

San Mateo County Behavioral Health and Recovery Services

**EMPLOYEE ATTESTATION OF TEMPORARY POLICY**

TO: Quality Management  
Behavioral Health Services  
1950 Alameda de las Pulgas, Suite 157  
San Mateo, CA 94403

Fax: (650) 525-1762

Pony: MLH 327

DATE \_\_\_\_\_

FROM \_\_\_\_\_  
Unit/Agency Phone

I, \_\_\_\_\_, have been registered with the BBS for six or more years as of January 1, 2023, and attest that I have read BHRS Policy 99-04.1: Waiver/Registration in Lieu of License Temporary Policy, understand the policy, and understand that if I am not licensed by January 1, 2024, that I must voluntarily demote to a Classification that is unlicensed or resign. If I refuse to demote or cannot demote due to no position being vacant and available, or resign, I understand that I will be subject to disciplinary action up to and including dismissal for not meeting the requirements of the position for which I was hired. If I do become licensed, I understand that I must provide proof of the license to Quality Management and BHRS Personnel Office immediately.

Full Name, including any aliases: \_\_\_\_\_

Degree and Date Obtained: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Name & License: \_\_\_\_\_

\* Send completed form to QM Manager and BHRS Personnel.