

MENTAL HEALTH PROFESSIONAL LICENSING WAIVER REQUEST

(Please fill-in all boxes below. See page three for completion instructions.)

1. FULL NAME OF INDIVIDUAL SEEKING PROFESSIONAL LICENSING WAIVER (PLW) <i>(Include aliases and maiden names):</i>
2. EMAIL ADDRESS FOR INDIVIDUAL SEEKING PLW:
3. HAS THE INDIVIDUAL SEEKING PLW COMPLETED 3000 HOURS OF SUPERVISED PROFESSIONAL EXPERIENCE? <input type="checkbox"/> YES If yes, number of hours completed: _____ <input type="checkbox"/> NO
4. DOES THE INDIVIDUAL SEEKING PLW HAVE AN APPROVED WAIVER WITH DEPARTMENT OF HEALTH CARE SERVICES (DHCS)? <input type="checkbox"/> YES If yes, go to question seven. <input type="checkbox"/> NO If no, continue to question five.
5. TYPE OF WAIVER REQUEST <i>(Please check appropriate box):</i> <input type="checkbox"/> WITHIN CALIFORNIA / NOT LICENSE ELIGIBLE PSYCHOLOGIST: <i>(5-year waiver maximum)</i> <input type="checkbox"/> OUT-OF-STATE / LICENSING-EXAMINATION READY: <i>(5-year waiver maximum)</i> <input type="checkbox"/> PSYCHOLOGIST <input type="checkbox"/> LCSW <input type="checkbox"/> LMFT <input type="checkbox"/> PCC
6. DATE OF DEGREE OR DATE OF ALL DEGREE REQUIREMENTS MET <i>(Transcript submission required):</i> DATE: _____ IF DEGREE REQUIREMENTS ARE NOT MET, NUMBER OF UNITS COMPLETED: _____
7. EMPLOYMENT / INTERNSHIP START DATE <i>(In the position requiring waiver):</i>

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8. MENTAL HEALTH PLAN (MHP) OR COUNTY MENTAL HEALTH DEPARTMENT:
9. MHP OR COUNTY MENTAL HEALTH DEPARTMENT CONTACT EMAIL ADDRESS FOR QUESTIONS & RETURN OF LICENSING WAIVER REQUEST:
10. REQUEST SUBMITTED BY: (<i>Signature – Mental Health Director/Designee</i>) PRINTED NAME: SIGNATURE: _____ DATE:

FOR STATE DEPARTMENT OF HEALTH CARE SERVICES, MEDI-CAL BEHAVIORAL HEALTH DIVISION ONLY. DO NOT COMPLETE BELOW.
1. DATE COMPLETE WAIVER APPLICATION RECEIVED:
2. DATE WAIVER BEGINS:
3. DATE WAIVER ENDS:
4. COMMENTS:

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This waiver is granted pursuant to Welfare and Institutions Code Section [5751.2](#) and with the stipulation that the MHP/County Mental Health Department and the individual seeking waiver assume responsibly for meeting all applicable statutory and regulatory requirements during the approved waiver period.

Approved by:

Signature: _____

Title:

Date:

Privacy Notice: The personal information collected on and with this form is confidential, subject to the Department of Health Care Services (DHCS) Notice of Privacy Practices that can be found here: <https://www.dhcs.ca.gov/formsandpubs/laws/priv/Documents/Notice-of-Privacy-Practices-English.pdf>. The DHCS Behavioral Health Division needs the information to accurately track the waiver history of the individual seeking the professional licensing waiver (PLW) and may share it with other agencies, contractors, or facilities who need to verify the waiver. DHCS will not use or share the information for other purposes except with your permission or as permitted by law. You must provide all information requested on this form and provide the supporting documentation. If you do not provide all information requested, we cannot provide a PLW. In most cases, the individual(s) to whom this information pertains has the right to access it.

DHCS is authorized to collect this information pursuant to Behavioral Health Information Notice 20-069. This privacy notice provided here is required by California Civil Code 1798.17.

Submission: Submit this application and any documentation to DHCS via email at MH LicensingWaivers@dhcs.ca.gov or by mail to Behavioral Health MS 2621, P.O Box 997413, Sacramento, CA 95899-7413.

Appeal: The MHP, county mental health department, or the individual listed in the application applying for a professional licensing waiver may appeal the denial by submitting a written request electronically to MH LicensingWaivers@dhcs.ca.gov or by mail to Behavioral Health MS 2621, P.O Box 997413, Sacramento, CA 95899-7413.

The written request must be emailed or postmarked within thirty (30) calendar days of receipt of the written notice of denial. The written request shall include a statement of fact(s) supporting the applicant's appeal and/or related documentation.

Within thirty (30) calendar days of receipt of the written request for review, the Department shall approve or deny the appeal and provide written notification including the reasons for the decision to the MHP or county mental health department. The Department's decision on the appeal shall be final.

The Department shall not process an appeal filed due to an applicant's error in the application.

MENTAL HEALTH PROFESSIONAL LICENSING WAIVER REQUESTMENTAL HEALTH PROFESSIONAL LICENSING WAIVER REQUESTInstructions For Completing This Form

- 1) Full name of individual seeking professional licensing waiver (PLW), including aliases and maiden names: DHCS staff need this information, when applicable, to track accurately the waiver history of the individual seeking PLW.
- 2) Email address for individual seeking PLW: DHCS staff need this information, when applicable, to track accurately the waiver history of the individual seeking PLW and to contact if necessary.
- 3) Completion of 3000 Hours of Supervised Professional Experience (SPE) by the individual seeking PLW: The MHP must confirm if the individual seeking waiver has or has not completed 3000 hours of SPE. If the MHP selects yes, the MHP is attesting the individual seeking PLW has completed 3000 hours of SPE.
- 4) Current approved waiver with Department of Health Care Services (DHCS): Indicate if the applicant seeking PLW currently holds an approved waiver with DHCS.
- 5) Type of Waiver Request: Clearly indicate the type of waiver request. To be eligible for the Out-Of-State / License-Ready category, the individual seeking PLW must be both license-ready (i.e., have accrued the number of hours of supervised professional experience required to sit for the licensing examination) and have been recruited from out-of-state. When submitting a request for an Out-Of-State / License Ready waiver, the MHP must submit a letter from the appropriate licensing board which states that the individual seeking PLW has sufficient experience to gain admission to the licensing examination.
- 6) Date of degree or date of all degree requirements met: Specify the date the individual seeking PLW received their degree or the date of all degree requirements. If the degree requirements are not completed, include the number of units completed. Submission of a current transcript is required.
- 7) Employment Start Date (In the Position Requiring the Waiver): Specify the date the individual seeking PLW will start employment in the position requiring a waiver. (Note: PLW request approvals will not be backdated if a request is submitted after the employment start date.)
- 8) Mental Health Plan (MHP) or County Mental Health Department: Specify the MHP or County Mental Health Department submitting the request for PLW.
- 9) MHP or County Mental Health Department contact for questions & address for return licensing waiver request: Include the name and contact information of a MHP or County

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Mental Health Department contact for any questions or return of the professional licensing waiver request.

- 10) *Request Submitted by (Mental Health Director / Designee)*: All waiver requests must be submitted, signed and dated by the MHP or County Mental Health Department director or director's designee on file with DHCS.

For additional information on the professional licensing waiver process, see [Behavioral Health Information Notice](#) No. [20-069](#).