



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 _____ Type of licensure: _____
Print Name

Clinical Supervisor: _____
Signature Date

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