San Mateo County Behavioral Health and Recovery Services

REQUEST FOR WAIVER OF LICENSURE

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 Unit/Agency FROM _____ Phone Waiver of Licensure, granted in one county is valid in another county for the entire waiver period. When applicable, submit copy of previous waiver. Waiver of Licensure, Welfare & Institutions Code 5751.2, is requested for the following unlicensed person with a qualifying doctorate degree*, employed or volunteering** as a psychology intern, who is gaining experience for the purpose of licensure: Full Name, including any aliases Degree and Date Obtained Date of Paid or Volunteer Employment _____ Supervisor's Name & License

- * Attach, or fax a copy of degree to QM Manager at 650-525-1762.
- ** Attach, or fax a copy of the applicant's post-degree employment history to QM Manager at 650-525-1762. This can take the form of a current, complete resume or employment application.