov](http://www.bbs.ca.gov)>About Us>About the Board>Other Information>Policies).

## 11. QUESTIONS?

Please visit the **Contact Us** link at [www.bbs.ca.gov](http://www.bbs.ca.gov) and select an option under "Message the Board."

APPLICATION FOR LICENSURE  
**LICENSED PROFESSIONAL  
 CLINICAL COUNSELOR**  
**In-State Applicant**



Office Use Only:

**Carefully read the Application Instructions FIRST**

**Attach a \$250 Fee**

APCC Number: \_\_\_\_\_

SSN or ITIN*	Birth Date: mm/dd/yyyy		E-Mail Address	
Legal Name**	Last	First	Middle	
Public Address of Record*** Number and Street				
City		State	Zip Code	Phone
If you have ever been known by another name, list the full name(s) and dates of use below (attach any additional names and dates):				
Full Name			Dates of Use (from/to)	
Full Name			Dates of Use (from/to)	

\* Disclosure of your tax identification number is mandatory. You may provide either your Social Security Number, your Federal Employer Identification Number, or Individual Taxpayer Identification Number, as applicable. This number must match the number you provide on your fingerprint forms. See Important Information for Applicants for more information about how your tax identification number is used.

\*\* You must use your legal name. Your “legal name” is the name established legally by your birth certificate, marriage or domestic partnership certificate, or divorce decree (for example).

\*\*\* The address you enter on this application is public information and will be placed on the Internet pursuant to Business and Professions Code section 27. All correspondence from the Board will be mailed to this address. If you do not want your home or work address available to the public, use an alternate mailing address such as a post office box.

Applicant Name: Last	First	Middle
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1. Have you ever served in the United States Armed Forces or the California National Guard? **(OPTIONAL)** Yes, Currently  No   
 Yes, Previously

2. Have you ever applied for or been issued a license, registration or certificate to practice professional clinical counseling or any other health care profession in California or any other state? Yes  No

*If YES, provide the information requested below (continue on an additional sheet if needed):*

State	Type of License, Registration or Certificate	License, Registration or Certificate Number	Date Issued	Status

3. Within the 7 years preceding your submission of this application, were you denied a professional health care license (“license” includes registrations, certificates, or other means to engage in practice) OR had a professional health care license or privilege suspended, revoked, or otherwise disciplined, OR voluntarily surrendered any such license in California or any other state or territory of the United States, or by any other governmental agency or a foreign country? Yes  No

*If YES, we recommend that you complete the [Background Statement](#) form, available on the Board’s website, to facilitate processing of your application.*

*We recommend that you answer “Yes” even if you have previously reported it to the Board, and indicate the type of professional license that was denied, suspended, disciplined, or surrendered, including the date(s) of the denial, suspension, disciplinary action, You do not need to resubmit documentation previously on file.*

4. Have you attached proof of completion of 6 hours of coursework or training in Suicide Risk Assessment and Intervention as described in the *Application Instructions*? Yes  No

Applicant Name: Last	First	Middle
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5. Have you attached proof of completion of 3 hours of coursework in the Provision of Mental Health Services via Telehealth as described in the *Application Instructions*? Yes  No

6. Were you a paid employee for all or a portion of your supervised experience? Yes  No   
*If YES, attach a copy of your W-2(s) as described in the Application Instructions.*

7. Were you a volunteer for any of your supervised experience? Yes  No   
*If YES, attach a copy of the letter from your employer verifying voluntary status.*

**BACKGROUND INFORMATION – RESPONSE IS VOLUNTARY**

Some criminal convictions will appear on the Board's background check and may require additional investigation prior to a licensing determination. For information on which convictions the Board is permitted to consider, see the [Criminal Conviction FAQ](#). All currently pending criminal actions will appear on the Board's background check and may require additional investigation prior to a licensing determination.

You are not required to disclose any past convictions or pending criminal cases on this application. In some cases, voluntarily providing information with the application about convictions that the Board is permitted to consider may help an application get processed more quickly. You may therefore choose to complete the [Background Statement](#) form and submit it with your application along with evidence of rehabilitation. The form is available on the Board's website, and includes areas to report convictions the board is permitted to consider, or pending criminal actions.

You can also submit the *Background Statement* form and evidence of rehabilitation after you submit your application or in response to inquiries from the Board. You may seek legal assistance from a lawyer or legal aid organization before providing any information about your criminal history. The Board will not deny your application because you exercised your right not to provide criminal history information in your initial application.

***NOTE: Knowingly making a false statement of fact that is required to be revealed in this application may be grounds for denial of this application***

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



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## LICENSED PROFESSIONAL CLINICAL COUNSELOR IN-STATE EXPERIENCE VERIFICATION

This form is to be completed by the applicant's California supervisor and submitted by the applicant with their *Application for Licensure*. All information on this form is subject to verification.

- Use separate forms for each supervisor and each employment setting.
- Ensure that your form is complete and correct prior to signing.
- Provide an original or electronic signature and have your supervisor initial any changes.
- Do not submit your *Weekly Log* forms unless specifically requested by the Board.

### APPLICANT NAME:

Last	First	Middle	Associate Number APC
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Dates of experience being claimed:	From: _____ mm/dd/yyyy	To: _____ mm/dd/yyyy
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### SUPERVISOR INFORMATION:

Supervisor's Name		Telephone	
License Type	License Number	State	Date First Licensed*
Email Address			

- Physicians: Were you certified in Psychiatry by the American Board of Psychiatry and Neurology during the entire period of supervision?

No  Yes: Date Board Certified: \_\_\_\_\_ Certification Number: \_\_\_\_\_

*\*If licensed in California for less than two years on the first date of experience claimed, attach your out-of-state license information*

### APPLICANT'S EMPLOYER INFORMATION:

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

Applicant:	Last	First	Middle
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**APPLICANT'S EMPLOYER INFORMATION (continued):**

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 private practice or professional corporation setting?  Yes  No
3. 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
4. Was the applicant receiving pay? *If YES, attach a copy of the applicant's W-2 statement for each year experience is claimed. If a W-2 has not yet issued for this year, attach a copy of the current paystub. If applicant volunteered, submit a letter from the employer verifying volunteer status for these dates.*  Yes  No

**EXPERIENCE INFORMATION:**

1. How many weeks of supervised experience are being claimed? _____ Weeks		
2. Hours of Experience:		<b>Logged Hours</b>
a. Total Direct Counseling Experience <i>(Minimum 1,750 hours overall)</i>		
b. Total Non-Clinical Experience <i>(Maximum 1,250 hours overall)</i>		
<ul style="list-style-type: none"> <li>• Of the above hours, how many were Face-to-Face Supervision? <ul style="list-style-type: none"> <li>○ Individual or Triadic</li> <li>○ Group (group contained no more than 8 persons)</li> </ul> </li> </ul>	<b>Hours Per Week</b>	<b>Logged Hours</b>
<p><b><i>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. All information on this form is subject to verification.</i></b></p>		
Signature of Supervisor: _____		Date: _____
<b>ORIGINAL OR ELECTRONIC SIGNATURE REQUIRED</b>		