



**DEPARTMENT OF BEHAVIORAL HEALTH  
 LICENSE EXAMINATION PREPARATION PROGRAM  
 (LEPP) APPLICATION/AGREEMENT**



The License Examination Preparation Program (LEPP) was developed and implemented by Workforce Education and Training (WET) to assist Pre-licensed Clinical Therapists in their efforts to obtain their professional license. The program is open to DBH employees or DBH contract agency employees that work in a DBH funded program. LEPP is now a reimbursement program. Participants will be reimbursed for their out-of-pocket costs for their purchase of license exam prep materials (**up to a \$1,000 aggregate maximum**) after they **PASS** their exam(s). For reimbursement details, see the [program policy](#).  
**Important: To qualify for LEPP, you must be eligible to take a licensing exam (i.e. have the required hours).**

<b>PERSONAL INFORMATION</b>		
What is your licensure goal?		Current hours toward licensure exam requirement:
Have you taken or passed a licensing exam (specify)?		DBH employees only: Have you used MOU funds to purchase licensing materials? If so, list amount.
Last Name, First Name		Job Title/Position
Home Street Address		Employee ID (DBH Only)
Home Street Address		City
Home Street Address		State, ZIP
Work Phone ( )	Home Phone ( )	Applicant's Email
Program/Clinic (Must be DBH funded program)		Supervisor Name
Supervisor Phone ( )		Supervisor Email

**IN SIGNING BELOW, THE APPLICANT AGREES:**

- He/she has the required hours to be eligible to test for a licensing exam.
- To notify WET of any changes in Personal Information listed above.
- It is his/her responsibility to become licensed. This is a tool to assist but in no way guarantees licensure.
- To obtain reimbursement, he/she will remain a DBH or DBH contract agency employee in good standing.
- LEPP timelines are based on program participation and are not intended to supersede timelines of licensure requirements under the "Registration and Licensure Requirements for Clinical Therapists" policy.

Failure to comply with the requirements above may disqualify the employee from eligibility for this program. This is not an entitlement program. It is offered at the discretion of DBH and may be discontinued at any time based upon available funding and/or program effectiveness.

Participant Signature	Date
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**IN SIGNING BELOW, THE PROGRAM MANAGER AND DEPUTY DIRECTOR (OR EQUIVALENT) FOR THE APPLICANT AGREE THAT THE EMPLOYEE IS IN GOOD STANDING AND IS APPROVED TO PARTICIPATE IN LEPP**

Program Manager (or equivalent for contract agency) Signature	Date
Deputy Director (or equivalent for contract agency) Signature	Date

Return completed form to: **DBH Workforce Education and Training Mail Code 0019,  
 1950 S. Sunwest Ln., Ste. 200, San Bernardino, CA 92415**