



Sacramento County
Department of Health Services
Division of Behavioral Health Services
LPHA LICENSURE WAIVER APPLICATION
(AMFT, ASW, APCC)

Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

This letter is to request a waiver of licensure for the following employee under Section 5600.2, Welfare and Institutions Code.

I, \_\_\_\_\_, am applying for a licensure waiver.

Print Name

I earned a \_\_\_\_\_ degree on \_\_\_\_\_

MSW, MS, MA, PhD, or EdD

Date

I initially registered with the Board of Behavioral Sciences (BBS) on \_\_\_\_\_

Date

Attached are copies of my current BBS Internship Registration, BBS licensure status printout, and BBS Supervisor's Responsibility Statement. I understand that my waiver will expire six (6) years from the initial date of BBS registration. I understand that I must remain registered with the BBS and under supervision until I become licensed. QM must receive renewal of the BBS registration prior to the expiration date. I will not be considered waived for any period during which I allowed my registration to expire. If there is a change in supervisor, I must submit a new BBS Supervisor's Responsibility Statement to Quality Management (QM).

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature and Date

SUPERVISOR'S STATEMENT - This Statement meets the requirements for supervision in lieu of the BBS Supervisor's Responsibility Statement if the candidate is in the testing process for licensure.

As the agency supervisor, I attest that I have and will maintain a current license in good standing in California. I have had sufficient experience, training and education in the area of clinical supervision to competently supervise trainees, interns and associates.

Clinical Supervisor's Name \_\_\_\_\_ Licensure Type: \_\_\_\_\_ Lic #: \_\_\_\_\_

Print Name

Clinical Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Signature

Date