

**HCAI** Department of Health Care  
Access and Information

2020 West El Camino Avenue, Suite 800  
Sacramento, CA 95833  
hcai.ca.gov



TO: Department of Health Care Access and Information

SUBJECT: Education Deferment Letter

This letter is to attest that I will be deferring my one-year service obligation \_\_\_\_\_ months (up to 30 months) because I plan to attend graduate school for clinical studies that will result in, upon graduation, my registering with the Board of Behavioral Sciences or the Board of Psychology or for which an advanced degree is required. (Please check the appropriate box)

- Registered Psychological Associate or Licensed Clinical or School Psychologist (PhD or PsyD)
- Associate or Licensed Clinical Social Worker (LCSW)
- Associate or Licensed Marriage and Family Therapist (LMFT)
- Associate or Licensed Professional Clinical Counselor (LPCC)

\_\_\_\_\_  
Grant Agreement Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date