



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