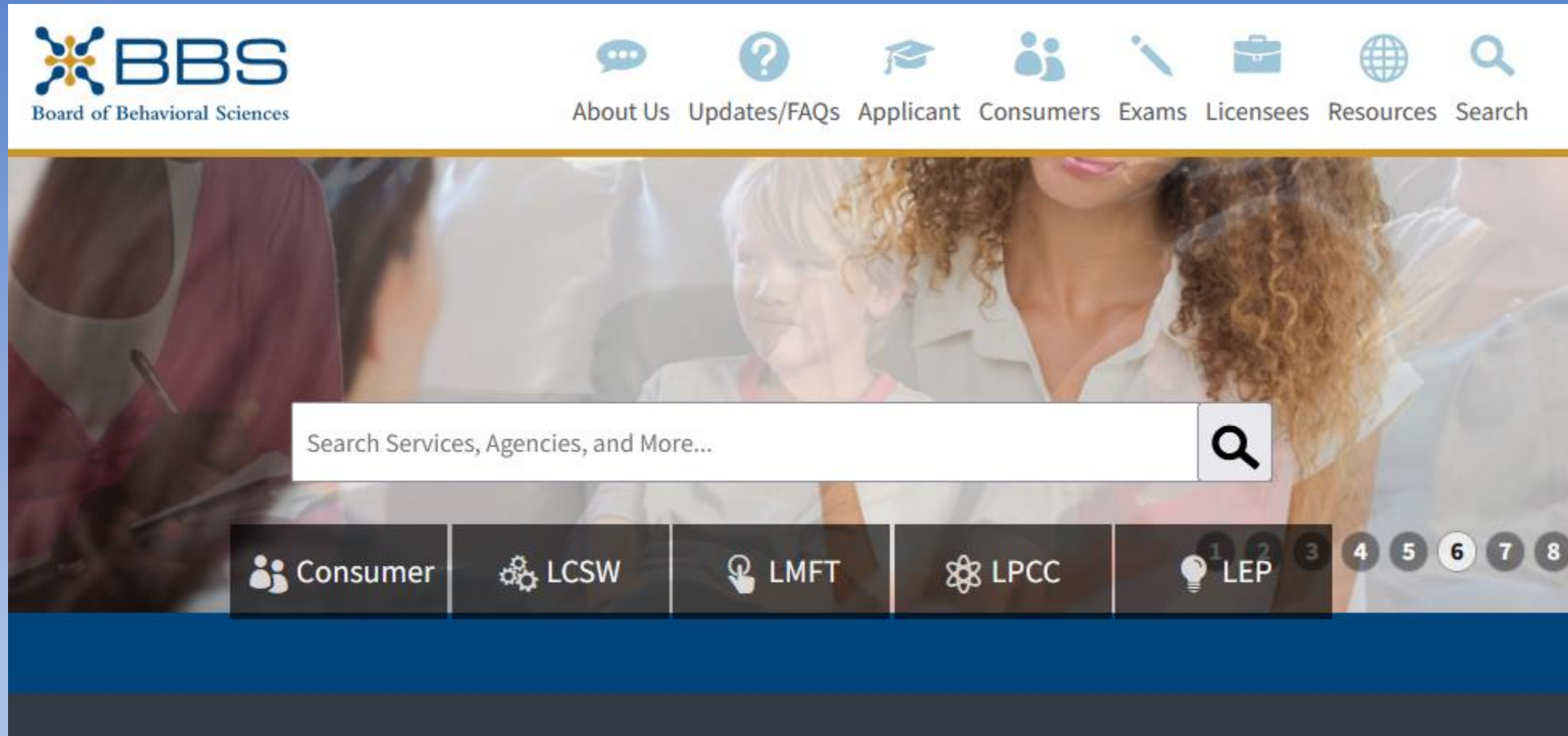




Updated as of 4/17/2023

If you are currently in a Masters Degree in Social Work program or have just received your MSW degree this is going to help guide you.



<https://www.bbs.ca.gov/>

BBS WEBSITE

Here you will find that at the top of the page we have important information.

To get more information on those items you will want to click the link.

[AB1758 Signed - Videoconferencing Supervision](#) ×

[AB 1759 Signed New: FAQ for Registrant Continuing Education Requirements](#) ×

[AB 1759 Signed New : FAQ for Telehealth Coursework Requirements](#) ×

[NCMHCE – Format Change](#) ×

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BBS
Board of Behavioral Sciences

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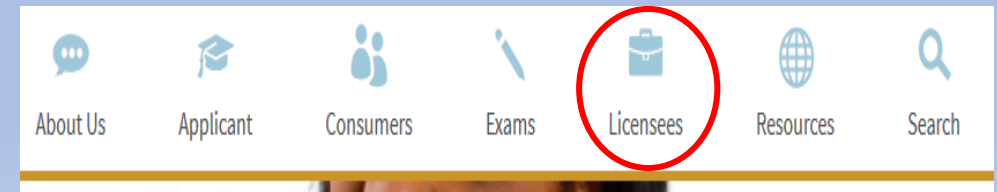
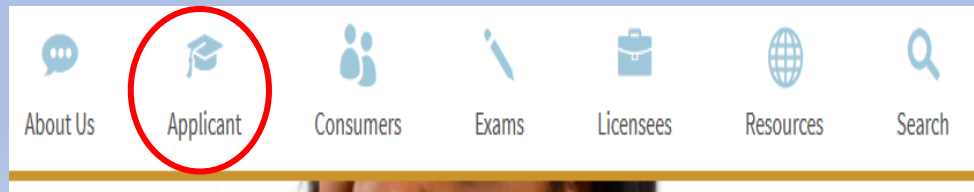
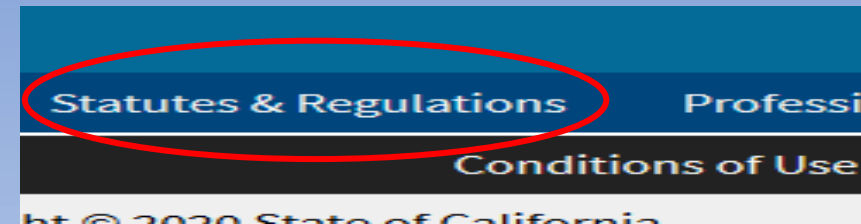
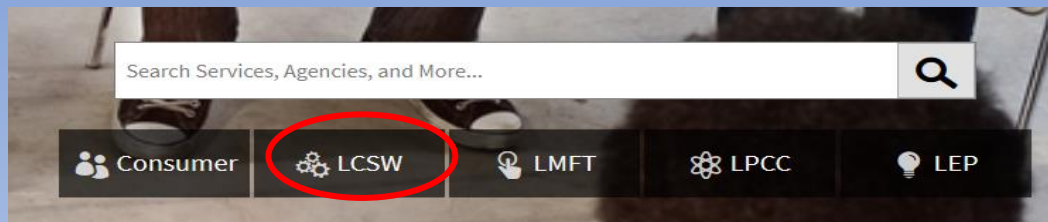
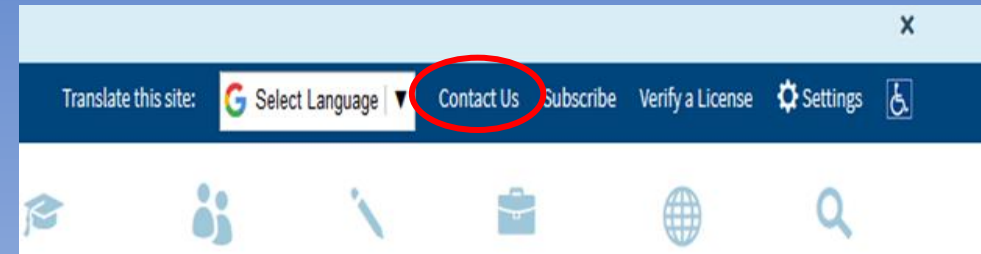
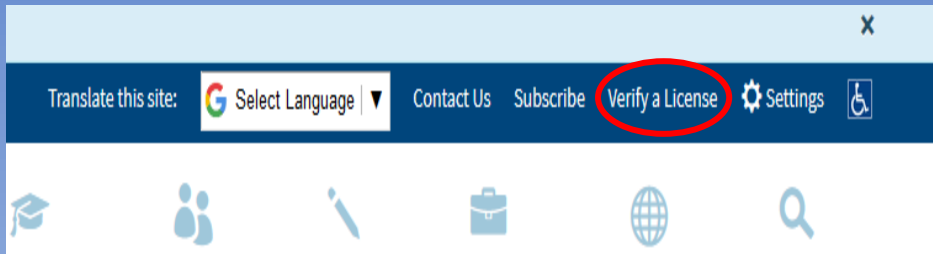
Search Services, Agencies, and More... Q

[Consumer](#) [LCSW](#) [LMFT](#) [LPCC](#) [LEP](#) 1 2 3 4 5 6 7 8 9 ||

Our Leaders

California Governor Gavin Newsom		Secretary Lourdes M. Castro		Director Kimberly Kirchmeyer	
--	--	---------------------------------------	--	--	--

Most used tabs from home page



BREEZE

[Skip navigation](#)

[Contact Us](#)

DCA BreEZe Online Services

Welcome to the California Department of Consumer Affairs (DCA) BreEZe Online Services. BreEZe is DCA's new licensing and enforcement system and a one-stop shop for consumers, licensees and applicants! BreEZe enables consumers to verify a professional license and file a consumer complaint. Licensees and applicants can submit license applications, renew a license and change their address among other services.

- If you were registered with the DCA Online Professional Licensing services before, you will need to re-register with BreEZe.
- BreEZe only accepts credit card payments for American Express, Discover, MasterCard, and Visa.

FOR CONSUMERS

Check Licenses and file complaints.

[License SEARCH](#)

[File a COMPLAINT](#)

FOR APPLICANTS AND LICENSEES

Applicant and licensing needs are available here. You will need to [register](#), or use your existing user name and password

Returning User

Fields marked with * are required


* User ID:

* Password:

[Forgot Password?](#) [Forgot User ID?](#) [Sign In](#)

New Users

[BreEZe Registration](#)



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WWW.BREEZE.CA.GOV

STATUTES AND REGULATIONS

Please visit and read the Statutes and Regulations as this will be where all the information that the Board will have to abide by when doing your evaluations and assisting you in becoming licensed. You will want to know this information, so you are in compliance with the Board.



Board of Behavioral Sciences

STATUTES AND REGULATIONS RELATING TO THE PRACTICES OF

PROFESSIONAL CLINICAL COUNSELING
MARRIAGE AND FAMILY THERAPY
EDUCATIONAL PSYCHOLOGY
CLINICAL SOCIAL WORK

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Resources



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Subscribe for E-mail Alerts

The Board of Behavioral Sciences uses this subscriber list service to notify anyone who is interested in receiving email alerts about major updates to the Boards website, such as:

- General information
- Board meeting agenda notices, and minutes
- Newsletters
- Regulation and Legislation updates
- Examination news
- Enforcement Actions

Please specify if you want to Subscribe (Join) or Unsubscribe (Leave) to email alerts from the Board, please enter your information below then click submit.

NOTE: All fields are required.

Please select from the following topics:

- General Information***
- Enforcement Actions**
- All of the above**

*General Information topics include updates involving newsletters, licensing, examination, renewal, regulation/legislation, agenda notices, materials and minutes, etc.

- Subscribe**
- Unsubscribe**

E-mail Address:

SEVEN STEPS TO LICENSURE

- ❖ OBTAIN A QUALIFIED MASTER'S DEGREE
- ❖ OBTAIN AN ASSOCIATE REGISTRATION
- ❖ TAKE THE CALIFORNIA LAW AND ETHICS EXAM
- ❖ GAIN SUPERVISED EXPERIENCE
- ❖ SUBMIT APPLICATION FOR LICENSURE
- ❖ PASS THE CLINICAL EXAM
- ❖ UPGRADE TO FULLY LICENSE

Applying for your ASW Registration

- ❖ Complete all sections of the *Application for Registration* and submit with \$150.
- ❖ You must use your legal name.
- ❖ Provide the Board with a good email address.
- ❖ Provide official transcripts: order electronic transcripts through your school or mail to the Board in a sealed envelope.
- ❖ Voluntarily provide the Board information about past criminal convictions.
- ❖ Request an Expedite: Honorably discharged veterans of the U.S. Armed Forces, Spouses/Partners of persons on active-duty military, Refugees / Asylees / Special Immigrant Status Holders ("SI" or "SQ")

REGISTERING AS AN ASW AND THE 90-DAY RULE

The 90-Day Rule allows an applicant to count experience from the date of graduation if all the following requirements are met:

- ❖ You must apply for your ASW registration within 90 days of graduation.
- ❖ You must have been fingerprinted by the agency where you would be gaining hours.
- ❖ That agency may not be a private practice or professional corporation.
- ❖ You must retain a copy of your completed Live Scan fingerprint form completed for that agency and submit it when you apply for licensure.
- ❖ If you submit a registration application within 90 days but DO NOT have a Live Scan from your employer your hours within that 90-day window will not be accepted. All hours earned after you are registered will still be counted.

MAINTAINING YOUR ASW REGISTRATION

- ❖ Always renew your registration on time.
- ❖ Valid for six years (renewable for five consecutive years)
- ❖ Must take the Law & Ethics Exam, or have passed the exam, to renew
- ❖ Understand the Six-Year rule: Must apply for a subsequent registration if you need more than six years; Cannot practice in a private practice or professional corporation setting if you have a subsequent registration

ACSW REGISTRATION APPLICATION

STATE OF CALIFORNIA – BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY

Gavin Newsom, Governor



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



APPLICATION FOR **ASSOCIATE CLINICAL SOCIAL WORKER REGISTRATION**

In-State* Applicant

➔ *Apply within 90 days of graduation** to count experience hours gained in California immediately after graduating*

8.50 x 11.00 in

APPLICATION FOR
**ASSOCIATE CLINICAL
 SOCIAL WORKER (ASW)
 REGISTRATION**



APPLICATION INSTRUCTIONS

In-State* Applicants

READ CAREFULLY BEFORE COMPLETING YOUR APPLICATION

**In-State means an applicant with a degree from a school located within California, or from an online program that is designed to meet California's requirements.*

Submit your completed application to: Board of Behavioral Sciences
 1625 North Market Blvd., Suite S200
 Sacramento, CA 95834

- ➔ Be sure to submit an accurate and complete application package and ensure that all required original documents are furnished to the Board.
 - ➔ All items are mandatory unless otherwise indicated.
- ➔ Use the Application Checklist included in this packet to help avoid deficiencies.
- ➔ If you are applying for a SUBSEQUENT (second or third) ASW registration, use the [Application for Subsequent ASW Registration Number](#).

EXPEDITED REVIEW

The Board is required to expedite the licensure process for the following applicants (all expedite forms are available at www.bbs.ca.gov/Applicants/Foms/Pubs):

- Honorably discharged veterans of the U.S. Armed Forces pursuant to Business and Professions Code (BPC) section 115.4. Download the request form from the Board's [website](#) and include it ON TOP OF your application.
- Spouses/Partners of persons on active duty military pursuant to BPC section 115.5. Download the request form from the Board's [website](#) and include it ON TOP OF your application.
- Refugees / Asylees / Special Immigrant Status Holders ("SI" or "SQ") pursuant to BPC section 135.4. Download the request form from the Board's [website](#) and include it ON TOP OF your application.



PROOF OF RECEIPT OF APPLICATION

If you would like to know whether the Board has received your application, mail your application using a method that includes tracking. You can also check with your bank to see if your check or money order has been cashed by the Board.

A. APPLICATION

Instructions	Document(s) Required
<ul style="list-style-type: none"> • Complete all sections of the <i>Application for Associate Clinical Social Worker Registration</i> in ink. • The application must have your original signature. • 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). • <u>Email Address</u>: Provide your email address if you have one. This address is not subject to public disclosure. 	<p>Completed and signed <i>Application for Associate Clinical Social Worker Registration</i></p>



B. FEE

Instructions	Document(s) Required
<p>Attach a \$150.00 check or money order made payable to the Behavioral Sciences Fund. This is an earned fee for evaluation of your application and is NOT REFUNDABLE.</p>	<p>\$150.00 check or money order payable to the Behavioral Sciences Fund</p>
<p><u>Out-of-State Fingerprinting Fee:</u> Attach a \$49 fee if ONLY you are submitting fingerprint "hard cards" due to being fingerprinted outside of California (see next page for details).</p>	<p>If submitting fingerprint "hard cards" also attach a \$49 check or money order payable to the Behavioral Sciences Fund</p>



C. FINGERPRINTS

Instructions	Document(s) Required
<p>The Board requires a Department of Justice (DOJ) and Federal Bureau of Investigation (FBI) criminal history background check on all applicants.</p> <p><u>If you currently reside in California:</u></p> <p>Read the <i>Instructions for Live Scan Fingerprinting</i> and complete the <i>Request for Live Scan Service</i> form included in this application packet.</p> <ul style="list-style-type: none">• The information on this form must match the information you provide on your application.• DO NOT COMPLETE FINGERPRINTS MORE THAN 60 DAYS PRIOR TO SUBMITTING YOUR APPLICATION. Fingerprint results without an application on file will <u>only</u> be held for 6 months. <p><u>If you currently reside out of state:</u></p> <p>You must use the "hard card" fingerprint method unless you can access a California Live Scan Service operator. To request fingerprint hard cards, send an email to BBS.Fingerprint@dca.ca.gov with "Fingerprint Hard Cards" in the subject line, and we will mail them to you.</p> <ul style="list-style-type: none">• YOU MUST SUBMIT YOUR TWO COMPLETED FINGERPRINT CARDS TO THE BOARD WITH YOUR APPLICATION. We are unable to process them until your application is received.• DOJ processing time for hard card fingerprints is 8 or more weeks.	<p><u>If you currently reside in California:</u> Submit the second copy of your completed <i>Request for Live Scan Service Applicant Submission</i> form</p> <p><u>If you currently reside out of state:</u> Submit two completed fingerprint hard cards (FBI and DOJ) and \$49 fee payable to Behavioral Sciences Fund</p>



D. OFFICIAL TRANSCRIPTS

Instructions	Document(s) Required
<p>Provide official sealed transcript(s) verifying your master's degree from a social work program accredited by the Commission on Accreditation of the Council on Social Work Education (CSWE). The degree title and date of conferral must be posted. An applicant with a degree from a program which is a candidate for accreditation by the CSWE is eligible for ASW registration. Submit your transcripts as follows:</p> <ul style="list-style-type: none">• Provided IN AN ENVELOPE SEALED BY THE SCHOOL; or• Emailed BY YOUR SCHOOL to the Board at BBSLCSWtranscripts@dca.ca.gov• For questions about electronic submission, see FAQ (access at www.bbs.ca.gov/Updates/FAQs>FAQs).	<p>Official sealed transcript(s) with degree title and date of conferral posted</p> <p>MUST BE IN AN ENVELOPE SEALED BY THE SCHOOL OR EMAILED BY THE SCHOOL AS DIRECTED</p>

Important Information for ASSOCIATE CLINICAL SOCIAL WORKER APPLICANTS



1. PUBLICATIONS FOR ASWs

The following Board publications provide important information for ASWs (access at www.bbs.ca.gov>Applicants>LCSW>Forms/Pubs):

- [Handbook for Future LCSWs](#)
- [Answers to Most Frequently Asked Questions Relating to ASWs](#)
- [ASW Supervisor Qualification Summary](#)
- [A Guide to Supervision for ASWs](#)

2. WHEN CAN I BEGIN COUNTING POST-DEGREE EXPERIENCE? WHAT IS THE 90-DAY RULE?

The date that you may begin counting post-degree hours of experience toward licensure depends on all of the following:

- ➔ If you submit your *Application for Associate Registration* WITHIN 90 days from the date your qualifying degree was conferred, as posted on your transcript, you may begin accruing hours immediately upon graduation.
- ➔ If you submit your *Application for Associate Registration* MORE than 90 days after the date your qualifying degree was conferred, as posted on your transcript, you may not begin accruing hours until your Associate registration (ASW) number has been issued.

Live Scan Requirement for Applicants who Graduated on or after January 1, 2020:

Hours may only be accepted under the "90-day-rule" described above IF the hours are obtained at a workplace that, prior to the applicant gaining hours, required Live Scan fingerprinting. The applicant must provide documentation to the Board consisting of a copy of the processed "State of California Request for Live Scan Service" form provided by the employer. This form must be submitted with the *Application for Licensure* in order for the hours gained between graduation and registration issuance to be accepted. A copy of the processed form is the ONLY acceptable documentation specified in law. There are no exceptions. See the [FAQ](#) about the 90-day rule for more information (access at www.bbs.ca.gov>Updates/FAQs).

Please note that applicants may not work in a private practice or professional corporation until their Associate registration number has been issued.

3. EXAM REQUIREMENT FOR RENEWAL OF REGISTRATION

Registrants Must Take a California Law and Ethics Exam to Renew

After your Associate registration is issued, you will be required to take the LCSW California Law and Ethics Exam. Your registration will not be renewable until the exam has been taken. You will be given instructions on applying for this exam once your registration has been issued. The California Law and Ethics Exam is designed to assess an applicant's knowledge of and ability to apply legal and ethical standards relating to clinical practice. See the [Exams](#) tab of the Board's website for more information.

4. CONTINUING EDUCATION REQUIREMENT FOR RENEWAL OF REGISTRATION

Registrants Must Complete 3 Hours of CE in California Law and Ethics to Renew

Three (3) hours of continuing education (CE) in California Law and Ethics is required once every renewal cycle in order to renew your registration. For more information see the [Registrant CE Information Brochure](#) (access at www.bbs.ca.gov>Applicants>LCSW>Forms/Pubs).

5. SUPERVISION AND WORK SETTING REQUIREMENTS

You are required to work under the supervision of a qualified supervisor in order to gain hours of experience toward licensure. In addition, it is against the law for you to provide clinical services in a private practice setting or in a professional corporation without a registration and without the required supervision.

6. MAXIMUM RENEWALS AND ISSUANCE OF SUBSEQUENT REGISTRATIONS

Your registration can be renewed five (5) times, for a total six (6)-year length. If you need to continue beyond six years, you must apply for a subsequent registration number. A subsequent registration can only be issued to applicants who have passed the LCSW California Law and Ethics Exam.

7. AVOID YOUR FILE BEING CLOSED BY MEETING THE TIME FRAMES BELOW

In accordance with Title 16, California Code of Regulations (CCR) section 1806, an application shall be deemed abandoned in either of the following circumstances:

- You do not submit evidence that you have cleared the deficiencies specified in the deficiency letter within one (1) year from the date of the initial deficiency letter OR
- You do not complete your application within one (1) year after it has been filed.

To re-open an abandoned application, you must submit a new application, fee and all required documentation, as well as meet all current requirements in effect at the time the new application is submitted.

8. PUBLIC ADDRESS

The address you enter on your application is public information and will be placed on the Internet pursuant to BPC section 27. 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. Email addresses are not subject to public disclosure.

9. EMAIL AND MAILING ADDRESS CHANGES

You are required to maintain a current mailing address with the Board. You are also required to maintain a current email address with the Board if you have one. When you have a change in your mailing or email address, be sure to update it ASAP online at www.breeze.ca.gov.

10. STATUTES AND REGULATIONS

To obtain a copy of the Board's *Statutes and Regulations*, please download it from the Board's [website](http://www.bbs.ca.gov) (go to www.bbs.ca.gov>Applicant and scroll to the bottom of the page).

11. AMERICANS WITH DISABILITIES ACT

The Executive Officer of the Board has been designated to coordinate and carry out this agency's compliance with the nondiscrimination requirements of Title II of the ADA. Information concerning the provisions of the ADA, and the rights provided hereunder, are available from the ADA coordinator.

12. SOCIAL SECURITY NUMBER OR OTHER TAXPAYER IDENTIFICATION NUMBER

Disclosure of your tax identification number on your application is mandatory. You may provide either your Social Security Number, your Federal Employer Identification Number, or Individual Taxpayer Identification Number, as applicable. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405 (c) (2) (c)) authorizes collection of these tax identification numbers.

Your tax identification number will not be deemed a public record and shall not be open to the public. Your tax identification number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your tax identification number, your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

13. STATE TAX OBLIGATION

Pursuant to Business and Professions Code section 31(e), the State Board of Equalization and the Franchise Tax Board may share taxpayer information with the Board. If a registrant does not pay their state tax obligation, the individual's ASW registration may be suspended.

14. NOTICE OF COLLECTION OF PERSONAL INFORMATION

Please see the [Notice of Collection of Personal Information](#) (access at www.bbs.ca.gov>About Us>About the Board>Other Information>Policies).

15. QUESTIONS?

Please visit the Contact Us link at www.bbs.ca.gov and select an option under "Message the Board."

mer Affairs (DCA) in 2023. Read the important announcement here.

ing 7/1/23

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Search

APPLICATION FOR
**ASSOCIATE CLINICAL
 SOCIAL WORKER
 REGISTRATION**



In-State Applicant

Office Use Only:

Avoid delays and deficiencies - 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	
Public Address of Record*** Number and Street			
City	State	Zip Code	Phone
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)		

* 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
----------------------	-------	--------

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 clinical social work 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 or 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 the [Background Statement](#) form to facilitate processing of your application (access at bbs.ca.gov/Consumers/Criminal Convictions/Forms).

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.

Applicant Name: Last	First	Middle
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4. Have you submitted official transcripts verifying your qualifying master's degree? See *Application Instructions section D* for transcript requirements.

Yes – Sealed Transcripts via Mail
 Yes – Electronic Transcripts
 No

5. If your degree was earned ON OR BEFORE December 31, 2007, have you attached proof of completion of a California Law and Ethics course? See *Application Instructions section E* for requirements.

Yes No

6. ADDITIONAL COURSEWORK: The following courses are NOT required for Associate registration. However, they are required prior to your application for licensure. If you have already completed a course, you may list the course title and the provider below and submit documentation of completion now rather than with a future application. See *Application Instructions section E* for information on course content and provider requirements.

a) *Suicide Risk Assessment and Intervention (6 hours)*

Course Title(s): _____
 Provider(s): _____

b) *Provision of Mental Health Services via Telehealth (3 hours)*

Course Title(s): _____
 Provider(s): _____

c) *Child Abuse Assessment and Reporting in California (7 hours)*

Course Title(s): _____
 Provider(s): _____

d) *Human Sexuality (10 hours)*

Course Title(s): _____
 Provider(s): _____

e) *Alcoholism and Other Chemical Substance Abuse and Dependency (15 hours)*

Course Title(s): _____
 Provider(s): _____

Applicant Name: Last	First	Middle
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6. ADDITIONAL COURSEWORK (continued):

f) *Aging, Long Term Care; Elder/Dependent Adult Abuse (10 hours)*

Course Title(s): _____
 Provider(s): _____

g) *Spousal or Partner Abuse Assessment, Detection and Intervention (See Application Instructions)*

Course Title(s): _____
 Provider(s): _____

BACKGROUND INFORMATION – RESPONSE IS VOLUNTARY

Some criminal convictions will appear on the Board's background check and may require additional investigation prior to a licensing determination. For information on which convictions the Board is permitted to consider, see the [Criminal Conviction FAQ](#) (access at [bbs.ca.gov>Consumers>Criminal Convictions>Publications](#)). All currently pending criminal actions will appear on the Board's background check and may require additional investigation prior to a licensing determination.

You are not required to disclose any past convictions or pending criminal cases on this application. In some cases, voluntarily providing information with the application about convictions that the Board is permitted to consider may help an application get processed more quickly.

You may therefore choose to complete the [Background Statement](#) form (access at [bbs.ca.gov>Consumers>Criminal Convictions>Forms](#)) and submit it with your application along with evidence of rehabilitation. The form is available on the Board's website, and includes areas to report convictions the board is permitted to consider, or pending criminal actions.

You can also submit the *Background Statement* form and evidence of rehabilitation after you submit your application or in response to inquiries from the Board. You may seek legal assistance from a lawyer or legal aid organization before providing any information about your criminal history. The Board will not deny your application because you exercised your right not to provide criminal history information in your initial 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: _____

SECTION 1

ORI: A0462

(Code assigned by DOJ)

Type of Application: LIC/PERMIT/CERT

Type of License: (Mark Only ONE)

Marriage and Family Therapist

Clinical Social Worker

Educational Psychologist

Professional Clinical Counselor

SECTION 2

Agency Authorized to Receive Criminal Record Information:

Mail Code: 01484

Board of Behavioral Sciences
1625 North Market Blvd. Suite S-200
Sacramento CA 95834

Contact Name: Fingerprint Unit
Contact Phone: (916) 574-7859

SECTION 3

Name of Applicant: _____
(Please Print) Last First MI

Alias: _____
Last First Driver's License No.: _____

Date of Birth: _____ Sex: Male Female Billing No.: APPLICANT MUST PAY

Height: _____ Weight: _____ Address: _____

Eye Color: _____ Hair Color: _____ Number and Street _____

Place of Birth: _____
Social Security Number: _____ City State Zip

BBS File Number: _____

BBS Applicant: Please mail a copy of this form to the address in Section 2 with your BBS application.

If Resubmission, list Original ATI No.: _____

(Must provide proof of rejection)

Level of Service: DOJ FBI

I have received and read the included Privacy Notice, Privacy Act Statement and Applicant's Privacy Rights.

Applicant Signature: _____ Date: _____

SECTION 4

Live Scan Transaction Completed By: _____ Date: _____

Transmitting Agency: _____ LSID: _____

ATI No.: _____ Amount Collected/Billed: _____

TAKE THE CALIFORNIA LAW & ETHICS EXAM

- ❖ **All Associates** must take the California Law and Ethics Examination within the first year of receiving their ASW registration **AND** each year thereafter until it has been passed
- ❖ Pearson VUE: www.pearsonvue.com
- ❖ Consist of 75 questions(50 Scored+25 Pretest items), 90 minutes
- ❖ Review candidate handbooks; Review content outlines
- ❖ Special accommodations-unless it is for ESL you will need to contact Pearson Vue for any accommodations

PROCESSING

- ❖ The first step is your payment being processed. You can create a BreEZe account to check the status of your application. We cannot see if an application has been received until it has passed through the payment process.
- ❖ The Boards normal processing time is 4-6 weeks from the date we receive your application in our office.
- ❖ Please note our busy season starts in June and continues through the end of October. During this time, it can take longer for our processing times due to the large number of applications the Board receives.
- ❖ If you answer yes to the background question on your application, the process time may be extended as it will need to undergo further review by our enforcement unit. They do not have a set processing time.
- ❖ If your application has any deficiencies or missing information, a deficiency letter will be sent via email to your email that is on file with the Board. Having any deficiencies will delay your processing time.
- ❖ Once approved, your registration will be mailed to the address of record.
- ❖ We do post on our social media pages the dates we are processing every Wednesday.
- ❖ The Board does not provide status checks.
- ❖ All applications are processed in order received.

QUESTIONS