

Before scheduling
your examination,
be sure you understand
the contents of this bulletin.
Please retain and use it as a
reference when contacting PSI.



California Board of Behavioral Science
1625 North Market Boulevard, Suite S200
Sacramento, CA 95834
www.bbs.ca.gov

Licensed Clinical Social Worker Standard Written Examination

CANDIDATE HANDBOOK



PSI licensure:certification
3210 E Tropicana
Las Vegas, NV 89121
www.psiexams.com

Effective January 1, 2016, the Board's examinations for LCSW, LMFT, and LPCC applicants will be changing as follows:

NEW LCSW & LMFT EXAMS: LCSW and LMFT applicants will be required to pass two new exams that replace the existing exams, as follows:

California Law and Ethics Exam This exam is designed to assess an applicant's knowledge of and ability to apply legal and ethical standards relating to clinical practice. It will replace the Standard Written Exam. This is a multiple-choice exam.

Clinical Exam This exam is designed to assess an applicant's knowledge of psychotherapeutic principles and methods in treatment and their application, and the ability to make judgments about appropriate techniques, methods and objectives as applicable to the profession's scope of practice. It will replace the Clinical Vignette Exam. This is a multiple choice exam.

LPCC & LEP EXAMS: There are no changes to the LEP or LPCC exam types. LPCC applicants will continue to take the California Law and Ethics Exam and the National Clinical Mental Health Counseling Exam. However, PCC interns will be required to take a California Law and Ethics Exam a minimum of once per renewal cycle while a registrant until the exam has been passed.

If you anticipate needing to apply for a registration while you are in the examination process, see the *Exam Restructure FAQs for Registrants* on the Board's website (www.bbs.ca.gov) for more information.

1. What if I am a LCSW or LMFT candidate who has already been approved to take the Standard Written Exam?

The LCSW and LMFT Standard Written exams will no longer be available as of January 1, 2016. If you do not pass the exam before that time, you will be required to take the new Law and Ethics Exam.

2. What happens if I pass the Standard Written Exam by January 1, 2016?

If you have already passed the LCSW or LMFT Standard Written Exam, then you will have fulfilled the new Law and Ethics Exam requirement, unless your Standard Written Exam score is more than seven (7) years old. If you have passed your Standard Written Exam less than seven (7) years ago, you would then need to take the Clinical Exam.

3. What if a candidate has already passed the LPCC California Law and Ethics Exam?

A candidate who has already passed this exam will have fulfilled the new Law and Ethics Exam requirement and would then apply to take the Clinical Exam

4. What happens if a candidate does not pass the Law and Ethics Exam?

You may retake the exam after at least 90 days have passed from the date you last took the exam. You must submit the necessary application and fee to re-take the exam.

5. Am I required to take a course on Law and Ethics if I don't pass the exam?

No. This requirement only pertains to registered ASW, MFT and PCC Registrants/Interns.

6. I have already been approved to take the LCSW or LMFT Clinical Vignette Exam. What happens if I don't pass this exam by January 1, 2016?

The Clinical Vignette Exam will no longer be available as of January 1, 2016. If you do not pass the exam by that time, you will be required to take the new California clinical or national clinical exam as indicated below:

LMFT: California Clinical exam

LCSW: Association of Social Work Boards (ASWB) Clinical exam

7. What happens if I passed the LMFT or LCSW Standard Written Exam more than seven (7) years ago and have yet to pass the Clinical Vignette Exam?

Once your passing score on the Standard Written Exam reaches seven (7) or more years old, you will be required to retake the Standard Written (if prior to January 1, 2016) or take and pass the new Law and Ethics Exam, in addition to the new California clinical or national clinical exam.

8. What happens if I pass the LMFT or LCSW Clinical Vignette Exam by January 1, 2016? Will I still have to take the new California clinical or national clinical exam?

If you have passed the Clinical Vignette Exam before January 1, 2016 you will then need to submit your application for initial licensure within a year from passing the Clinical Vignette Exam. You are not required to take the new Law and Ethics, California clinical or national clinical exam.

9. How are the new LMFT and LCSW Clinical exams different from the Clinical Vignette exams?

The clinical vignette exams and the new clinical exams are both designed to be directly related to clinical practice situations. Both types of exams require the ability to integrate and apply professional knowledge and skills.

A clinical vignette exam contains a series of multiple-choice items related to a single vignette, and typically consists of 5 to 7 vignettes with 4 to 7 multiple-choice questions associated with each vignette, for a total of 30 multiple-choice questions administered over a two hour period. A clinical vignette exam item is longer and can be more complex than a standard multiple-choice item.

The new clinical exams will consist of standard multiple-choice items, and will continue to include items based on vignettes, though each item will stand alone.

As of January 1, 2016, the new clinical exams will be as follows:

LCSW APPLICANTS

ASWB National Clinical Exam - this is a 150 item multiple-choice exam administered over a four hour period.

LMFT APPLICANTS

California Clinical Exam - This exam is currently in development, and will be designed to evaluate a candidate's knowledge, skills, and abilities in the following content areas: Crisis Management, Clinical Evaluation, Treatment Planning, Treatment, and Law and Ethics

These are the same content areas upon which the Clinical Vignette Exam is currently based. The Clinical exam will consist of 150 multiple-choice items administered over a four-hour period.

CONTENT OUTLINE

Purpose	2	Taking the Examination by Computer	8
Examination Scheduling Procedures	2	Identification Screen	8
Internet Scheduling	2	Tutorial	8
Telephone Scheduling	2	Examination Question Example	8
Canceling an Examination	2	Examination Results	8
Missed Appointment or Late Cancellation	2	Abandonment of Application/Ineligibility	8
Taking a Re-examination	2	After Passing the Examination	9
Emergency Examination Center Closing	3	Study Material and Courses	9
Examination Site Locations	3	Objective of the Board	9
Special Accommodations Available	6	LCSW Examination Plan	9
Reporting to the Examination Site	6	Examination Development	10
Required Identification at the Examination Site	6	Establishing the Passing Standards	10
Security Procedures	7	Examination Items	10
		Examination Plan Content	12

FOR MORE INFORMATION

All questions about examination scheduling should be directed to:

PSI licensure:certification
3210 E Tropicana
Las Vegas, NV 89121
(877) 392-6422 • TTY (800) 735-2929
www.psiexams.com

Questions about examination content or licensing should be directed to:

Board of Behavioral Sciences
1625 North Market Blvd., Ste. S200
Sacramento, CA 95834
(916) 574.7830
www.bbs.ca.gov

SCHEDULING INFORMATION

Date Scheduled: _____

Name of Scheduler: _____

Date of Exam: _____

Time of Exam: _____

Test Site Location: _____



PURPOSE

This handbook serves as your notice of eligibility and is designed to provide you with general information regarding the California Licensed Clinical Social Worker (LCSW) Standard Written examination processes and content.

EXAMINATIONS BY PSI

The State has contracted with PSI to conduct its examination program. PSI provides examinations through a network of computer examination centers in California and ten additional nationwide sites.

All questions regarding the scheduling and administration of examinations should be directed to PSI.

PSI licensure:certification (PSI)

3210 E Tropicana
Las Vegas, NV 89121

(877) 392-6422 • Fax (702) 932-2666 • TTY (800) 735-2929
www.psiexams.com

All other questions about examinations should be directed to the BBS.

Board of Behavioral Sciences
1625 North Market Blvd., Suite S-200,
Sacramento, CA 95834
(916) 574-7830 ** FAX (916) 574-8625
www.bbs.ca.gov

EXAMINATION SCHEDULING PROCEDURES

Once you have been approved by BBS, you are responsible for contacting PSI to schedule an appointment to take the examination. You may do so via the Internet at www.psiexams.com, or schedule over the telephone at (877) 392-6422.

- **FIRST TIME EXAMINEES:** Examination eligibility expires, and an application is deemed abandoned, if the applicant fails to sit for examination within one year after being notified of eligibility.
- **RE-EXAMINATION APPLICANTS:** Examination eligibility expires and an applicant becomes ineligible to sit for examination when an applicant fails any written examination and does not retake the examination within one year from the date of that failure.

The PSI examination centers are open for testing during normal working hours of 8:00 AM to 5:00 PM Monday through Friday, and operating hours on Saturday, except for the following major holidays:

Thanksgiving	Closed November 26-29, 2015
Christmas	Closed December 25, 2015
New Years	Closed January 1, 2016
Martin Luther King Jr.	Closed January 18, 2016
Memorial Day	Closed May 28-30, 2016
Independence Day	Closed July 4, 2016
Labor Day	Closed September 3-5, 2015

INTERNET SCHEDULING

You may schedule your test by completing the online Test Registration Form. The Test Registration Form is available at PSI's website, www.psiexams.com. You may schedule for a test via the Internet 24 hours a day.

1. Complete the registration form online and submit your information to PSI via the Internet.
2. Upon completion of the online registration form, you will be given the available dates for scheduling your test.
3. You will need to choose a date to complete your registration.
4. Upon successful registration, you will receive a traceable confirmation number.

TELEPHONE SCHEDULING

PSI has two scheduling methods available if you wish to schedule by telephone. First, call PSI at (877) 392-6422, 24 hours a day and schedule using the Automated Registration System. Second, if you wish to contact a live operator, use this same telephone number to contact PSI registrars Monday through Friday between 4:30 am and 7:00 pm, and Saturday-Sunday between 6:00 am and 2:30 pm, Pacific Time, to schedule your appointment for the test. Scheduling services are also available via our Telecommunications Device for the Deaf (TDD) by calling 800.735.2929.

CANCELING AN EXAMINATION APPOINTMENT

You may cancel and reschedule an examination appointment without forfeiting your fee *if your cancellation notice is received two (2) days prior to the scheduled examination date*. For example, for a 9:00 a.m. Monday appointment, the cancellation notice would need to be received before 9:00 a.m. on the previous Saturday. You may call PSI at (877) 392-6422. Please note that you may also use the automated system, using a touch-tone phone, 24 hours a day in order to cancel and reschedule your appointment.

Note: A voice mail message is not an acceptable form of cancellation. Please use the PSI Website, automated telephone system, or call PSI and speak to a Customer Service Representative.

MISSED APPOINTMENT OR LATE CANCELLATION

If you miss your appointment, you will not be able to take the examination as scheduled, further you will forfeit your examination fee, if:

- You do not cancel your appointment 2 days before the scheduled examination date;
- You do not appear for your examination appointment;
- You arrive after examination start time;
- You do not present proper identification when you arrive for the examination.

RE-EXAMINATION

Candidates who fail are eligible to re-take this examination. A Request for Re-examination form will be provided with the score report at the test center, or may be obtained by contacting the BBS.



To apply for re-examination, candidates must complete the form and submit it to the BBS with the correct fee. A notice confirming your eligibility for re-examination will be sent approximately 180 days from the date of the examination. Candidates are permitted to take the examination two times in a 12-month period.

CANDIDATES MUST PARTICIPATE IN THE EXAMINATION WITHIN ONE YEAR OF FAILING A PREVIOUS EXAMINATION.

Sample Scenarios:

- Maria passes her Standard Written Examination on 5/31/07. She must take the Clinical Vignette Examination no later than 5/31/08.
- Arnold failed his Standard Written Examination on 4/22/07. He must retake his Standard Written Examination no later than 4/22/08.
- Danny received notice of eligibility to take the Standard Written Examination on 1/18/07. He must take this Examination no later than 1/18/08.

EXAMINATION SITE CLOSING FOR AN EMERGENCY

In the event that severe weather or another emergency forces the closure of an examination site on a scheduled examination date, your examination will be rescheduled. PSI personnel will attempt to contact you in this situation. However, you may check the status of your examination schedule by calling (877) 392-6422. Every effort will be made to reschedule your examination at a convenient time as soon as possible. You will not be penalized. You will be rescheduled at no additional charge.

EXAMINATION SITE LOCATIONS

The California examinations are administered at the PSI examination centers in California as listed below:

ANAHEIM

2301 W. LINCOLN AVE, SUITE 252
ANAHEIM, CA 92801
(714) 254-1453

DIRECTIONS FROM LA: TAKE 5 SOUTH EXIT BROOKHURST AND TURN RIGHT. TURN RIGHT ON LINCOLN (PASS A SMALL STREET NAMED MONTEREY), AND GO TO THE FIRST OPEN DRIVEWAY ON THE RIGHT.

(ORANGE COUNTY) DIRECTIONS FROM SAN DIEGO, IRVINE, MISSION VIEJO, ETC.: TAKE 5N EXIT BROOKHURST AND TURN LEFT. TURN RIGHT ONTO LINCOLN (PASS A SMALL STREET NAMED MONTEREY) AND GO TO THE FIRST OPEN DRIVEWAY ON THE RIGHT.

IF BROOKHURST EXIT IS CLOSED: TAKE 5 N EXIT EUCLID AND TURN LEFT. TURN RIGHT ON LINCOLN (PASS BROOKHURST AND SMALL STREET NAMED MONTEREY) AND GO TO THE FIRST OPEN DRIVEWAY ON THE RIGHT.

*****KEEP IN MIND THAT THE EUCLID EXIT COMES FIRST AND THEN BROOKHURST.*****

OR 91 FREEWAY: TAKE 91 W EXIT BROOKHURST AND TURN LEFT. TURN RIGHT ONTO LINCOLN (PASS A SMALL STREET NAMED MONTEREY) AND GO TO THE FIRST OPEN DRIVEWAY ON THE RIGHT.

ATASCADERO

7305 MORRO RD, SUITE 201A
ATASCADERO, CA 93422
(805) 462-8983

FROM US-101 N, TAKE THE CA-41 EXIT- EXIT 219-TOWARD MORRO RD. TURN LEFT ONTO EL CAMINO REAL. Turn LEFT onto CA-41/MORRO RD.

FROM US-101 S, TAKE THE MORRO RD/CA-41 EXIT- EXIT 219, TURN RIGHT ONTO CA-41/MORRO RD.

BURBANK

2950 N. HOLLYWOOD WAY, STE 150
BURBANK, CA 91505

FROM I-5, TAKE THE HOLLYWOOD WAY EXIT. HEAD TOWARDS THE AIRPORT. BUILDING WILL BE ON YOUR LEFT HAND SIDE APPROXIMATELY 0.7 MILES FROM FREEWAY EXIT.

IF TRAVELING WEST ON I-134, EXIT HOLLYWOOD WAY AND HEAD NORTH TOWARDS THE AIRPORT. BUILDING WILL BE ON YOUR RIGHT SIDE IN APPROXIMATELY 4 MILES.

IF TRAVELING EAST ON I-134, EXIT PASS AVENUE. TURN RIGHT ON PASS AVE. TURN LEFT ON WEST ALAMEDA. TURN LEFT ON HOLLYWOOD WAY. YOU WILL BE HEADING NORTH TOWARDS THE AIRPORT. BUILDING WILL BE ON YOUR RIGHT SIDE IN APPROXIMATELY 4 MILES.

CARSON

17420 S. AVALON BLVD, SUITE 205
CARSON, CA 90746
(310) 217-1066

FROM CA-91 E/GARDENA FWY TAKE THE AVALON EXIT. OFF RAMP WILL LEAD YOU ONTO ALBERTONI ST. MAKE A RIGHT ONTO AVALON BLVD AND WE ARE LOCATED ON THE RIGHT HANDSIDE (SAME PARKING LOT AS CARL'S JR).

FROM CA-91 W TAKE THE AVALON EXIT. MAKE A LEFT ONTO AVALON BLVD. MAKE A U-TURN ON AVALON BLVD AND ALBERTONI ST. WE ARE LOCATED ON THE RIGHT HAND SIDE. (SAME PARKING LOT AS CARL'S JR).

EL MONTE

4399 SANTA ANITA AVENUE, SUITE 110
EL MONTE, CA 91731
(626) 279-2705

FROM THE I-10E, TAKE THE SANTA ANITA AVE EXIT. TURN LEFT ONTO SANTA ANITA AVE. MAKE A U-TURN AT EMERY STREET ONTO SANTA ANITA AVE. THE TESTING SITE WILL BE ON THE RIGHT.

FRESNO

351 E. BARSTOW, SUITE 101
FRESNO, CA 93710
(559) 221-9006

FROM CA-41 S, TAKE THE BULLARD AVE EXIT. TURN LEFT ONTO E BULLARD AVE. TURN RIGHT ONTO N FRESNO ST. PASS THROUGH THE INTERSECTION OF FRESNO AND BASTOW AVE. TAKE THE FIRST DRIVEWAY ON THE RIGHT HAND SIDE.

FROM CA-41 N, TAKE THE SHAW AVE EXIT TOWARD CLOVIS. TURN RIGHT ONTO E SHAW AVE. TURN LEFT ONTO N FRESNO ST. TURN LEFT INTO THE LAST DRIVEWAY BEFORE BARSTOW AVE.

TESTING CENTER IS IN THE OFFICE COMPLEX ON THE SW CORNER OF BARSTOW AND FRESNO ST.

HAYWARD

24301 SOUTHLAND DRIVE, SUITE B-1
HAYWARD, CA 94545
(510) 784-1114

FROM I-880 N TOWARD OAKLAND, TAKE THE WINTON AVENUE EXIT. MERGE ONTO W WINTON AVE TOWARD HEALD COLLEGE. TURN LEFT ONTO SOUTHLAND DR.

FROM I-880 S TOWARD SAN JOSE/SAN MATEO BR, TAKE THE WINTON AVE WEST EXIT TOWARD HEALD COLLEGE. MERGE ONTO W WINTON AVE. TURN LEFT ONTO SOUTHLAND DR.



REDDING

2861 CHURN CREEK, UNIT C
REDDING, CA 96002
(530) 221-0945

FROM I-5 S, TAKE THE CYPRESS AVENUE EXIT (677). TURN RIGHT ONTO E. CYPRESS AVE. TURN RIGHT ON CHURN CREEK RD.

FROM I-5 N TOWARDS SACRAMENTO, TAKE THE CYPRESS AVE EXIT (677). TURN LEFT ONTO E. CYPRESS AVE. TURN RIGHT ONTO CHURN CREEK RD.

FROM 299 E TOWARDS REDDING, START GOING WEST ON CA-299. MERGE ONTO I-5 S RAMP ON THE LEFT TOWARDS SACRAMENTO. TAKE THE CYPRESS AVE EXIT (677). TURN LEFT ONTO E. CYPRESS AVE. TURN RIGHT ONTO CHURN CREEK RD.

FROM 299 W TOWARDS REDDING. START GOING EAST ON CA-299 TOWARDS WEAVERVILLE/REDDING. FROM 299 EAST TURN RIGHT ONTO CA-273/CA-299 E/MARKET STREET. TURN LEFT ONTO CA-299-E. MERGE ONTO I-5 S VIA EXIT 2A TOWARDS RED BLUFF/SACRAMENTO. TAKE THE CYPRESS AVE EXIT (677). TURN LEFT ONTO E. CYPRESS AVE. TURN RIGHT ONTO CHURN CREEK RD.

RIVERSIDE

7888 MISSION GROVE PARKWAY S., SUITE 130
RIVERSIDE, CA 92508
(951) 789-0358

FROM THE CA-91W TOWARD RIVERSIDE/BEACH CITIES, TAKE THE CENTRAL AVENUE EXIT TOWARD MAGNOLIA CENTER. TURN LEFT ONTO CENTRAL AVE. CENTRAL AVE BECOMES ALESSANDRO BLVD. VEER TO THE RIGHT, THEN STAY STRAIGHT TO GO ONTO TRAUTWEIN RD (YOU WILL PASS COMMUNICATIONS CENTER DR). TURN LEFT ONTO MISSION GROVE PKY W.

FROM THE HIGH DESERT/SAN BERNARDINO AREA 215 S, WHERE THE 60 FWY, 91 FWY AND THE 215 FWY SPLIT, TAKE 215S (SIGNS FOR THE 60 EAST INDIO). TAKE EXIT 27C FOR ALESSANDRO BLVD, TURN RIGHT ONTO E ALESSANDRO BLVD, TURN LEFT ONTO MISSION GROVE PKWY S.

SACRAMENTO

9719 LINCOLN VILLAGE DR.
BUILDING 100, SUITE 100
SACRAMENTO, CA 95827
(916) 363-6455

FROM SAN FRANCISCO/VALLEJO ON I-80 E, TAKE US-50 E TOWARD SACRAMENTO/SOUTH LAKE TAHOE. TAKE BRADSHAW ROAD, EXIT 13, TURN RIGHT ONTO BRADSHAW ROAD. TURN IMMEDIATE LEFT ONTO LINCOLN VILLAGE DR.

SAN DIEGO

5440 MOREHOUSE DRIVE, SUITE 2300
SAN DIEGO, CA 92121
(858) 550-5940

*FROM I-805 S, TAKE THE SORRENTO VALLEY RD/MIRA MESA BLVD EXIT. TURN LEFT ONTO MIRA MESA BLVD, TURN LEFT ONTO SCRANTON ROAD. TURN RIGHT ONTO MOREHOUSE DRIVE.
FROM I-805 N TOWARD LOS ANGELES, TAKE THE MIRA MESA BLVD/VISTA SORRENTO PKWY EXIT. TURN RIGHT ONTO MIRA MESA BLVD. TURN LEFT ONTO SCRANTON RD. TURN RIGHT ONTO MOREHOUSE DR.*

ADDITIONAL PARKING CAN BE FOUND (on top of the AT&T building) BY CONTINUING ON MOREHOUSE PAST OUR BUILDING AND TURNING LEFT AT THE NEXT DRIVEWAY UP THE HILL

SAN FRANCISCO

150 EXECUTIVE PARK BLVD., STE 1100
SAN FRANCISCO, CA 94134
(415) 330-9700

I-80 W BECOMES US-101 S. TAKE EXIT 429 A TOWARD MONSTER PARK/TUNNEL AVE. TAKE THE RAMP TOWARD 3COM PARK. TURN RIGHT ONTO ALANNA RD. TURN LEFT ONTO EXECUTIVE PARK BLVD.

SANTA ROSA

160 WIKIUP DRIVE, SUITE 105
SANTA ROSA, CA 95403
(707) 544-6723

FROM US-101 N, TAKE MARK WEST SPRINGS/RIVER ROAD EXIT. TURN RIGHT ON MARK WEST SPRINGS. TURN LEFT AT OLD REDWOOD HIGHWAY. TURN RIGHT ON WIKIUP DRIVE. FIRST DRIVEWAY ON RIGHT.

FROM US-101 S, TAKE MARK WEST SPRINGS/RIVER ROAD EXIT. TURN LEFT ON MARK WEST SPRINGS. TURN LEFT AT OLD REDWOOD HIGHWAY. TURN RIGHT ON WIKIUP DRIVE. FIRST DRIVEWAY ON RIGHT.

SANTA CLARA

2936 SCOTT BLVD
SANTA CLARA, CA 95054
(408) 844-0008

FROM US-101 N, TAKE THE SAN TOMAS EXPWY/MONTAGUE EXPWY EXIT- EXIT 392. TAKE THE SAN TOMAS EXPWY RAMP. MERGE ONTO SAN TOMAS EXPY/CR-G4. TURN LEFT ONTO SCOTT BLVD.

FROM I-880 S TOWARD SAN JOSE, TAKE THE MONTAGUE EXPWY EXIT (7). TAKE THE MONTAGUE EXPWY WEST RAMP. MERGE ONTO MONTAGUE EXPY/CR-G4 E. TURN LEFT ONTO E TRIMBLE RD. E TRIMBLE RD BECOMES DE LA CRUZ BLVD. TURN SLIGHT RIGHT ONTO CENTRAL EXPY/CR-G6 W. TURN SLIGHT RIGHT ONTO SCOTT BLVD.

VENTURA

4245 MARKET ST, SUITE 208
VENTURA, CA 93003
(805) 650-5220

FROM US-101N, TAKE THE TELEPHONE ROAD EXIT 65. TURN LEFT ONTO TELEPHONE ROAD. TURN RIGHT ONTO MARKET STREET.

VISALIA

3400 W MINERAL KING AVE, SUITE D
VISALIA, CA 93291
(559) 627-6700

FROM CA-99N, MERGE ONTO CA-198E VIA EXIT 96 TOWARD VISALIA/SEQUOIA NAT'L PARK. TAKE THE EXIT TOWARD DEMAREE STREET. MERGE ONTO W NOBLE AVENUE. TURN LEFT ONTO S COUNTY CENTER DRIVE. TAKE THE 1ST LEFT ONTO W MINERAL KING AVENUE.

WALNUT CREEK

175 LENNON LANE, SUITE 203
WALNUT CREEK, CA 94598
(925) 906-9165

FROM I-5N, KEEP LEFT TO TAKE I-580W TOWARD TRACY/SAN FRANCISCO. MERGE ONTO I-680N VIA EXIT 44B TOWARD SACRAMENTO/WALNUT CREEK/CONCORD. TAKE THE YGNACIO VALLEY ROAD EXIT AND TURN RIGHT. TURN LEFT ONTO LENNON LANE.

OUT-OF-STATE EXAMINATION SITE LOCATIONS
--

The following out-of state sites will also offer this examination.

ALBUQUERQUE

2301 YALE BLVD, SE
BUILDING C, SUITE 4
ALBUQUERQUE, NM 87106

FROM INTERSTATE 25, TAKE THE GIBSON BLVD EXIT AND TRAVEL EAST ON GIBSON BLVD UNTIL YOU REACH YALE BLVD SOUTHEAST. TURN RIGHT ON YALE BLVD S.E. (HEADING SOUTH), JUST PAST RENARD PLACE AND THEN TURN RIGHT INTO THE COMMERCE CENTER. THE SITE IS ACROSS THE STREET FROM THE WAFFLE HOUSE AND COMFORT INN.



ATLANTA

CIRCLE 75 OFFICE PARK
1000 CIRCLE 75 PARKWAY, SUITE 720
ATLANTA, GA 30339

FROM I-285 BYPASS N, TAKE EXIT- EXIT 51B- TOWARD CHATTANOOGA/GREENVILLE. MERGE ONTO I-285 N / GA-407 N. TAKE THE COBB PKWY / US-41 EXIT- EXIT 19- TOWARD DOBBINS ARB. TURN LEFT ONTO COBB PKWY SE / US-41 N / GA-3 N. TURN SLIGHT RIGHT ONTO CIRCLE 75 PKWY SE.

BOSTON

INNER TECH PARK, 56 ROLAND ST., SUITE 211
BOSTON, MA 02129

FROM NORTH: TAKE I-93 SOUTH. EXIT 28 - BOSTON/SULLIVAN SQ./CHARLESTOWN. MERGE INTO MYSTIC AVE. TAKE I-93S RAMP TO BOSTON/SULLIVAN SQ./CHARLESTOWN (TAKE RAMP DO NOT GET ON HIGHWAY). MAKE SLIGHT LEFT TURN ON TO MAFFA WAY. MAKE SLIGHT RIGHT TURN ON TO CAMBRIDGE STREET. AT FIRST TRAFFIC LIGHT, MAKE LEFT ON TO CARTER STREET - THERE IS A SIGN FOR INNER TECH PARK. RIGHT ON TO ROLAND STREET. END AT 56 ROLAND STREET (BUILDING ON LEFT, PARKING LOT ON RIGHT). ENTER THROUGH NORTH LOBBY

CHARLOTTE

TYVOLA EXECUTIVE PARK 1
5701 WESTPARK DR, #202
CHARLOTTE, NC 28217

FROM I-77S TOWARDS COLUMBIA, EXIT TYVOLA ROAD (EXIT #5). TURN LEFT AT TYVOLA ROAD. MAKE A RIGHT AT WESTPARK DR. FROM I-77N, EXIT TYVOLA ROAD (EXIT #5). BEAR RIGHT AT TYVOLA ROAD. TURN RIGHT AT WESTPARK DR.

CHERRY HILL

950 N. KINGS HWY, SUITE 301
CHERRY HILL, NJ 08034

FROM THE NEW JERSEY TPKE S, TAKE EXIT #4/PHILADELPHIA/CAMDEN ONTO RT-73 N TOWARD CAMDEN/PHILADELPHIA. TAKE RAMP ONTO I-295 S TOWARD DEL MEM BR. TAKE EXIT #34B/CHERRY HILL/CAMDEN ONTO MARLTON PIKE(RT-70 W). TURN RIGHT ON KINGS HWY N (RT-41). NOTE BUILDING 950 IS BEHIND BUILDINGS #900 AND #1030.

CHICAGO

332 S. MICHIGAN AVENUE
SUITE 410
CHICAGO, IL 60604

TAKE US-41S WHICH BECOMES I-94E. TAKE THE W JACKSON BLVD EXIT (51F). TURN LEFT ON W JACKSON BLVD. TURN RIGHT ON S MICHIGAN AVE.

CRANBERRY TOWNSHIP

CRANBERRY CORPORATE BUSINESS CENTER
213 EXECUTIVE DR., SUITE 150
CRANBERRY TOWNSHIP, PA 16066

FROM I-79 EXIT CRANBERRY-MARS ROUTE 228, GO WEST. CROSS OVER ROUTE 19 ONTO FREEDOM ROAD. GO THREE TRAFFIC LIGHTS THEN TURN RIGHT ONTO EXECUTIVE DRIVE. BUILDING IS DIRECTLY ACROSS FROM HAMPTON INN.

DALLAS

300 N COIT, SUITE 172
RICHARDSON, TX 75080

FROM 75 SOUTH, TAKE THE BELT LINE ROAD EXIT AND TURN RIGHT ON BELT LINE ROAD. STAY ON BELT LINE ROAD UNTIL YOU REACH COIT. TURN RIGHT ONTO N COIT. THE BUILDING IS ON THE RIGHT HAND SIDE. IF YOU ARE COMING IN FROM LBJ (1635) AND GOING NORTH ON 75, YOU WILL TURN LEFT ONTO BELT LINE AND TURN RIGHT ONTO COIT.

HOUSTON (NORTHWEST)

9800 NORTHWEST FREEWAY
SUITE 200
HOUSTON, TX 77092

FROM HWY 290 DRIVING SOUTHEAST, MERGE ONTO LOOP 610 NORTH. EXIT AT T.C.JESTER AND THEN U-TURN UNDER LOOP 610. STAY ON THE FEEDER ROAD, SHERATON HOTEL IS ON THE RIGHT AS THE ROAD CURVES RIGHT. TURN INTO THE PARKING LOT IMMEDIATELY AFTER THE SHERATON HOTEL AND BEFORE THE OFFICE BUILDING. CENTER IS ON THE 2ND FLOOR.

LAS VEGAS

3210 E TROPICANA AVENUE
LAS VEGAS, NEVADA 89121

FROM I-15 - EXIT EAST ON TROPICANA, TRAVEL APPROXIMATELY 4 MILES, TURN LEFT ON MOJAVE, TURN RIGHT INTO THE PARKING LOT. FROM I-95 - EXIT WEST ON TROPICANA, TRAVEL APPROXIMATELY 1 MILE, TURN RIGHT ON MOJAVE, TURN RIGHT INTO THE PARKING LOT.

MILFORD

500 BIC DRIVE
SUITE 101
MILFORD, CT 06461

FROM HIGHWAY I-95 EXIT 35. GO TOWARD BIC DRIVE. GO .5 MILES TO 500 BIC DRIVE WHICH IS AT GATE 1 OF THE FORMER BIC COMPLEX. GO TO THE REAR OF THE LOT AND PARK. WALK DOWN THE HILL IN FRONT OF THE BUILDING AND ENTER THE FRONT DOOR. SIGNS WILL DIRECT YOU TO SUITE 101 (PSI).

NASHVILLE

THE OAKS
1100 KERMIT, SUITE 103
NASHVILLE, TN 37217

FROM I-40 EAST, TAKE EXIT ONTO I-24 (EXIT 213-A). TAKE MURFREESBORO ROAD AT THE FIRST EXIT (EXIT 52). STAY IN THE RIGHT LANE ON THE RAMP, AS THE EXIT APPEARS WHILE YOU ARE STILL IN THE CURVE. ON MURFREESBORO, STAY IN THE LEFT LANE. TURN LEFT ONTO KERMIT ST WHEN THERE IS A MCDONALD'S ON YOUR RIGHT. PSI IS IN THE FIRST BUILDING ON YOUR LEFT. FROM I-40 WEST, TAKE EXIT ONTO BRILEY PARKWAY, TURN LEFT ONTO BRILEY. EXIT ONTO MURFREESBORO RD. STAY IN THE RIGHT LANE. TURN RIGHT ONTO KERMIT ST BETWEEN A FIRESTONE STORE AND SILVERADO DANCE HALL. TURN RIGHT ONTO KERMIT ST. PSI IS IN THE FIRST BUILDING ON YOUR LEFT.

NORTH OREM (PROVO)

581 WEST 1600 NORTH, SUITE C
NORTH OREM, UT 84057

FROM US-89, TURN RIGHT ONTO W CENTER ST/UT-114. MERGE ONTO I-15 N VIA THE RAMP ON THE LEFT TOWARD SALT LAKE. TAKE THE 1600 NORTH EXIT 273. TURN EAST ONTO WEST 1600 NORTH. GO ONE MILE EAST.

NORTH SALT LAKE CITY

25 NORTH 400 WEST, SUITE 7
NORTH SALT LAKE CITY, UT 84054

(THE CITY OF NORTH SALT LAKE NOT SALT LAKE CITY PROPER. THE PSI TEST SITE IS IN DAVIS COUNTY JUST NORTH OF THE FLYING J REFINERY.)

FROM SALT LAKE CITY AND THE SOUTH. MERGE ON TO I-15N. TAKE EXIT 312 AND MERGE ON TO US89 NORTH FOR ABOUT 1.8 MILES. TURN LEFT ONTO E CENTER ST AND GO WEST FOR ABOUT .6 MILES. TURN RIGHT ON TO 400 W. FROM THE NORTH MERGE ONTO I-15 S SALT LAKE. TAKE THE CENTER ST., EXIT 314. TURN RIGHT ONTO W CENTER ST. TURN RIGHT ONTO 400 W. FROM I-80 EAST MERGE TO I-215 NORTH. TAKE THE REDWOOD RD/UT-68 EXIT 28 AND TURN RIGHT ONTO CENTER STREET.



PHOENIX

5727 N 7TH ST.

SUITE 301

PHOENIX, AZ 85014

FROM I-17 SOUTH EXIT TO BETHANY HOME ROAD. GO LEFT (EAST) ON BETHANY HOME. TURN RIGHT (SOUTH) ON 7TH STREET. THE PSI SITE IS ON THE EAST SIDE OF THE STREET JUST BEFORE MISSOURI. IT IS A 4 STORY GLASS BUILDING.

QUEENS

THE SHOPS AT ATLAS PARK

71-19 80TH STREET, SUITE 8307

GLENDAL (QUEENS), NY 11385

FROM I-678 S, TAKE THE J ROBINSON PKWY EXIT- EXIT 7. TAKE THE FOREST PARK DR EXIT- EXIT 4- TOWARD MYRTLE AVE / WOODHAVEN BLVD. TAKE THE RAMP TOWARD MYRTLE AVE / WOODHAVEN BLVD. TURN SLIGHT RIGHT ONTO FOREST PARK DR. TURN RIGHT ONTO MYRTLE AVE. TURN LEFT ONTO 80TH ST. GO TO 2ND LIGHT PAST MYRTLE AVE OVER SMALL OVERPASS MAKE A RIGHT INTO ATLAS PARK. MAKE A RIGHT AT STOP SIGN TO GET INTO PARKING LOT. ONCE PARKED, GO TO TOP FLOOR OF PARKING LOT, TURN RIGHT AND WALK UNTIL YOU SEE "MARKET PLAZA". TAKE ELEVATOR TO THE 3RD FLOOR. OFFICES ARE LOCATED IN THE RED BRICK BUILDING.

RICHMOND

MOOREFIELD VI BUILDING

620 MOOREFIELD PARK DRIVE

SUITE 205

RICHMOND, VA 23236

FROM I-64E, TAKE THE PARHAM RD EXIT AND TURN RIGHT. N PARHAM RD/VA-73 S BECOMES VA-150 S/CHIPPENHAM PKWY. MERGE ONTO VA-76 S/POWWHITE PKWY. MERGE ONTO MIDLOTHIAN TURNPIKE WEST. TURN LEFT ON MOOREFIELD PARK DR.

SOUTHFIELD (DETROIT AREA) EXAMINATION CENTER

CROSSROADS BUILDING

16250 NORTHLAND DRIVE, SUITE 361

SOUTHFIELD, MI 48075

FROM I-75 NORTH AND SOUTH, EXIT WEST 8 MILE RD. CROSS THE LODGE FWY (HWY 10). TURN RIGHT ON NORTHLAND DRIVE. NORTHLAND DRIVE IS NEXT TO THE NORTHLAND SHOPPING CENTER. FROM SOUTHFIELD FWY NORTH AND SOUTH, EXIT EAST 8 MILE RD. GO EAST ON 8 MILE TO NORTHLAND DRIVE. NORTHLAND DRIVE IS NEXT TO THE NORTHLAND SHOPPING CENTER

WEST DES MOINES

1001 OFFICE PARK ROAD, SUITE 315

WEST DES MOINES, IA 50265

FROM I-235, EXIT 8TH ST/73RD ST AND PROCEED SOUTH. TURN RIGHT ON OFFICE PARK ROAD. TURN RIGHT INTO THE DRIVEWAY.

WEST HARTFORD

45 SOUTH MAIN STREET, SUITE 209

WEST HARTFORD, CT 06107

FROM I-84, EXIT 41, S. MAIN ST. AND PROCEED NORTH APPROXIMATELY 2 MILES. 45 SOUTH MAIN WILL APPEAR ON THE LEFT, DIRECTLY ACROSS THE STREET FROM THE TOWN HALL, BEFORE YOU CROSS FARMINGTON AVENUE. THE ATTENDANT WILL PARK YOUR CAR AT NO CHARGE. TAKE THE ELEVATOR TO THE SECOND FLOOR TO SUITE 209.

WILSONVILLE

25195 SW PARKWAY, SUITE 105

WILSONVILLE, OR 97070

GOING SOUTH: OFF I5, TAKE EXIT 286 (ELLINGENS/BOONES FERRY RD). TURN LEFT AND CROSS BACK OVER THE FREEWAY. TURN LEFT AT 2ND SIGNAL LIGHT (PARKWAY AVE.) TURN INTO PARKWAY PLAZA PARKING LOT (ACROSS THE STREET FROM SHRINER'S). WE ARE LOCATED IN THE MAIN ENTRANCE FIRST DOOR ON THE RIGHT.

WOODBURY

6053 HUDSON RD, SUITE 210

WOODBURY, MN 55125

FROM I-94 GO SOUTH ON CENTURY TO THE FIRST LEFT (WHICH IS THE FRONTAGE ROAD ENTRANCE TO THE COUNTRY INN). ENTER THE OFFICE COMPLEX THROUGH THE SINCLAIR GAS STATION AND ALONG BACK OF THE INN. 6053 IS THE BUILDING DIRECTLY AHEAD. THE ENTRANCE ON THAT (WEST) SIDE IS ACTUALLY ON THE 2ND FLOOR. SUITE 210 IS DOWN THE CORRIDOR TO THE RIGHT. PLEASE USE THE WEST ENTRANCE ON SATURDAYS.

SPECIAL ACCOMMODATIONS AVAILABLE

All examination sites are physically accessible to individuals with disabilities. Scheduling services are also available via our Telecommunications Device for the Deaf (TDD) by calling 800.735.2929.

The Board and PSI recognize their responsibilities under the Federal Americans with Disabilities Act and the California Fair Employment and Housing Act by providing testing accommodations or auxiliary aids or services for candidates who substantiate the need due to a physical or mental disability or qualified medical condition.

Accommodations will not be provided at the examination site unless prior approval by the BBS has been granted. Reasonable, appropriate, and effective accommodations may be requested by submitting a "Request for Accommodation" package. This package is available by contacting the Board or online at www.bbs.ca.gov/bbsforms.htm.

Requests for accommodation must be received a minimum of 90 days prior to the desired test date to allow for processing. Accommodations that fundamentally alter the measurement of the skills or knowledge the examinations are intended to test will not be granted.

Do not call PSI to schedule your examination until you have received written notification from the BBS regarding your request for accommodations.

REPORTING TO THE EXAMINATION SITE

On the day of the examination, you must arrive at least 30 minutes prior to your scheduled appointment time. This allows time for check-in and identification verification and provides time to familiarize yourself with the examination process. If you arrive late, you may not be admitted to the examination site and you may forfeit your examination registration fee. Even though candidates will be thumb printed, you are still required to comply with any identification requirements established by the appropriate regulatory entity.

REQUIRED IDENTIFICATION AT EXAMINATION SITE

You must provide one of the following valid forms of government-issued identification before you may examine:

- A photographic Driver's License (any state)
- State identification card (any state)
- U.S. military identification
- Valid U.S. Passport Card



- Valid passport - any country (valid foreign passport with valid record of arrival/departure - Form I-94 or processed for I-551 stamped in a valid foreign passport)

All photographs must be recognizable as the person to whom the identification card was issued. The name on the application must match the photographic I.D. card. If you have recently changed your name with the BBS, you may want to contact PSI to verify that they have the correct same name on file.

If you cannot provide the required identification, you must call (877) 392-6422 at least 3 weeks prior to your scheduled appointment to arrange a way to meet this security requirement. *Failure to provide all of the required identification at the time of the examination without notifying PSI is considered a missed appointment, and you will not be able to take the examination.*

CALIFORNIA LAW SECURITY PROCEDURES

Section 123 of the California Business and Professions Code states: It is a misdemeanor for any person to engage in any conduct which subverts or attempts to subvert any licensing examination or the administration of an examination, including, but not limited to:

- Conduct which violates the security of the examination materials;
- Removing from the examination room any examination materials without authorization;
- The unauthorized reproduction by any means of any portion of the actual licensing examination;
- Aiding by any means the unauthorized reproduction of any portion of the licensing examination;
- Paying or using professional or paid examination-takers for the purpose of reconstructing any portion of the licensing examination;
- Obtaining examination questions or other examination material, except by specific authorization either before, during, or after an examination; or
- Selling, distributing, buying, receiving, or having unauthorized possession of any portion of a future, current, or previously administered licensing examination.
- Communicating with any other examinee during the administration of a licensing examination.
- Copying answers from another examinee or permitting one's answers to be copied by another examinee.
- Having in one's possession during the administration of the licensing examination any books, equipment, notes, written or printed materials, or data of any kind, other than the examination materials distributed, or otherwise authorized to be in one's possession during the examination.
- Impersonating any examinee or having an impersonator take the licensing examination on one's behalf.

Nothing in this section shall preclude prosecution under authority provided for in any other provision of law. In addition to any other penalties, a person found guilty of violating this section, shall be liable for the actual damages sustained by the agency administering the examination not to exceed ten thousand dollars (\$10,000) and the costs of litigation.

IMPORTANT INFORMATION ABOUT TAKING AN EXAMINATION

- All candidates will have their thumbprint taken during examination check-in and re-entry into the testing room after an approved absence. If a candidate passes the examination, the thumbprint record will be destroyed. If a candidate abandons his or her application for licensure, as determined by the appropriate regulatory authority, the thumbprint will also be destroyed. If a candidate is unsuccessful, the thumbprint record will be retained by PSI to ensure proper identification on any subsequent examination attempts. If the thumbprint doesn't match upon exit and re-entry, the candidate shall be disqualified from the examination, his or her test results invalidated, and the appropriate regulatory entity will be notified of the occurrence. The taking of the thumbprint is an additional measure to enhance examination security. The Department's Office of Examination Resources shall ensure that the appropriate safeguards for the storage and destruction of the thumbprint records are in place.
- The temperature in the testing room is maintained at a moderate level. Candidates are advised to layer clothing. Acceptable layered clothing includes lightweight shirts, sweaters, and pullovers without pockets. These items must be worn upon check-in, while you wait to enter the testing room, and during your initial seating for the examination.
- There are timing mechanisms available at the test site and on the computer console to help candidates keep track of time during the test administration. Watches or other timekeeping devices are not permitted in the examination rooms.
- Only one candidate will be allowed to take a restroom break at a time. Candidates are required to sign out when you leave the room and when you return. If a candidate's restroom break takes longer than 5 (five) minutes, a proctor will check on the candidate and will notify the applicable regulatory entity of the occurrence, which will take appropriate action.
- The following items are not permitted in the examination rooms:
 - Cellular telephones, personal digital assistants (PDAs), recording devices, cameras, pagers, purses, notebooks, notebook computers, reference or readings material, music players, radios, electronic games, calculators, or briefcases.
 - Personal items including watches, backpacks, wallets, pens, pencils, or other writing devices, food, drinks (unless prior approval is obtained by your regulatory entity) and good-luck items.
 - Hats, baseball caps, or visors (with the exception of religious apparel), coats, shawls, hooded clothing, heavy jackets or overcoats.

During the check-in process, all candidates will be asked if they possess any of the prohibited items and all candidates will be asked to empty their pockets. If prohibited items are found during check-in, candidates shall return these items to their vehicle or other place of safekeeping. Neither PSI, nor the Department of Consumer Affairs, shall be responsible for the items.

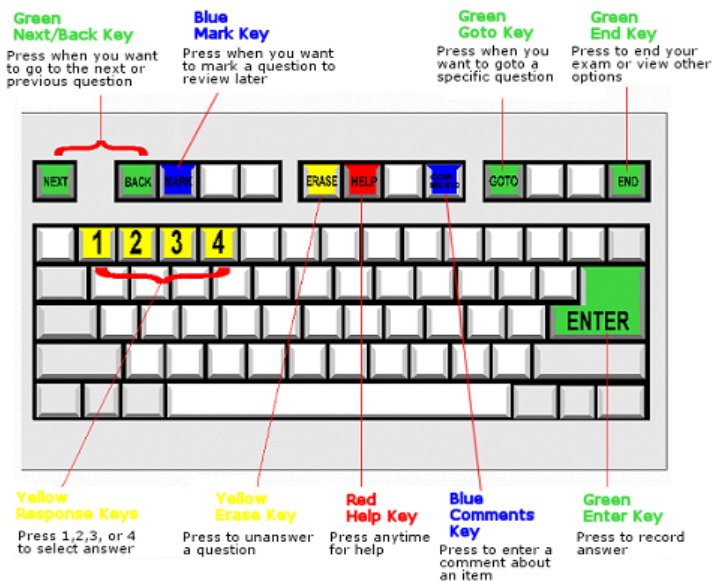


Any candidate possessing the prohibited items in the examination room shall have his or her test results invalidated, and PSI shall notify the appropriate regulatory entity of the occurrence.

6. Copying or communicating examination content is a violation of PSI security policy and existing law. Either one shall result in the disqualification or invalidation of examination results, the denial of your license, and may subject the candidate to criminal prosecution.

TAKING THE EXAMINATION BY COMPUTER

Taking the PSI examination by computer is simple. You do not need any computer experience or typing skills. You will use fewer keys than you use on a touch-tone telephone. All response keys are colored and have prominent characters. An illustration of the special keyboard is shown here.



IDENTIFICATION SCREEN

You will be directed to a semiprivate testing station to take the examination. When you are seated at the testing station, you will be prompted to confirm your name, identification number, and the examination for which you are registered.

TUTORIAL

Before you start your examination, an introductory tutorial to the computer and keyboard is provided on the computer screen. The time you spend on this tutorial, up to 15 minutes, DOES NOT count as part of your examination time. Sample questions are included as part of the tutorial so that you may practice using the keys, answering questions, and reviewing your answers.

One question appears on the screen at a time. During the examination, minutes remaining will be displayed at the top of the screen and updated as you record your answers.

EXAMINATION QUESTION EXAMPLE

During the examination, you should press 1, 2, 3, or 4 to select your answer. You should then press "ENTER" to record your answer and move on to the next question. A sample question display follows:



EXAMINATION RESULTS

At the end of your test, a pass or fail result will be shown on the screen and you will receive a printed score report. Numerical (raw) scores are provided to candidates who fail, but are not provided to candidates who pass. Your test results are confidential and are released only to you and your state licensing agency. To protect your privacy and to maintain the confidentiality of test results, score information is not given over the telephone.

FAILING SCORE REPORTS

The score report will indicate the candidate's overall score and grade, including the number of items answered correctly. It also reveals how the candidate performed on each major section of the test as defined by the LCSW Examination Plan. The number correct in each content area is displayed. The primary purpose in providing a subscore for each part of the examination is to guide candidates in areas requiring additional preparation for re-testing.

ABANDONMENT OF APPLICATION/INELIGIBILITY

FIRST TIME EXAMINEES: In accordance with Title 16, California Code of Regulations Section 1806 (c) An application shall be deemed abandoned if the applicant fails to sit for examination within one year after being notified of eligibility. To re-open an abandoned application the candidate 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 if that candidate wishes to pursue licensure.

RE-EXAMINATION APPLICANTS: California Business and Professions Code Section 4996.4 states, "An applicant who fails a standard or clinical vignette written examination may within

one year from the notification date of failure, retake that examination as regularly scheduled, without further application, upon payment of the required examination fees. Thereafter, the applicant shall not be eligible for further examination until he or she files a new application, meets all current requirements, and pays all required fees."

Persons failing to appear for re-examination, once having been scheduled, shall forfeit any re-examination fees paid.

AFTER PASSING THE EXAMINATION

Candidates are eligible to apply to take the Written Clinical Vignette examination after passing the Standard Written examination.

To apply, candidates must submit a "Request for Examination" (Clinical Vignette) and the required fee to the BBS. Request for Examination forms are provided with candidate result notices, are also available by contacting the Board, and online at www.bbs.ca.gov.

Allow three weeks for processing of your Request for Examination and fee.

You will receive notification of eligibility to take the Written Clinical Vignette examination which will include the Written Clinical Vignette Examination Candidate Handbook. Candidate Handbooks will also be available online at www.bbs.ca.gov.

STUDY MATERIAL AND COURSES

The LCSW Examination Plan contained in this handbook is the official standard for the material that will be covered in the examination. It is important for candidates to study the *Examination Items* section of this handbook and the examination plan. Should the examination plan or format change, ample notice will be provided, and updates will be posted on the Board's Web site at www.bbs.ca.gov.

Candidates are encouraged to trust in and use their clinical education, experience and judgment as a basis for responding to the examination items. Examination preparation courses are not necessary for success in the examination, and are not a substitute for education and experience. However, they may be useful for overcoming test anxiety or becoming familiar with the format of an examination.

Should you decide to use examination preparation course materials or workshops, we strongly encourage you to become an informed consumer prior to purchase and to consider the impact that incorrect information could have on your examination performance.

The BBS does not supply examination preparation providers with confidential examination material. Additionally, it is unlawful for candidates to provide information regarding examination content to anyone.

OBJECTIVE OF THE BOARD OF BEHAVIORAL SCIENCES (BBS)

State licensing boards are mandated to protect the public by developing licensing examinations that determine minimum competency for licensure. Licensure is mandated for those who provide independent professional services to consumers.

In accordance with Sections 4996.1 and 4996.3 of the California Business and Professions Code, and Section 1877 of the California Code of Regulations, applicants for LCSW licensure must pass a Board-administered written examination. An applicant who passes the initial "Standard Written" examination is subsequently required to take and pass the Written "Clinical Vignette" examination prior to issuance of the license. The Board does not currently require an oral examination.

Candidates are tested with regard to their knowledge and professional skills, as well as the ability to make judgments about appropriate techniques and methods, as applicable to the LCSW scope of practice. Business and Professions Code section 4996.9, defines the LCSW scope of practice as: "...a service in which a special knowledge of social resources, human capabilities, and the part that unconscious motivation plays in determining behavior, is directed at helping people to achieve more adequate, satisfying, and productive social adjustments. The application of social work principles and methods includes, but is not restricted to, counseling and using applied psychotherapy of a nonmedical nature with individuals, families, or groups; providing information and referral services; providing or arranging for the provision of social services; explaining or interpreting the psychosocial aspects in the situations of individuals, families, or groups; helping communities to organize, to provide, or to improve social or health services; or doing research related to social work."

LCSW EXAMINATION PLAN

The development of an examination program begins with an occupational analysis, most recently completed for LCSWs in 2010. An occupational analysis is a method for identifying the tasks performed in a profession or on a job and the knowledge, skills, and abilities required to perform that job.

The results of an occupational analysis form the basis of a licensing examination, demonstrating that an examination is job-related. The Department of Consumer Affairs' Examination Validation Policy requires an occupational analysis be performed every three to seven years.

Last performed in 2010 for the LCSW profession, the analysis began with interviews of licensees to gather information about the tasks performed in practice and the knowledge required to perform those tasks. That information was reviewed and refined during workshops with licensees, then incorporated into a questionnaire. The questionnaire asked licensees to rate the importance of (for example) each task, task frequency, and knowledge area associated with their own practice.

The questionnaires were mailed to 3,000 LCSWs throughout California. Several panels of LCSWs reviewed the results of the questionnaire. The panels then established the content of the

new examination plan based on the task statements and knowledge areas determined critical to practice, forming a valid LCSW examination plan.

The LCSW Standard Written examination plan consists of the seven content areas: biophysical assessment, diagnostic formulation, treatment plan and development, resource coordination, therapeutic interventions, legal mandates, ethical standards. . In each content area, the examination plan describes examination content in terms of the task statements and knowledge areas resulting from the occupational analysis. **It is important that candidates prepare for the examination by studying the examination plan.**

EXAMINATION DEVELOPMENT

The LCSW examinations are developed and maintained by the Office of Examination Resources (OER), a division of the Department of Consumer Affairs. The OER staff consists of test validation and development specialists who are trained to develop and analyze occupational licensing examinations. LCSWs who participate in examination development and review workshops are referred to as "Subject Matter Experts" (SMEs). SMEs write and review multiple-choice items for the examinations.

SMEs are trained on established examination development processes and measurement methodologies by the OER. The cooperative efforts among these members of the LCSW profession, the OER and the BBS are necessary to achieve both the measurement and content standards for examination construction.

ESTABLISHING THE PASSING STANDARDS

The LCSW written examinations measure knowledge and skills required for LCSW practice, and represents a standard of performance that LCSW SMEs agree is the minimum acceptable level for licensing in the profession.

To establish pass/fail standards for each version of the Standard Written examination, a criterion-referenced passing score methodology is used. The intent of this methodology is to differentiate between a qualified and unqualified licensure candidate. The passing score is based on minimum competence criterion that are defined in terms of the actual behaviors that qualified LCSWs would perform if they possessed the knowledge necessary to perform job activities.

During a criterion-referenced passing score procedure, a panel of LCSW SMEs also consider other factors that would contribute to minimum acceptable competence such as prerequisite qualifications (e.g., education, training and experience); the difficulty of the issues addressed in each multiple-choice item; and public health and safety issues. By adopting a criterion-referenced passing score, the Board applies the same minimum competence standards to all licensure candidates.

Because each version of the examination varies in difficulty, an important advantage of this methodology is that the passing score can be modified to reflect subtle differences in difficulty

from one examination to another, providing safeguards to both the candidate and the consumer. A new examination version is implemented a minimum of two times per year to maintain examination security and the integrity of the licensing process.

EXAMINATION ITEMS

The LCSW Standard Written examination contains no fewer than 175 multiple-choice items. The examination may contain additional items for the purpose of pre-testing (up to 25 nonscoreable items). Pre-testing allows performance data to be gathered and evaluated before items become scoreable in an examination. These pre-test ("experimental") items, distributed throughout the examination, WILL NOT be counted for or against you in your score, and will not be identified to you.

All of the scoreable items in the Standard Written examination have been written and reviewed by LCSWs, are based on the job-related task and knowledge statements contained in the examination plan, are written at a level that requires candidates to apply integrated education and supervised experience, are supported by reference textbooks, and have been pre-tested to ensure statistical performance standards are met.

There is only one correct answer for each item. The 'incorrect' answers are typically common errors and misconceptions, true but not relevant statements, or incorrect statements. There are no 'trick' questions in the examination.

You will have 4 hours to take this examination.

EXAMPLE STANDARD WRITTEN EXAMINATION ITEMS

The following are examples of the format and structure of items you may encounter during the examination. Each multiple-choice item requires the candidate to select the correct answer from among the four options provided.

1. Which of the following factors is key to the initial evaluation of an adult client who has no housing and who presents with fatigue and difficulties in sleeping and eating?
A. Family relationships and support systems
B. Health status and ability to provide basic care
C. Social isolation and interpersonal functioning
D. Financial status and ability to access resources

Answer: B

2. A 55-year-old woman who suffers from chronic pain resulting from diabetes and a back injury is referred by her physician. The client is on disability and is currently retraining for a new job. The client does not appear disabled. What diagnosis should be made for this client?
A. Conversion disorder
B. Somatization disorder
C. Pain disorder associated with psychological factors
D. Pain disorder associated with a general medical condition

Answer: D

3. A client receives treatment for substance abuse by a therapist who is a recovering alcoholic. During the course of this client's treatment, the therapist begins to experience cravings to use alcohol and feels increasingly angry toward

the client. Which of the following actions should the therapist take?

- A. Terminate services with the client before succumbing to resumption of alcoholic drinking
- B. Seek immediate consultation for identifying and resolving countertransference issues
- C. Return to alcohol treatment program for personal assistance with maintaining sobriety
- D. Share feelings with client as way of creating a supportive common ground of experience

Answer: B

4. A client comes for treatment complaining of depression, and the therapist decides to use a cognitive therapy approach. Which of the following interventions should be used in this situation?

- A. Facilitate client to increase self-esteem
- B. Facilitate client to generate positive feelings
- C. Assist client to suppress depressive thoughts
- D. Assist client to correct negative automatic thoughts

Answer: D

5. A 24-year-old college student has been having headaches, insomnia, and feelings of dread for several weeks. The client reports that he has no insurance and cannot pay for treatment. How should the therapist proceed in providing clinical case management?

- A. Initiate brief therapy to reduce client's symptoms
- B. Take a social history of client to evaluate support systems
- C. Refer the client to a physician for evaluation for medication
- D. Network resources with the client to secure treatment

Answer: D

6. A 3-year-old child is brought to therapy due to delayed development of spoken language. He also engages in repetitive clapping of the hands. The mother complains that the child does not seem to want to be hugged or make eye contact. What diagnosis is indicated in this case?

- A. Autistic disorder
- B. Reactive attachment disorder
- C. Stereotypic movement disorder
- D. Childhood disintegrative disorder

Answer: A

7. A 41-year-old female has been in therapy for two years for anxiety attacks and depression. She is no longer taking medication and is currently symptom free. During recent therapy sessions she frequently laughs and enjoys herself. Which of the following actions should the therapist take?

- A. Interpret the client's behavior as a flight into good health
- B. Confront the client regarding avoidance of underlying issues
- C. Develop a termination plan with the client to maintain progress made
- D. Identify precipitating events leading to the new symptom development

Answer: C

8. A client is referred to a private therapist and comes to the initial session intoxicated. Which of the following actions should the therapist take regarding payment for services?

- A. Establish a fee schedule with the client.
- B. Conduct initial session without discussing fees.
- C. Postpone treatment until the client can discuss fees.
- D. Present fees to the client's family to secure payment.

Answer: C

9. Which of the following factors should a therapist routinely consider when assessing for the risk of child abuse?

- A. Caretaker characteristics, socioeconomic background, and disciplinary style
- B. Caretaker characteristics, behavioral signs, and parenting style
- C. Physical symptoms, behavioral signs, and disciplinary style
- D. Physical symptoms, socioeconomic background, and parenting style

Answer: C

10. A 45-year-old female has a history of paranoid delusions and crack cocaine use. She is distrustful of the system and service providers in general. She has refused medication and substance abuse treatment. What initial clinical strategy should the therapist use in this case?

- A. Refer the client to substance abuse treatment
- B. Attempt to establish a trusting relationship to engage the client
- C. Assist the client in seeing a psychiatrist to treat her mental illness
- D. Provide psychoeducation on the relationship of drug abuse and mental illness

Answer: B

LCSW STANDARD WRITTEN EXAMINATION PLAN

Standard Written Examination Outline

Content Area	Percentage
Biopsychosocial Assessment	27%
Diagnostic Formulation	6%
Treatment Planning	11%
Resource Coordination	5%
Therapeutic Interventions	33%
Legal Mandates	9%
Ethical Standards for Professional Conduct	9%

The following pages contain detailed information regarding examination content. A description of each content area, subarea and the associated task and knowledge statements are provided. It is important for candidates to use this section as a study guide because each item in the Standard Written examination is linked to this content. To help ensure success on the examination, candidates are also encouraged to use this section as a checklist by considering their own strengths and weaknesses in each area.

Biopsychosocial Assessment (27%):		This area assesses the candidate's ability to identify and evaluate the biopsychosocial aspects of the presenting problem.
1A Assessment of Risk Factors		
Tasks	Knowledge	
T1 Evaluate client's level of distress to assess the impact of the presenting problem on the person in the situation.	K1	Knowledge of psychological, physical, and behavioral indicators of abuse and neglect.
T2 Evaluate level of danger client presents to self and/or others by evaluating intent, means, and history to determine need for immediate intervention.	K2	Knowledge of sociocultural factors that affect the assessment of client risk.
T3 Evaluate client for grave disability to determine need for immediate intervention.	K3	Knowledge of risk factors that indicate a high potential for suicide within age, gender, and cultural groups.
T4 Evaluate risk of abuse or neglect of a child or adolescent to determine need for referral to a child protective services agency.	K4	Knowledge of methods for assessing the risk of decompensation and need for hospitalization.
T5 Evaluate risk of abuse, neglect, or exploitation of elderly or dependent adult to determine need for referral to an adult protective services agency or ombudsman.	K5	Knowledge of physical, behavioral, and psychological indicators of suicidal and/or self-injurious behavior.
T6 Identify precipitating events to determine the need for crisis intervention.	K6	Knowledge of criteria for determining whether client's living situation constitutes high risk for abuse.
T13 Evaluate client's ability to care for self by assessing impact of cognitive or physical impairments.	K7	Knowledge of risk factors that indicate a client's potential for causing harm to others.
	K8	Knowledge of criteria for assessing the risk of abuse, neglect, or exploitation of elderly and dependent adults.
	K9	Knowledge of criteria for assessing the risk of abuse or neglect of children and adolescents.
	K39	Knowledge of how to assess the relationship between life events and associated stress.

Biopsychosocial Assessment (27%):		This area assesses the candidate's ability to identify and evaluate the biopsychosocial aspects of the presenting problem.
1B Assessment of Client Factors		
Tasks		Knowledge
T7 Identify presenting complaint to clarify client's perception of the problem.	K10 Knowledge of techniques for eliciting client's perception of presenting problem.	
T8 Assess for language barriers and/or cultural factors that may influence or impact the therapeutic process to determine whether treatment can be provided or referral is indicated.	K11 Knowledge of the effect of language differences on the therapeutic process.	
T9 Identify client's presenting problem to determine whether treatment can be provided or referral is indicated.	K12 Knowledge of the role of client motivation in therapeutic change.	
T10 Integrate information regarding client's personal and familial mental health history to assist in developing a comprehensive assessment.	K13 Knowledge of cultural factors and beliefs regarding therapy and mental health.	
T11 Assess client's physical appearance and presentation to evaluate effects of presenting problem on client's functioning.	K14 Knowledge of techniques for eliciting information about the client's thoughts and feelings during the interview process.	
T12 Identify symptoms to determine need for psychiatric or medical referral.	K15 Knowledge of methods for facilitating the client's ability to communicate thoughts and feelings during the interview process.	
T16 Identify traits or symptoms that suggest referral for specialized testing (e.g., psychological, vocational, educational) to clarify the presenting problem.	K16 Knowledge of techniques for evaluating the congruence between the client's nonverbal and verbal communications.	
T17 Gather information regarding client's perception and cognition to identify symptoms of psychopathology.	K17 Knowledge of factors (e.g., age, cognitive, physical impairment) that affect client's independent living.	
T18 Assess client's mood, affective responses, and impulse regulation to clarify effects on psychosocial functioning.	K18 Knowledge of biological, psychological, social, behavioral factors that impact client's functioning.	
T19 Assess client's degree of acculturation to determine impact on presenting problem.	K19 Knowledge of biological, psychological, social, behavioral factors that indicate a need for psychiatric or medical evaluation.	
T21 Gather information regarding role identification within context of client's culture and diversity.	K20 Knowledge of methods for integrating client's personal and familial mental health history in the assessment of the current problem.	
T23. Gather information about client's interpersonal relationships to identify patterns of behavior that contribute to the presenting problem.	K21 Knowledge of methods for integrating client's personal and familial medical history in the assessment of the current problem.	
T24 Assess history of trauma and abuse to determine impact on client's current functioning.	K22 Knowledge of biological, psychological, social, and behavioral factors that indicate a need for psychological testing.	
T28 Gather information regarding the developmental history of the client and client's family members to clarify effects on the presenting problem	K23 Knowledge of methods for assessing client's previous mental health treatment experience and its impact on the current problem.	
T29 Gather information to evaluate client's approach to addressing medical problems to determine impact on the person in the situation.	K24 Knowledge of methods to evaluate for potential deception or secondary gains to clarify client's motivation for seeking treatment.	
T30 Integrate information regarding client's personal and familial medical history to assist in developing a comprehensive assessment.	K25 Knowledge of methods for assessing the client's level of acculturation.	
T31 Assess client's perception of the impact of physical limitations on adaptive functioning.	K26 Knowledge of methods for assessing the effects of the client's physical or medical condition on past and current psychosocial functioning.	
T32 Assess the effect of client's medical conditions on past and current adaptive functioning.	K27 Knowledge of the cycle of violence that perpetuates intergenerational abuse and trauma.	
T34 Assess impact of client's substance abuse on family members and significant others to determine need for concurrent services.	K28 Knowledge of methods for assessing intergenerational stress and violence and impact on client's presenting problem.	
T36 Assess types and patterns of use to determine substance abuse and/or dependence.	K29 Knowledge of methods for assessing maladaptive functioning in interpersonal relationships.	
T37 Identify information regarding client's past and present coping strategies as they relate to the presenting problem.	K30 Knowledge of theories of aging and development that explain biopsychosocial change.	
T38 Assess client's ability and willingness to access personal and community resources.	K31 Knowledge of the relationship between medical conditions and psychosocial functioning.	
T43 Assess client's ego strengths as they relate to the presenting problem.	K32 Knowledge of the relationship between level of functioning and normative developmental stages throughout the life span.	
T44 Assess client(s) motivation for seeking and engaging in therapy.	K33 Knowledge of common physical conditions, psychological issues, and behavioral patterns associated with specific developmental or life phases.	
	K34 Knowledge of the effects of medications and their impact on the client's functioning.	
	K35 Knowledge of theories of stages of human development.	

	<p>K48 Knowledge of methods to gather information regarding client's use of complementary and alternative healing practices to evaluate client's approach to medical problems.</p> <p>K49 Knowledge of methods to assess the impact of substance use on psychosocial functioning.</p> <p>K50 Knowledge of the effect of substance abuse on psychosocial functioning.</p> <p>K51 Knowledge of physical symptoms and behavioral signs indicating current substance intoxication and/or withdrawal.</p> <p>K52 Knowledge of the impact of social, cultural, and familial factors on substance abuse.</p> <p>K53 Knowledge of physical and behavioral indicators associated with substance dependence.</p> <p>K54 Knowledge of methods for assessing adaptive and maladaptive coping mechanisms.</p> <p>K56 Knowledge of affective reactions to life stressors or situations that impact psychosocial functioning.</p> <p>K59 Knowledge of methods for assessing client's ability to access personal and community resources.</p> <p>K60 Knowledge of methods for assessing the impact of technology (e.g., electronic games, Internet, wireless) on client's psychosocial functioning.</p> <p>K61 Knowledge of methods to assess client readiness for treatment.</p> <p>K62 Knowledge of factors that determine client appropriateness for treatment.</p> <p>K63 Knowledge of criteria for differentiating substance use, abuse, and dependency.</p>
--	---

Biopsychosocial Assessment (27%): This area assesses the candidate's ability to identify and evaluate the biopsychosocial aspects of the presenting problem.

1C Assessment of Environmental and Social Factors	
<p>T14 Evaluate relationship between client's family's spiritual beliefs and the presenting problem.</p> <p>T15 Gather collateral information to clarify client's presenting problem.</p> <p>T20 Assess client's familial relationships within the client's cultural identity to clarify the presenting problem.</p> <p>T22 Identify impact of culture on client's presentation of psychological or physical problems.</p> <p>T25 Evaluate impact of psychosocial and environmental stressors on client's symptomatology.</p> <p>T26 Identify events precipitating current problem through interviews with client and collateral sources.</p> <p>T27 Assess client's employment history to evaluate past and present impact of presenting problem in occupational settings.</p> <p>T33 Assess impact of familial beliefs and patterns of interaction on client's current problem.</p> <p>T35 Assess social and familial factors associated with or contributing to the client's substance use.</p> <p>T39 Assess impact of the client's social network on the presenting problem.</p> <p>T40 Assess client's environmental factors to determine the impact on the person in the situation.</p> <p>T41 Assess ability and willingness of the client's family and social network to support client's treatment.</p> <p>T42 Evaluate impact of technology (e.g., electronic games, Internet, wireless, etc.) on client functioning as it relates to the presenting problem.</p>	<p>K22 Knowledge of information available from collateral sources to enhance the assessment process.</p> <p>K24 Knowledge of methods to assess employment history and current vocational functioning.</p> <p>K28 Knowledge of methods for assessing the impact of client's perception of environmental factors and life experiences of others on the presenting problem.</p> <p>K29 Knowledge of methods for assessing the client's experience of social and cultural biases and discrimination and their impact on the presenting problem.</p> <p>K30 Knowledge of methods for assessing how the client's values, beliefs, and cultural identity impact the presenting problem.</p> <p>K31 Knowledge of methods for assessing the impact of family history on client functioning.</p> <p>K35 Knowledge of the influence of culture on client's perception of life events.</p> <p>K36 Knowledge of the effects of family structure and dynamics on the client's development of role identity and patterns of interpersonal interaction.</p> <p>K37 Knowledge of methods to assess client's interpersonal relationships at work and in social/family environments and how they contribute to the presenting problem.</p> <p>K40 Knowledge of the effects of sociocultural factors on the client's presenting problem.</p> <p>K46 Knowledge of the effects of social, cultural, and environmental influences on aging and health.</p> <p>K55. Knowledge of how to obtain and integrate relevant clinical information from collateral sources.</p> <p>K57. Knowledge of the effect of economic factors on psychosocial functioning.</p> <p>K58. Knowledge of the relationship between social supports and adaptive functioning.</p>

Diagnostic Formulation (6%):		This area assesses the candidate's ability to use assessment information to formulate a differential diagnosis within the client's psychosocial and cultural context.	
2 Diagnostic Formulation			
Tasks		Knowledge	
T45	Integrate information about the client's premorbid functioning in developing differential diagnoses.	K64	Knowledge of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) classifications of symptoms and disorders.
T46	Incorporate information about the client's physiological/medical status in formulating a differential diagnoses.	K65	Knowledge of the clinical process of developing a diagnosis to clarify therapeutic issues.
T47	Integrate information regarding the impact of the client's cultural/ethnic background and beliefs on the experience and presentation of symptoms in formulating differential diagnoses.	K66	Knowledge of how to evaluate and integrate information about the client's premorbid and current condition, and precipitating events into the formulation of a differential diagnosis.
T48	Integrate results of mental status examination in developing differential diagnoses.	K67	Knowledge of situations that require consultation with a client-identified expert for clarifying diagnosis.
T49	Integrate information from collateral resources in developing differential diagnoses.	K68	Knowledge of the relationship between biological factors and psychiatric disorders.
T50	Identify persistence of symptoms to determine if problem is acute or chronic.	K69	Knowledge of how to evaluate and integrate client's past mental and medical health history to formulate a differential diagnosis.
T51	Identify onset or initial presentation of symptoms to determine duration of the problem.	K70	Knowledge of situations that require consultation with other professionals in developing or clarifying a diagnosis.
T52	Identify extent of impairment and its impact on the client's level of functioning to develop a diagnostic impression.	K71	Knowledge of methods for integrating assessment information to clarify level of impairment in client's functioning.
T53	Integrate information about the precipitating events in developing differential diagnoses.	K72	Knowledge of the defining characteristics of symptoms that indicate provisional diagnoses.
T54	Identify psychological and environmental stressors to determine impact on symptomatology.	K73	Knowledge of the impact of cultural factors on the formulation of a differential diagnosis.
		K74	Knowledge of the relationship between psychosocial and environmental factors and symptom development.
		K75	Knowledge of the relationship between onset, frequency, and duration of signs and symptoms, and the course of the problem.
		K76	Knowledge of biological, psychological, social, and behavioral indicators of mental disorders.
		K77	Knowledge of methods for differentiating between disorders that share common symptoms.
		K78	Knowledge of the short- and long-term side effects of medications and their effect on the client's presenting symptoms.

Treatment Planning (11%):		This area assesses the candidate's ability to develop a treatment plan based on assessment and diagnostic information. The treatment plan includes identification of the psychosocial issues, measurable goals and objectives, and clinical interventions.	
3A Identify and Prioritize Objectives, Goals, and Methods of Treatment			
Task		Knowledge	
T55	Incorporate interventions into the treatment plan that address the client's clinical diagnosis.	K79	Knowledge of methods used to enhance client motivation in planning treatment.
T56	Develop mutually agreed upon treatment goals based on assessment and diagnostic information.	K80	Knowledge of methods to engage mandated, resistant, or noncompliant clients in the therapeutic planning process.
T57	Integrate client's values, beliefs, and diversity issues into the development of the treatment plan.	K81	Knowledge of techniques for educating client about the therapeutic process.
T58	Develop measurable objectives to achieve treatment goals.	K82	Knowledge of the objectives for each phase of the therapeutic process.
T59	Select treatment modalities based on client needs, diagnosis, and assessment.	K83	Knowledge of methods for determining intervention priorities by evaluating level of impairment in areas of client functioning.
T60	Develop preliminary termination plan with client to provide a structure for treatment.	K84	Knowledge of methods for determining the timing of interventions according to phase of therapy.
T62	Provide client education about the therapeutic process to promote client's self-determination.	K85	Knowledge of techniques and procedures for engaging the client in the mutual development of initial and ongoing treatment goals and objectives.
T63	Prioritize interventions according to applicable phase of treatment and client's preparedness to work with the therapeutic issues involved.	K86	Knowledge of methods to provide information to client and family members regarding client's medical or psychological condition in a manner consistent with client's culture, values, and beliefs.
		K88	Knowledge of methods to gather information about client's

	<p>previous therapy experience(s) to determine the effectiveness of methods and modalities.</p> <p>K90 Knowledge of strategies for determining therapeutic goals to direct the treatment plan.</p> <p>K91 Knowledge of methods for integrating client’s experiences, culture, values, and beliefs into the treatment plan.</p> <p>K92 Knowledge of techniques for determining compatibility of treatment modalities with specific problems or disorders.</p> <p>K93 Knowledge of methods for developing short- and long-term treatment objectives to address client’s problems.</p> <p>K96 Knowledge of techniques for combining treatment modalities in treating specific problems or disorders.</p> <p>K102 Knowledge of strength-based techniques in developing treatment goals.</p> <p>K103 Knowledge of the use of evidence-based interventions in planning treatment.</p> <p>K104 Knowledge of age-related variables in developing a treatment plan.</p> <p>K105 Knowledge of methods to develop observable and measurable treatment goals.</p>
--	---

Treatment Planning (11%): This area assesses the candidate’s ability to develop a treatment plan based on assessment and diagnostic information. The treatment plan includes identification of the measurable goals and objectives, and clinical interventions.

3B Integrate and Coordinate Concurrent Treatment and Resources

Task	Knowledge
T64 Collaborate with physician/psychiatrist regarding the effects of medications to determine impact on therapeutic interventions.	K87 Knowledge of methods to communicate with physicians and other medical professionals to clarify and assist with sensitivity to client’s psychosocial needs.
T65 Coordinate with other care providers in the development of an individual treatment plan.	K94 Knowledge of methods to collaborate in interdisciplinary treatment planning.
T66 Determine resource referrals to include in the treatment plan to reach treatment goals.	K95 Knowledge of methods to evaluate the timing for incorporation of collateral support systems in therapy.
T67 Incorporate referral to specialized treatment program based on severity of impairment to client functioning.	K97 Knowledge of the effect of psychotropic medications on therapeutic interventions.
T68 Evaluate collateral support systems for inclusion in treatment plan.	K101 Knowledge of methods and procedures for accessing and coordinating interventions across disciplines in an after-care plan.
T69 Collaborate with agencies, caregivers, placement settings, or other community resources to obtain services in support of the treatment plan.	

Treatment Planning (11%):		This area assesses the candidate's ability to develop a treatment plan based on assessment and diagnostic information. The treatment plan includes identification of the psychosocial issues, measurable goals and objectives, and clinical interventions.	
3C Monitoring, Evaluation, and Revision			
Task		Knowledge	
T61.	Develop termination plan with client to maintain therapeutic progress after treatment has ended.	K98	Knowledge of outcome measures used to assess therapeutic change.
T70	Consult with collateral resources to assist in evaluating treatment progress.	K99	Knowledge of methods for consolidating therapeutic gains to facilitate and maintain client's achievements following therapy.
T71	Monitor effectiveness of therapeutic interventions by evaluating progress toward treatment goals and objectives.	K100	Knowledge of methods for evaluating and monitoring treatment plan to ensure consistency with changing client needs and goals.
T72	Adjust treatment plan and interventions as indicated by client's changing needs or progress toward treatment goals.		
T73	Determine evaluation criteria to monitor progress toward goals and objectives.		

Resource Coordination (5%):		This area assesses the candidate's ability to coordinate linkages and provide access to resources, and to evaluate the efficacy of the referrals.	
4 Resource Coordination			
Task		Knowledge	
T74	Evaluate capacity of caregiver(s) to provide support consistent with client's treatment plan.	K106	Knowledge of criteria for determining least restrictive environment to provide for care and safety of client.
T75	Coordinate with other professionals, service providers, and community resources to facilitate linkages with services.	K107	Knowledge of methods and procedures for facilitating client's transition to a less restrictive setting.
T76	Identify community resources to provide support and services consistent with client's needs and treatment plan.	K108	Knowledge of methods for identifying and coordinating community support systems and resources for transient and homeless clients.
T77	Facilitate field visits to evaluate health and safety concerns related to client's treatment.	K109	Knowledge of methods for identifying and incorporating community support systems and resources consistent with the client's culture, background, beliefs, and values.
T78	Collaborate with community resources to meet client's needs within the framework of the client's culture, beliefs, and values.	K110	Knowledge of types of placements available for the short- and long-term care of clients.
T79	Advocate for protection of client's rights within institutions and organizations (e.g., legal, medical, educational) to improve service delivery.	K111	Knowledge of conditions that warrant field visits to evaluate health and safety concerns.
T80	Educate client regarding rights to and procedures for obtaining support services and/or resources (e.g., legal, medical, educational).	K112	Knowledge of methods for evaluating the suitability of a caregiver to provide services addressing client's current or prospective needs.
T81	Engage client in the identification and utilization of resources to promote client self-determination.	K113	Knowledge of the methods involved in establishing a liaison with community resource providers.
T82	Engage client in the evaluation of the ongoing effectiveness of resources.	K114	Knowledge of methods for evaluating client's ability to access support and treatment services.
T83	Utilize health technology (e.g., Internet/telephone conferencing) or telehealth to improve clients' access to services.	K115	Knowledge of public and private social services that provide assistance with meeting client's needs.
		K116	Knowledge of methods for incorporating a multidisciplinary team approach to treatment.
		K117	Knowledge of methods for supporting client's self-advocacy in accessing resources.
		K118	Knowledge of methods for evaluating the usage and efficacy of referral sources.
		K119	Knowledge of methods to access resources pertaining to standards, laws, and regulations regarding housing, accessibility, education, employment, and equal opportunity.
		K120	Knowledge of wraparound services for clients.
		K121	Knowledge of the use of health technology (e.g., Internet/telephone conferencing) and telehealth.
		K122	Knowledge of prevention and early intervention programs to assist clients.
		K123	Knowledge of organizations and agencies that provide adjunct services relevant to client's treatment needs.

	<p>K124 Knowledge of methods to prioritize use of resources relevant to client's treatment needs.</p> <p>K125 Knowledge of strategies used to reduce stigma associated with emotional and behavioral disorders.</p> <p>K126 Knowledge of strategies used to reduce discrimination against individuals with emotional and behavioral problems.</p>
--	---

Therapeutic Interventions (33%): This area assesses the candidate's ability to provide a range of therapeutic interventions specific to client's needs, consistent with the client's psychosocial and cultural context, readiness and ability to engage in treatment, and the phase of therapy.

5A Crisis Intervention	
Task	Knowledge
T84 Assist client to modify environment to promote stabilization.	K127 Knowledge of strategies and interventions to utilize with clients in crisis situations.
T85 Evaluate nature and severity of current crisis to determine intervention strategy.	K128 Knowledge of the effect of crisis on emotional and psychological equilibrium.
T86 Implement techniques to assist client to communicate source of crisis.	K129 Knowledge of counseling techniques to assist client in crisis to regain emotional balance.
T87 Assist client to manage emotions associated with traumatic event to facilitate client's resolution of crisis.	K131 Knowledge of intervention strategies to reduce self-destructive and/or self-injurious behavior.
T88 Identify client's level of functioning prior to crisis to establish goals for postcrisis functioning.	K132 Knowledge of intervention techniques to provide immediate assistance to client.
T89 Develop a stabilization plan with client in crisis to prevent further decompensation.	K133 Knowledge of the psychological characteristics and emotional reactions to crisis events or trauma.
	K134 Knowledge of therapeutic techniques for improving adaptive functioning of client in crisis.

Therapeutic Interventions (33%): This area assesses the candidate's ability to provide a range of therapeutic interventions specific to client's needs, consistent with the client's psychosocial and cultural context, readiness and ability to engage in treatment, and the phase of therapy.

5B Individuals and Groups	
Task	Knowledge
90 Apply short-term treatment approach to the problem as it impacts the client's current functioning.	K135 Knowledge of methods and interventions for increasing client's ability to manage stressors resulting from changes in life circumstances.
T91 Teach client cognitive-behavioral techniques to increase rational thinking and decision-making ability to address current symptoms.	K136 Knowledge of techniques and procedures for implementing interventions in a time limited model.
T92 Implement treatment approach to facilitate the client's ability to identify the interrelationship between past events and current behaviors.	K137 Knowledge of the effect of client's prior coping patterns and life experiences on adjustment to trauma.
T93 Implement therapeutic techniques to assist client to move through the stages of grief and loss.	K138 Knowledge of intervention strategies related to the stages of grief and loss.
T94 Assist client to identify precursors to relapse to facilitate joint development of a relapse prevention plan.	K139 Knowledge of counseling techniques to assist survivor of trauma to work through associated feelings.
T95 Implement interview techniques consistent with client's cognitive development.	K140 Knowledge of the effect of past patterns of interpersonal relations on current social functioning.
T96 Select interventions to facilitate client's understanding of the presenting problem.	K141 Knowledge of technological methods (e.g., Internet/telephone conferencing) to improve client access to treatment.
T97 Select interventions congruent with client's cultural identity to facilitate client's engaging in therapy.	K142 Knowledge of relapse prevention techniques with client in recovery from substance abuse.
T98 Assist client to develop coping strategies to facilitate adjustment to changes in life circumstances.	K143 Knowledge of common psychological reactions related to biological changes of adolescence and young adulthood.
T99 Assist adolescent client to become aware of shifting emotional states to develop adaptive coping strategies.	K144 Knowledge of counseling techniques for addressing physical, emotional, and psychological issues related to substance abuse.
T100 Provide psychoeducation to parents/caregivers to enhance their understanding of the developmental process.	K145 Knowledge of techniques to identify and address resistance to treatment.
T101 Provide psychoeducation to children/adolescents regarding developing healthy, reciprocal peer relationships.	K146 Knowledge of methods for assisting client with process of individuation associated with psychosocial stages of development.
	K147 Knowledge of counseling techniques to facilitate client's

T102	Assist client to clarify how past traumatic incidents may impact current perceptions, feelings, and behaviors.	K148	ability to identify sources of emotion. Knowledge of behavior management interventions to reduce disruptive behavior.
T103	Assist client to develop self-initiated strategies for managing the impact of stressors on thoughts and feelings.	K149	Knowledge of interventions for treating substance abuse.
T104	Implement therapy techniques with client to address the issues and emotions underlying aggressive behavior.	K150	Knowledge of developmental theories and their application to children, adolescents, and/or adults.
T105	Develop client's awareness of the need for emotional and physical boundaries to promote individuation.	K151	Knowledge of techniques to address client's difficulties with focus and attention.
T106	Provide therapeutic interventions to address issues associated with the biological, psychological, and social transitions across the life span.	K152	Knowledge of the effect of culture, ethnicity, and socialization on client's role identification and/or expectations.
T107	Address client's body image distortions to develop a reality-based perception of the physical self.	K153	Knowledge of the effect of culture, ethnicity, and socialization on development of role identification in children and adolescents.
T108	Provide therapy to client experiencing gender identity or sexual orientation issues to facilitate client's psychosocial wellbeing.	K154	Knowledge of factors that affect client adjustment during the transition into adulthood.
T109	Provide therapy involving structured task completion to improve client's ability to focus on specific tasks.	K155	Knowledge of therapeutic techniques for treating children and adolescents according to developmental stage.
T110	Provide parenting skills training to improve parents/caregivers' ability to care for children.	K156	Knowledge of the effect of gender role expectations and stereotypes on child and adolescent development.
T111	Implement techniques to promote awareness of consequences of client's behavior to improve self-control.	K157	Knowledge of psychosocial issues related to gender identity and sexual orientation.
T112	Provide social skills training to improve interactions with others.	K158	Knowledge of the physical and psychosocial effects of the use of substances by children and adolescents.
T113	Provide psychotherapy to survivor of trauma to reduce symptoms related to the experience.	K159	Knowledge of types of learning or cognitive processing disorders that contribute to functional impairment.
T114	Incorporate interventions to facilitate client's ability to address the contributing factors and dynamics of substance abuse.	K160	Knowledge of effects of cultural, racial, and ethnic values and beliefs on behavior.
T115	Provide therapy to elderly clients to facilitate their ability to address the physical, psychological, and social effects of aging.	K161	Knowledge of the effects of racism, oppression, and discrimination on development of self-concept.
T116	Implement therapeutic techniques to assist client in managing symptoms associated with presenting problem.	K162	Knowledge of methods for identification of psychosocial factors and prevention strategies for at-risk youth.
T117	Provide psychoeducation for family members to facilitate treatment compliance of client.	K163	Knowledge of the principles and use of play therapy to facilitate communication and the therapeutic process.
T118	Teach client conflict management skills to increase client's ability to reach suitable resolutions in disputes.	K164	Knowledge of techniques to educate client regarding the relationship between behavior and consequences.
T119	Provide psychoeducation regarding stages of the life cycle to normalize client's experiences.	K165	Knowledge of theories of group dynamics.
T120	Implement techniques for motivating client to attend specialized treatment programs.	K166	Knowledge of cognitive restructuring techniques to change maladaptive thought patterns.
T121	Provide psychoeducation to client(s) regarding medication compliance to facilitate symptom stabilization.	K167	Knowledge of the effect of thought processes on interpretation of own and others' behavior.
T122	Implement techniques to assist client to generalize successful behaviors to new situations.	K168	Knowledge of methods and techniques for conducting group psychotherapy.
T123	Implement techniques for increasing awareness of how client's defense mechanisms relate to the presenting problem.	K169	Knowledge of methods for providing psychoeducation to clients or collaterals.
T124	Implement therapeutic techniques to motivate group members to actively engage in group therapy.	K170	Knowledge of the effect of gender role expectations and stereotypes on adult psychosocial functioning.
T152	Implement therapeutic techniques to assist client in addressing addictive behaviors.	K171	Knowledge of intervention strategies related to stress management.
T154	Integrate treatment modalities to provide therapy to dual-diagnosed client.	K172	Knowledge of interventions and techniques for assisting client with managing own anger and aggression.
T155	Utilize technological methods (e.g., Internet/telephone conferencing) to improve client access to treatment	K173	Knowledge of methods and techniques to assist client in coping with the effects of racism, oppression, and discrimination.
		K174	Knowledge of psychosocial factors that impact the aging process.
		K175	Knowledge of techniques to assist client to adjust to psychosocial changes associated with the aging process.
		K176	Knowledge of the effects of unconscious processes on behavior.
		K177	Knowledge of the protective function of defense mechanisms.
		K178	Knowledge of the importance of insight in progressing toward treatment goals.
		K179	Knowledge of the biopsychosocial impacts of addictive behaviors.
		K180	Knowledge of the effect of events in client's past on current experiences.

	<p>K181 Knowledge of biopsychosocial factors associated with chronic mental illness.</p> <p>K182 Knowledge of techniques to manage interactions and maintain cohesion among group therapy members.</p> <p>K183 Knowledge of methods of supporting clients receiving palliative care.</p> <p>K217 Knowledge of principles of resilience.</p> <p>K218 Knowledge of principles of wellness and recovery.</p> <p>K219 Knowledge of evidence-based practices to apply as therapeutic interventions.</p> <p>K220 Knowledge of the principles of integrated dual diagnosis treatment.</p> <p>K221 Knowledge of evidence based interventions for substance abuse in older adults.</p>
--	---

Therapeutic Interventions (33%): This area assesses the candidate's ability to provide a range of therapeutic interventions specific to client's needs, consistent with the client's psychosocial and cultural context, readiness and ability to engage in treatment, and the phase of therapy.

5C Couples	
Task	Knowledge
T125 Implement therapeutic techniques with couples to facilitate communication.	K184 Knowledge of techniques to assist couples to increase level of intimacy.
T126 Identify strategies couples can implement to balance their personal relationship with external responsibilities.	K185 Knowledge of relationship factors that result in problems or conflicts for couples.
T127 Implement therapeutic techniques to establish or strengthen individual roles and identities within the couple relationship.	K186 Knowledge of methods and techniques for facilitating a couple's ability to address maladaptive relationship patterns.
T128 Provide counseling to couples to address transitional issues (e.g., empty nest, divorce, retirement).	K187 Knowledge of techniques to facilitate development of individual roles and identities within the couple.
T130 Assist couple to identify the relationship strengths on which effective coping strategies may be based.	K188 Knowledge of the impact of communication and interaction styles on couple relationships.
T131 Assist couples to identify and address diversity issues that impact the relationship.	K189 Knowledge of techniques for teaching conflict resolution and problem-solving skills to couples.
T132 Implement techniques to increase individuation within a couple by facilitating the establishment of clear and permeable boundaries.	K190 Knowledge of methods and techniques for facilitating a couples' ability to address the effects of external pressures.
	K191 Knowledge of the effect of gender role expectations and culture on communication in couples.
	K192 Knowledge of methods to assist couples in addressing issues related to dissolution.

Therapeutic Interventions (33%): This area assesses the candidate's ability to provide a range of therapeutic interventions specific to client's needs, consistent with the client's psychosocial and cultural context, readiness and ability to engage in treatment, and the phase of therapy.

5D Families	
Task	Knowledge
T133 Evaluate the history of family relationships to determine the impact of multigenerational patterns.	K193 Knowledge of interventions to address separation or attachment issues.
T134 Provide information to clients regarding developmental stages of the family to facilitate understanding of the presenting problem.	K194 Knowledge of how cultural, racial, and ethnic values and beliefs affect expectations within families.
T135 Implement strategies for changing disruptive interaction styles to strengthen family cohesion.	K195 Knowledge of the effect of conflicting or inconsistent parenting styles on children.
T136 Model techniques to improve interpersonal functioning within the family.	K196 Knowledge of the impact of the family's communication and interaction styles on the individuals within the family.
T137 Identify differences in multigenerational acculturation to determine source of value conflicts between family members.	K197 Knowledge of therapeutic techniques to strengthen or reestablish family roles.
T138 Apply family treatment strategies to strengthen parent/child relationships to minimize effect of separation or divorce.	K198 Knowledge of behavioral and emotional responses of family members resulting from separation or divorce.
T139 Develop family reunification goals by identifying	K199 Knowledge of the effect of multigenerational acculturation on family structure and values.
	K200 Knowledge of techniques to identify and clarify roles and expectations in blended families.

	changes that must be made to improve family functioning.	K201	Knowledge of therapeutic techniques to increase individuation within the family system.
T140	Assist clients to clarify family roles to facilitate adjustment to new blended and/or nontraditional family structure.	K202	Knowledge of the impact of life cycle transitions on the family system.
T141	Identify patterns of interaction among family members to determine sources of conflict.	K203	Knowledge of interventions for improving communication patterns within the family.
T142	Identify family of origin influences to understand impact on present family functioning.	K204	Knowledge of techniques to manage power base within the family structure.
T143	Identify family structure to clarify roles and boundaries of the family unit.	K205	Knowledge of the role of homeostasis in maintaining family structure and balance of power.

Therapeutic Interventions (33%): This area assesses the candidate's ability to provide a range of therapeutic interventions specific to client's needs, consistent with the client's psychosocial and cultural context, readiness and ability to engage in treatment, and the phase of therapy.

5E Managing the Process

Task		Knowledge	
T144	Identify cultural views toward therapy to understand ways by which client presents for treatment.	K130	Knowledge of transitional crises created by immigration and acculturation.
T145	Provide a therapeutic environment in which the client can develop a positive sense of self-worth.	K206	Knowledge of the impact of transference/countertransference on the therapeutic relationship.
T146	Implement strategies to address language barriers to facilitate the therapeutic process.	K207	Knowledge of techniques for conveying empathy, interest, and concern within the therapeutic relationship.
T147	Identify client and therapist values that impact the therapeutic process to facilitate treatment.	K208	Knowledge of methods to address communication barriers to facilitate the therapeutic relationship.
T148	Identify countertransference/transference issues to manage the therapeutic process.	K209	Knowledge of the stages of the therapeutic relationship.
T149	Implement strategies for facilitating client's identification of own strengths to support own ability to achieve treatment goals.	K210	Knowledge of techniques for establishing a therapeutic framework with diverse populations.
T150	Implement strategies for incorporating aspects of client's belief system into therapy to minimize barriers.	K211	Knowledge of techniques to promote client engagement in the therapeutic process.
T151	Implement strategies for establishing and maintaining the therapeutic alliance during the course of treatment.	K212	Knowledge of methods and techniques for increasing client's acceptance of self as the agent of change.
T153	Prepare for termination with client by reviewing progress attained.	K213	Knowledge of the effect of differences between therapist and client's values on the therapeutic process.
		K214	Knowledge of the relationship between client sense of self-worth and client functioning.
		K215	Knowledge of therapeutic use of self as an intervention technique.
		K216	Knowledge of techniques used to demonstrate acceptance to assist client to improve sense of self-worth.
		K222	Knowledge of changes in client functioning that indicate readiness to terminate therapy.
		K223	Knowledge of procedures for evaluating therapeutic change in preparation for termination.

Legal Mandates (9%):		This area assesses the candidate's ability to identify and apply legal mandates to clinical practice.	
6A Protective Issues and Mandated Reporting			
Task		Knowledge	
T156	Report known or suspected abuse, neglect, or exploitation of dependent adult client to protective authorities.	K224	Knowledge of criteria for reporting known or suspected abuse, neglect, or exploitation of dependent adults.
T157	Report known or suspected abuse, neglect, or exploitation of elderly client to protective authorities.	K225	Knowledge of criteria for reporting known or suspected abuse, neglect, or exploitation of elderly adults.
T158	Report known or suspected abuse or neglect of a child or adolescent to protective authorities.	K226	Knowledge of criteria for reporting known or suspected abuse or neglect of children and adolescents.
T159	Evaluate whether client is a danger to self or others, or gravely disabled, to initiate protective involuntary hospitalization.	K228	Knowledge of reporting requirements regarding duty to warn and report when client indicates intent to harm others.
T167	Warn and report client's intent to harm others as required by law.	K229	Knowledge of criteria for initiating protective hospitalization for grave disability or danger to self or others.

Legal Mandates (9%):		This area assesses the candidate's ability to identify and apply legal mandates to clinical practice.	
6B Professional Conduct			
Task		Knowledge	
T160	Obtain written informed consent from client for treatment.	K227	Knowledge of laws regarding privileged communication to protect client's rights and privacy.
T161	Identify holder of privilege based on client's age and content of therapy.	K230	Knowledge of laws regarding holder of privilege.
T162	Maintain client confidentiality by complying with legal guidelines regarding disclosure of privileged communication.	K231	Knowledge of legal requirements for disclosing confidential material to other individuals, agencies, or authorities.
T163	Adhere to legal guidelines regarding sexual relations with client.	K232	Knowledge of laws which define the boundaries and scope of clinical practice.
T164	Implement therapeutic techniques to provide services within scope of practice.	K233	Knowledge of laws regarding disclosing fees for professional services.
T165	Maintain client records in accordance with State and Federal regulations.	K234	Knowledge of laws regarding advertisement and dissemination of information of professional qualifications, education, and professional affiliations.
T166	Disclose fees or the basis on which fees are computed for services to client prior to starting therapy.	K235	Knowledge of laws regarding sexual conduct between therapist and client.
T168	Comply with the Health Information Portability and Accountability Act (HIPAA) regulations as mandated by law.	K236	Knowledge of legal requirements of Health Information Portability and Accountability Act (HIPAA).
T169	Comply with legal standards for advertising when informing the public of therapist's services and qualifications.	K237	Knowledge of legal requirements addressing informed consent for treatment.
T170	Comply with the Mental Health Services Act (MHSA) as mandated by law.	K238	Knowledge regarding legal requirements for providing client with the brochure "Professional Therapy Never Includes Sex."
		K239	Knowledge of laws requiring client's written permission for disclosure/release of privileged information.
		K240	Knowledge of legal requirements for maintaining security of client records.
		K241	Knowledge of laws regarding documentation of clinical services.
		K242	Knowledge of legal requirements of the Mental Health Services Act (MHSA).

Ethical Standards for Professional Conduct (9%): This area assesses the candidate's ability to identify and apply ethical standards to clinical practice.

7 Ethical Standards for Professional Conduct

Task		Knowledge	
T171	Provide client with reasonable notification and referral resources when treatment must be interrupted or terminated.	K89	Knowledge of procedures for determining how to manage aspects of the therapist's value system that potentially impact delivery of service.
T172	Inform client of limitations of confidentiality to clarify the boundaries of the therapeutic relationship.	K243	Knowledge of situations that create dual relationships.
T173	Provide client with office policies, emergency procedures, and contact information to establish ground rules for the therapeutic relationship.	K244	Knowledge of criteria for determining competency to practice.
T174	Consult with other professionals when issues arise outside the therapist's scope of competence.	K245	Knowledge of methods and conditions for disclosing fees for professional services.
T175	Consult with other professionals to address countertransference issues.	K246	Knowledge of business, personal, professional, and social relationships that create a conflict of interest within the therapeutic relationship.
T176	Identify clinical issues outside therapist's experience or competence which indicate the need to refer client to other professionals for treatment.	K247	Knowledge of therapist issues and conflicts that interfere with the therapeutic process.
T177	Provide client with information regarding extent and nature of services available to facilitate client's ability to make informed decisions regarding treatment.	K248	Knowledge of ethical responsibility to provide client with information regarding therapeutic process and services.
T178	Identify personal issues that interfere with provision of therapy that require consultation with or referral to other professionals.	K249	Knowledge of the limits of confidentiality within the therapeutic framework.
T179	Disclose information about therapist's training and experience to respond to client's inquiries regarding professional competence.	K250	Knowledge of ethical considerations and conditions for interrupting or terminating treatment.
T180	Implement policies and therapeutic procedures to ensure provision of service regardless of client's race, culture, country of origin, gender, age, religion, socioeconomic status, marital status, sexual orientation, or level of ability.	K251	Knowledge of limitations of professional experience, education, and training to determine issues outside therapeutic competence.
T181	Bill for services within the structure of the "fees for service" communicated to client prior to initiating treatment.	K252	Knowledge of methods and conditions for disclosing confidential material to other individuals, agencies, or authorities.
T182	Self-assess own physical or cognitive impairments to determine impact on ability to provide professional services.	K253	Knowledge of ethical standards for providing services congruent with client's race, culture, country of origin, gender, age, religion, socioeconomic status, marital status, sexual orientation or level of ability.
T183	Maintain clear and professional boundaries with client to prevent dual/personal relationship.	K254	Knowledge of ethical responsibility to disclose limits of confidentiality to inform client of reporting requirements.
T184	Promote client's right to self-determination by supporting client's own goals for engagement in therapy.	K255	Knowledge of situations that indicate a need for consultation with colleagues or other professionals.
T185	Avoid acceptance of money or other consideration for referral of services to protect the therapeutic relationship.	K256	Knowledge of client's right to self-determination.
		K257	Knowledge of ethical considerations regarding payment or acceptance of money for referral of services.



STATE OF CALIFORNIA NOTICE OF ELIGIBILITY

You are eligible to participate in the Standard Written examination for licensure as a Licensed Clinical Social Worker. This is the **ONLY** notice of eligibility you will receive from the BBS for this examination. Please retain it for your records. Your address label contains important date information. In the upper-left corner of the address label (above your name) is the date your application for examination was approved; following that is the date by which you must take your examination. **You must take the Standard Written examination by the date specified on the label or you will be required to reapply** (see *Abandonment of Application/Ineligibility* in this handbook).

This handbook provides important information regarding Standard Written examination procedures and content. To schedule your examination, please refer to the instructions in this handbook.

Upon passing the Standard Written examination, you are eligible to apply to take the Written Clinical Vignette examination. Please see more information in this handbook for Written Clinical Vignette examination information.
