



Sacramento County
Department of Health Services
Division of Behavioral Health Services
LPHA LICENSURE WAIVER APPLICATION
For Registered Psychologist and Psychological Assistant

Agency: _____ Date: _____

Contact Person: _____ Phone: _____

This letter is to request a waiver of licensure under Section 5751.2, Welfare and Institutions Code for the following person employed as a psychologist.

Agency: _____ Contact Person: _____ Phone: _____

I _____ am applying for a licensure waiver.

Print Name

The type of waiver requested #1 _____ . I received a _____ degree on _____
Percent FTE PhD, EdD, or PsyD Date

I first began employment with this agency as a psychologist on _____
Date

I initially registered with the Board of Psychology as a: PSB _____ RPS _____ on _____
Date

Clinical Supervisor's Name _____ Type of Licensure: _____
Print Name

Attached is a copy of my current Board of Psychology registration, doctoral degree and resume. I understand a waiver is granted by the State Department of Mental Health and may not exceed five years (or three years if candidate is a license-ready out of state recruitment). I understand that the waiver is not effective until the Medi-Cal Oversight regional office receives the application. It is not retroactive to the date of hire.

I understand that I must provide the Sacramento County Behavioral Health Services, Quality Management, with subsequent renewals of registration within 60 days of the annual expiration date, informed of my progress toward licensure with the Board of Psychology. I also understand that I must remain under formal supervision by appropriately licensed staff at all times for my State DHCS waiver to remain valid, and that I must notify Quality Management of any change in supervisor.

Signature of Waiver Applicant

Date

Signature of Clinical Supervisor

Date

#1. Normal, Part-time, Out-of-State, Extenuating Circumstances. Attach explanation if request is for extenuating circumstances or percentage F.T.E. if request is for part-time.

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