

# **Post-Graduation Associate Registration**

**IMPORTANT!!**

**\*\*\* Please read carefully\*\*\***

**Within 90 days, you need to *apply for your Associate Number through the BBS* for all your post-graduation hours to count as an MFT Associate and/or PCC Associate.**

**If you *do not* apply within these time limits, THEN your hours *will not* count until you receive the Registered Associate Number.**

**Please follow these instructions to apply to the BBS for an MFT and LPCC Associate number. This process cannot be completed until all degree requirements have been met.**

**Instructions:**

- For MFT Applicants: Select LMFT--> License Requirements--> Register as an AMFT--> Apply (In-State Degree)
  - For LPCC Applicants: Select LPCC--> License Requirements--> Register as an APCC-> Apply (In-State Degree)
1. LMFT Associate Application Instructions are accessible online on BBS <https://www.bbs.ca.gov/pdf/forms/mft/imfapp.pdf>
  2. LPCC Associate Application Instructions are accessible online on BBS [https://www.bbs.ca.gov/pdf/forms/lpc/pci\\_app.pdf](https://www.bbs.ca.gov/pdf/forms/lpc/pci_app.pdf)

APPLICATION FOR  
**ASSOCIATE MARRIAGE  
AND FAMILY THERAPIST  
REGISTRATION**

**In-State Applicant**



Office Use Only:

**Carefully read the Application Instructions FIRST**

**Attach a \$150 Fee**

SSN or ITIN*	Birth Date: mm/dd/yyyy	E-Mail Address	
Legal Name** Last		First	Middle
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)	
Public Address of Record*** Number and Street			
City	State	Zip Code	Phone

\* 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 marriage and family therapy 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 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 Part C of 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 submitted official transcripts verifying your qualifying master's degree? See Application Instructions for transcript requirements. Yes – Sealed Transcripts via Mail ☐  
Yes – Electronic Transcripts ☐  
No ☐

Applicant Name: Last	First	Middle
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5. Have you submitted a Degree Program Certification form? Yes ☐ No ☐  
See Application Instructions for requirements.

**BACKGROUND QUESTIONS – RESPONSE IS VOLUNTARY.**

Providing an answer to the following questions is voluntary. Providing responses now, instead of waiting for the Board to receive your fingerprint results, will facilitate processing of your application. Your decision not to disclose information will not be a factor in the Board's decision to grant or deny an application. For more information, see the [Criminal Conviction FAQ](#).

A. Have you been convicted of, pled guilty to, or pled nolo contendere to any misdemeanor or felony in the United States, its territories, or a foreign country?	Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, we recommend that you complete Part A of the <a href="#">Background Statement</a> form, available on the Board's website, to facilitate processing of your application. If the conviction(s) have been previously reported to the Board, we recommend that you include a written statement listing each conviction, including the date(s) of the conviction(s). You do not need to resubmit documentation previously on file.
B. Is any criminal action pending against you, or are you currently awaiting judgment and sentencing following entry of a plea or jury verdict?	Yes <input type="checkbox"/> No <input type="checkbox"/> If YES we recommend that you complete Part B of the <a href="#">Background Statement</a> form, available on the Board's website, to facilitate processing of your 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: \_\_\_\_\_

3. LMFT Associate Application: fill with blue or black ink.

p. 1 students fill out their SSN or ITIN, Birth Date, Email address, Full Legal Name as in their birth certificate.

p. 2 students fill out their name (on top of the page) (if there is no name the application is considered non valid). Answer questions #1-3. Question 4: mark YES - sealed Transcripts via Mail.

p. 3 students fill out their name (on top of the page) (if there is no name the application is considered non valid). Question 5: mark YES (Degree Program Certificate Form is the FORM B). Answer the background questions, A and B; sign.

APPLICATION FOR  
**ASSOCIATE PROFESSIONAL  
CLINICAL COUNSELOR  
REGISTRATION**  
**In-State Applicant**



Office Use Only:

**Carefully read the Application Instructions FIRST**

**Attach a \$150 Fee**

SSN or ITIN*	Birth Date: mm/dd/yyyy	E-Mail Address
Legal Name** Last	First	Middle
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)	
Public Address of Record*** Number and Street		
City	State	Zip Code Phone

\* 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.

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4. LPCC Associate Application: fill with blue or black ink.

p. 1 students fill out their SSN or ITIN, Birth Date, Email address, Full Legal Name as in their birth certificate. p. 2 students fill out their name (on top of the page) (if there is no name the application is considered non valid).

Answer questions #1-3. Question 4: mark YES - sealed Transcripts via Mail. p. 3 students fill out their name (on top of the page) (if there is no name the application is considered non valid). Question 5: mark YES (Degree Program Certificate Form is the FORM B). Answer questions #6-7. p. 4 answer the background questions, A and B; sign.

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 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 Part C of 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 submitted official transcripts verifying your qualifying master's degree? See Application Instructions for transcript requirements. Yes - Sealed Transcripts via Mail ☐  
Yes - Electronic Transcripts ☐  
No ☐

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Applicant Name: Last	First	Middle
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5. Have you submitted a Degree Program Certification form as directed in the Application Instructions? Yes ☐ No ☐

6. Did you begin graduate study on or after August 1, 2012? Yes ☐ No ☐  
If YES, SKIP question #7

7. ADDITIONAL COURSEWORK: Mark the box if you have completed the following courses and submit documentation of completion. If the course title does NOT describe required course content, submit a syllabus or other documentation of content. See Application Instructions for more information.

- |   | Completed?               |
|---|--------------------------|
| a) Alcoholism / Chemical Substance Abuse and Dependency (15 hours)                            | <input type="checkbox"/> |
| b) Human Sexuality Training (10 hours)  | <input type="checkbox"/> |
| c) Psychopharmacology (2 semester or 3 quarter units)   | <input type="checkbox"/> |
| d) Spousal or Partner Abuse Assessment and Intervention (15 hours)                            | <input type="checkbox"/> |
| e) Child Abuse Assessment and Reporting (7 hours)   | <input type="checkbox"/> |
| f) California Law and Ethics (18 hours – see Application Instructions to determine if needed) | <input type="checkbox"/> |
| g) Aging, Long Term Care and Elder/Dependent Adult Abuse (10 hours)                           | <input type="checkbox"/> |
| h) Crisis or Trauma Counseling (15 hours)   | <input type="checkbox"/> |

Applicant Name: Last	First	Middle
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A. Have you been convicted of, pled guilty to, or pled nolo contendere to any misdemeanor or felony in the United States, its territories, or a foreign country?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If YES, we recommend that you complete Part A of the <a href="#">Background Statement</a> form, available on the Board's website, to facilitate processing of your application. If the conviction(s) have been previously reported to the Board, we recommend that you include a written statement listing each conviction, including the date(s) of the conviction(s). You do not need to resubmit documentation previously on file.</i>
B. Is any criminal action pending against you, or are you currently awaiting judgment and sentencing following entry of a plea or jury verdict?	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If YES we recommend that you complete Part B of the <a href="#">Background Statement</a> form, available on the Board's website, to facilitate processing of your application.</i>

**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: \_\_\_\_\_

- You are strongly encouraged to visit the BBS website, and become familiar with its contents. The BBS website will be a necessary and valuable resource for your entire future career as a licensed mental health professional. [Board of Behavioral Sciences 1625 North Market Blvd, Suite S-200, Sacramento, CA 95834 Phone: \(916\) 574-7830; Fax: \(916\) 574-8625 \[www.bbs.ca.gov\]\(http://www.bbs.ca.gov\)](#)
- NDNU completes Form B (Degree Program Certificate Form). This is a two page document which the BBS Analyst verifies you have completed all of the requirements to obtain their degree.



Board of Behavioral Sciences  
1625 North Market Blvd., Suite S200, Sacramento, CA 95834  
Telephone: (916) 574-7830  
[www.bbs.ca.gov](http://www.bbs.ca.gov)



**MARRIAGE AND FAMILY THERAPIST  
IN-STATE DEGREE PROGRAM CERTIFICATION  
FORM B**

**This form is for use by the following applicants:**  
1) You began graduate study on or after August 1, 2012 **OR**  
2) You began graduate study before August 1, 2012, AND did not complete the degree on or before December 31, 2018.  
**Contact your school if you have questions about which form to use**

Type or print clearly in ink		
Applicant Name: Last	First	Middle
SSN or Individual Taxpayer ID Number	Enrollment Date	Degree Award Date

**APPLICANT:** The purpose of this form is for your school to verify completion of a degree program that complies with California law. Enclose it with your application in an envelope that has been sealed by your school.

**SCHOOL:** This applicant is applying for a MFT license or registration. Please complete this form including the certification on the next page, and provide applicant with the original form in A SEALED ENVELOPE.

1. Did the applicant's degree program contain 6 hours of content related to suicide risk assessment and intervention? (Note: Not required to be part of degree program).....Yes ☒ No ☐

2. Has this specific degree program been reviewed and accepted by the Board?.....Yes ☒ No ☐  
 • If NO, contact the Board for information on how to proceed.  
 • If YES, answer the questions below and indicate in question #5 how the applicant's program differs from the Board-accepted program.

3. Did this student complete the program as accepted by the Board?.....Yes ☒ No ☐  
 • If NO, contact the Board for information on how to proceed.  
 • If YES, answer the questions below and indicate in question #5 how the applicant's program differs from the Board-accepted program.

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Applicant Name:	Last	First	Middle

4. Was the student notified by means of public documents or otherwise in writing that the degree program was designed to meet the requirements of BPC section 4980.36?.....Yes ☒ No ☐

5. The degree program contained:

a. TOTAL UNITS: At least 50 semester or 90 quarter units of instruction:.....Yes ☒ No ☐

b. MFT COURSEWORK: 12 semester or 18 quarter units as specified in BPC section 4980.36(d)(1)(A):.....Yes ☒ No ☐

c. PRACTICUM: At least 6 semester or 9 quarter units that included a minimum of 225 hours as defined in BPC section 4980.36(d)(1)(B):.....Yes ☒ No ☐

d. ALL OTHER CONTENT: as required by BPC section 4980.36(c), (d) & (e):.....Yes ☒ No ☐

6. If you answered NO to any of the prior questions, mark the area where the program differed and specify how it differed:

☐ Total Units: \_\_\_\_\_

☐ MFT Coursework: \_\_\_\_\_

☐ Practicum: \_\_\_\_\_

☐ All Other Content required by BPC section 4980.36(c), (d) & (e): \_\_\_\_\_

☐ Other (explain): \_\_\_\_\_

7. FORM B p. 1 students fill out their Name and SSN. NDNU fills out Enrollment date and degree award date and the rest of the form. ([https://www.bbs.ca.gov/pdf/forms/lpc/pci\\_app.pdf](https://www.bbs.ca.gov/pdf/forms/lpc/pci_app.pdf) for FORM B for LPCC).

8. p. 2 students fill out their name (on top of the page). Leave the rest blank for the BBS Analyst to fill out.

9. Students must bring or send the Form(s)—one for MFT and one for LPCC—to their BBS Analyst with a **self-addressed and stamped envelope**. Turn this form to Lorraine Cainia: [lcainia@ndnu.edu](mailto:lcainia@ndnu.edu)

10. In the large and stamped manila envelope students must

insert: two regular size white envelopes, one marked MFT in the upper right, one marked LPCC in the upper right. FORM B for LMFT and FORM B for LPCC (with name on p.1 and p.2; SSN).

11. Lorraine will fill out Enrollment date and Degree Award date in the FORM B and put the FORMS B respectively in the LMFT white envelope and LPCC white envelope. She will put a seal/stamp on the back of the envelopes so the white envelopes will be *sealed* by the School.
12. She will put the two *sealed* white envelopes in the **large self-addressed and stamped manila envelope** and mail it to the student. Do not open it! Contact Lorraine Terry Cainia ([lcainia@ndnu.edu](mailto:lcainia@ndnu.edu)) if you have any questions. **Once the envelopes are sealed and stamped they are official documents. Opening the envelopes past this point will sacrifice the validity of the document and they will not be accepted by the BBS.**
13. Students need to order their own transcripts from the Registrar's Office. Order an OFFICIAL NDNU transcript (make certain the degree is posted!) from the Registrar's office. Pick up a Transcript Request Form from the Registrar's Office, or you may go online to: <https://www.ndnu.edu/academics/registrar/transcript-diploma-requests/>
14. Students will need to send the white *sealed* envelope to the BBS with the rest of their **Associate application (i.e. Application, FORM B in a sealed envelope, sealed transcripts, live scan, check)**. (LMFT *sealed* envelope with MFT Associate Application; LPCC *sealed* envelope with LPCC Associate Application). Keep copies of everything!
15. Review the BBS website for any updates, forms, and additional information regarding associate registration, required hours, and FAQs. **Remember, MFT and LPCC Associate applications are separate.** Similarly, BBS requirements, including required hours of

experience, differ between MFT and LPCC Associates.

16. From May 2020 many schools/universities have the capability to electronically submit your transcripts and education verification forms (Form B) directly to the Board. NDNU started to upload the documents electronically in addition to the mail process.