



**PRE-LICENSED/OUT-OF-STATE LICENSED READY PSYCHOLOGISTS STATEMENT  
OF AWARENESS OF NEED TO OBTAIN LICENSURE FOR EMPLOYMENT**

The County of San Bernardino Department of Behavioral Health (DBH) offers employment as pre-licensed clinical therapists to persons who have not yet received a professional license in the State of California. It is understood in these cases that employment is conditional on a Mental Health waiver being requested and granted prior to the commencement of employment, and continued employment is conditional on licensure being obtained.

The Department submits a request for a licensing waiver to the State of California Department of Mental Health (DMH) prior to employment. If the pre-licensed clinical therapist already has a waiver on file with DMH, he/she shall immediately notify DBH so a copy may be requested. Should employment not commence with DBH but a waiver has been requested or issued by DMH, DBH shall forward the waiver to the applicant. The waiver applicant assumes responsibility of the waiver and understands the waiver will be considered active regardless of employment status.

The duration of the waiver is five years for Pre-licensed Psychologists and three years for out-of-state/licensed ready Psychologists. Therefore, if a waiver currently is on file with DMH for the pre-licensed clinical therapist, he/she understands the timeframe to obtain licensure is from the date on the waiver not the beginning date of employment with DBH.

The employee will remain in pre-licensed status until a professional license is obtained. Pre-licensed status is comparable to probationary status, which means that the employee can be terminated without the right to appeal. Once the employee obtains the license, he/she is eligible for promotion to Clinical Therapist I and placed on standard probationary period of 1600 service hours in this position.

**There will be no extensions granted.**

I have read and understood the above. In particular, I am aware that my employment will not begin until a waiver is granted and will be terminated if I do not obtain a license within the time frames established by the Department of Behavioral Health.

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

