

WAIVER REQUEST FORM

To be submitted only by those that are the following provider types. Please select one.

Psychologist Intern or Pre-Licensed Psychologist

Out-of-State Psychologist

Out-of-State Clinical Social Worker

Out-of-State Marriage & Family Therapist

Out-of-State Professional Clinical Counselor

Today's Date: _____

Employment Start Date: _____

Applicant's Name: _____ NPI: _____

Address: _____

Agency of Employment: _____

Phone: _____ Email: _____

Has individual completed 3,000 hours of professional supervised experience? Yes No

If yes, number of hours completed:

Date of Degree or Date of All Degree Requirements Met:

If degree requirements are not met, number of units completed:

Please send completed request and all required documents to **BHSDBusinessOffice@hhs.sccogv.org**.
Incomplete request packets will not be reviewed.

Checklist of required documents to be submitted for Waiver Request:

- Board of Behavioral Sciences Registration (BreZE screenshot will be accepted)
- Valid Photo Identification (*California driver's license, California ID card, passport, etc.*)
- Detailed Resume
- Copy of Diploma(s) that states the field of study or official transcripts

I certify that the information provided in this request is accurate and true:

Signature: _____

Date: _____