



Sacramento County
 Department of Health Services
 Division of Behavioral Health Services
LICENSED PROFESSIONAL CLINICAL COUNSELOR APPLICATION

Agency: _____ Date: _____

Contact Person: _____ Phone: _____

I attest that I, _____, have the following education and experience required to qualify for the designation of Licensed Professional Clinical Counselor, according to Business and Professions Code 4999. I meet at least one of the indicated options below:

- Licensed Professional Clinical Counselor II (LPCC II). I have the additional education and experience to qualify for this classification. I have obtained confirmation from the Board of Behavioral Sciences and submitted to the agency Clinical Director proof of at least six (6) hours of continuing education specific to marriage and family therapy, completed in each licensing cycle.
- Licensed Professional Clinical Counselor I (LPCC I) I understand that until I meet the requirements for LPCC II, this classification scope of practice does not include the assessment or treatment of couples or families.

 Signature of Applicant

 Date

I have retained a copy of proof of education, experience and specified continuing education for our agency on-site credentialing file and have submitted the initial supporting documents for this application. Based on the LPCC requirements, I believe this candidate qualifies for the identified classification indicated above. This file is available for review by Quality Management Services at any time.

 Agency Clinical Director Signature

 Date

 Approval: **Rolanda Reed, LCSW**
 Quality Management Services

 Date