



SAN MATEO COUNTY HEALTH

BEHAVIORAL HEALTH & RECOVERY SERVICES

NOTICE OF LICENSE/REGISTRATION/TRAINEE PROFESSIONAL STATUS

CLIENT SERVICE AGREEMENT/LICENSE AGREEMENT

San Mateo County Behavioral Health & Recovery Services ensures that all staff, who are required, have a professional registration or license and that all board requirements are met. This information is being provided to inform you of your clinician's license status and how to verify their license and/or make a complaint to their board.

San Mateo County Behavioral Health & Recovery Services is committed to providing on-going clinical training experience and professional education for MFT/LCSW trainees/interns, for psychology trainees/interns, and for psychiatric residents in the San Mateo County Residency Program and the San Mateo County/Stanford Child and Adolescent Psychiatry Fellowship Program. If your clinician is unlicensed s/he is supervised by a licensed staff.

Licensed and Registered professional and associate boards may be contacted to verify your clinician's credentials, or register a complaint, by contacting their board listed below.

The Board of Behavioral Sciences receives and responds to complaints regarding services provided within the scope of practice of (marriage and family therapists, licensed educational psychologists, clinical social workers, or professional clinical counselors). You may contact the board online at www.bbs.ca.gov, or by calling (916) 574-7830 (AB 630, Chapter 229, Statutes of 2019).



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LICENSE/REGISTRATION/TRAINEE PROFESSIONAL INFORMATION

Your behavioral health services will be provided by:

Clinician Name: _____

My License/Registration Type is:

- | | |
|--|--|
| Associate Social Worker | Licensed Psychiatrist (MD) |
| Associate Marriage & Family Therapist | Nurse Practitioner (NP) |
| Licensed Professional Clinical Counselor | Registered Nurse (RN) |
| Licensed Psychologist | Registered Psychiatric Resident |
| Licensed Clinical Social Worker | Student Trainee, Clinical Psychology |
| Licensed Marriage & Family Therapist | Student Trainee, Clinical Social Work |
| Licensed Professional Clinical Counselor | Student Trainee, Counseling (MFT-LPCC) |
| Licensed Psychiatric Resident | Waivered Clinical Psychologist |
| | Other: _____ |

My License/Registration Status:

I do not have a registration/license

My registration/license number is: _____



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Your clinician's license can be verified at <https://www.breeze.ca.gov>
You may verify your clinician's credentials, or register a complaint, by contacting their board at:

www.rn.ca.gov (916)322-3350

www.bbs.ca.gov (916)574-7830

www.psychology.ca.gov (916)263-2699

www.mbc.ca.gov (800) 633-2322

N/A

Other: _____

My Supervisor's Name, License, and Contact Information:

Supervisor Name: _____

License #: _____

Contact Information: _____