

Western Seminary Sacramento  
Counseling Department

# Practicum Manual

Bev Wiens, Ph.D., MFT  
Counseling Program Director  
916.488.3720, x306  
bwiens@westernseminary.edu

Laura Frederick, M.A., MFT  
Counseling Program Coordinator/Student Advisor  
916.488.3720, x305  
lfrederick@westernseminary.edu

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## SECTION I: BECOMING AN MFT OR LPCC

This section provides a brief overview of the process of becoming a licensed Marriage and Family Therapist (MFT) and/or a Licensed Professional Clinical Counselor (LPCC) with the State of California's Board of Behavioral Sciences (BBS).

### A. General Requirements for MFT Licensure

#### A. Complete an Accredited Degree Program

1. Western Seminary is accredited through the Northwest Commission on Colleges and Universities and is recognized by the BBS as an accredited school.
2. For a complete listing of accredited schools, view "Accredited Schools with MFT Programs" on the BBS website.

#### B. Complete 3,000 Hours of Experience

1. Hours must be completed under a qualified supervisor over the span of at least 104 weeks.
2. A student pursuing the MFT license must earn at least **225 direct client contact**, and record up to 1300 hours, during practicum. (Note: Students may exceed 1300 hours but the excess may not be applied towards licensure)
3. Effective January 1, 2016 there are two options for categorizing supervised experience:

##### **Option 1:**

1. Minimum 1,750 hours of **direct counseling experience** including at least 500 hours gained through diagnosing and treating couples, families and children.
2. Maximum 1,250 hours of **non-clinical experience** including a combination of: direct supervisor experience, administering and evaluating psychological tests, writing clinical reports, writing progress or process notes, client centered advocacy, and workshops, seminars, training sessions, or conferences.

**Option 2:** *(Note: Individuals who wish to qualify under Option 2 must submit an Application for Licensure and Examination postmarked no later than December 31, 2020. Otherwise the applicant must qualify under Option 1):*

1. Individual Psychotherapy (No minimum or maximum hours required)
2. Couples, Families and Children (Minimum 500 hours – up to 150 hours may be double-counted)
3. Group Therapy or Counseling (Maximum 500 hours)

#### C. Pass Written Exams

1. There are two MFT licensing exams:

- 1) California Law and Ethics Exam
- 2) California Clinical Exam

### **General Requirements for LPCC Licensure**

1. Complete an Accredited Degree Program
  - a. Western Seminary is accredited through the Northwest Commission on Colleges and Universities and is recognized by the BBS as an accredited school.
  - b. For a complete listing of accredited schools, view “Accredited Schools with MFT Programs” on the BBS website.
2. Complete 3,000 Hours of Experience
  - a. Hours must be completed under a qualified supervisor over the span of at least 104 weeks.
  - b. A student pursuing the LPCC must earn at least **280 direct client contact hours** during practicum. These hours may be earned at the same site(s) as the MFT hours. However, the BBS does not allow LPCC candidates to count practicum experience towards licensure.
3. Pass written exams
  - a. There are two LPCC licensing exams:
    - 1) California Law and Ethics Exam
    - 2) National Clinical Mental Health Counselor Examination

### **B. Job Titles throughout the MFT Licensing Process**

Throughout the licensing process, a candidate will have several different titles. According to the BBS, these titles each have unique “job descriptions”:

1. **MFT Trainee:** A Marriage and Family Therapist Trainee is a student who is currently enrolled in an accredited MFT graduate program, is unlicensed, has completed at least one year of coursework including practicum prerequisites (see Section II) and sees clients as an MFT Trainee under licensed supervision.
2. **MFT Intern:** An MFT Intern is an unlicensed person who holds a degree from an accredited graduate program, is registered with the BBS, and sees clients as an MFT Intern under licensed supervision.
3. **LMFT:** An LMFT is a Licensed Marital and Family Therapist who holds a degree from an accredited graduate program, has fulfilled the experiential requirements (3,000 hours), has passed both written exams, and has received a license from the BBS. An MFT is required to meet Continuing Education (CE) requirements each licensing period.

### **Job Titles throughout the LPCC Licensing Process**

Throughout the licensing process, a candidate will have several different titles. According to the BBS, these titles each have unique “job descriptions”.

1. PCCI: A Professional Clinical Counselor Intern is an unlicensed person who holds a degree from an accredited graduate program, is registered with the BBS, and sees clients as a PCC intern under licensed supervision.
2. LPCC: A Licensed Professional Clinical Counselor holds a degree from an accredited graduate program, has fulfilled the experiential requirements (3,000 hours), has passed both written exams, and has received a license from the BBS. An LPCC is required to meet Continuing Education (CE) requirements each licensing period.

## **SECTION II: UNDERSTANDING PRACTICUM**

### **A. What is Practicum?**

Practicum is the name of a series of three two-unit courses (CNS 530: Practicum I, CNS 531: Practicum II and CNS 532: Practicum III). These courses are designed to support and educate students who are on the road to become an MFT and/or LPCC.

The BBS requires students to be enrolled in a Practicum course in order to work with clients. Once students complete the required practicum courses (CNS 530, 531, and 532) they must enroll in a one-unit Advanced Practicum (CNS 539) in order to continue working with clients. On occasion a student will be hired by a practicum site before CNS 530 begins. In that case, the BBS will allow a student to begin training but those hours will not count towards licensure requirements.

The BBS permits students to accrue hours during the break between semesters but not if they take a semester off from school.

### **B. Practicum Prerequisites**

Before finding a practicum site or registering for CNS 530 a student must:

1. Complete at least one year of coursework including...
  - \_\_\_\_\_ CNS 501: Clinical Foundations
  - \_\_\_\_\_ CNS 502: Psychological Theory and Techniques
  - \_\_\_\_\_ CNS 504: Psychotherapeutic Systems
  - \_\_\_\_\_ CNS 505: Psychopathology
  - \_\_\_\_\_ CNS 506: Legal and Ethical Issues
  - \_\_\_\_\_ CNS507: Human Life Span Development
2. Complete at least 10 hours of personal psychotherapy with a licensed MFT, LCSW, or Psy.D.
3. Have at least a 3.0 GPA
4. Receive approval from staff and faculty through the Professional Assessment of Candidates (PAC) review process.

### **C. Practicum Hour Requirements**

All practicum hours must be earned at a site that is either on Western's approved site list or cleared through the new practicum site approval process. Students are permitted to work at more than one site.

1. Whether pursuing their MFT and/or LPCC license, every student must earn at least 325 hours, including:

225	Direct, face-to-face client contact
45	Clinical supervision

- 20 Personal psychotherapy
  - 35 Misc. category of client-centered advocacy, workshops, trainings, etc.
- (Students who entered the program before August 2012 have different hour requirements)

Students pursuing the LPCC must earn a minimum of 280 direct, face-to-face client contact hours. The MFT and LPCC hours may be earned at the same practicum site(s). However, the BBS does not count practicum hours towards the total number of hours required for the LPCC.

## 2. Maximum Hours Accepted

Students may receive a maximum of 1300 hours during practicum. These hours will be counted by the BBS toward MFT licensure and may include the following:

- 750 Counseling and Supervision
- 250 Administering and Evaluating Psychological Tests, Report Writing, Progress Notes, Process Notes, or Client-Centered Advocacy
- 250 Workshops, Seminars, Training Sessions or Conferences
- 300 Personal Psychotherapy (maximum 100 hours which are triple counted)

### Total Hours towards Licensure

Effective January 1, 2016\* there are two options for LMFT and LPCC applicants. Applicants must fully qualify under Option 1 OR Option 2. There is no "mixing and matching" between the two categories.

Individuals who wish to qualify under Option 2 must submit an *Application for Licensure and Examination* postmarked no later than December 31, 2020. Otherwise the applicant must qualify under Option 1.

\*Per Senate Bill 620, Chapter 262, Statutes of 2015

[http://www.bbs.ca.gov/pdf/publications/lmft\\_lpcc\\_newoptions-supvsd\\_exp\\_ctgy.pdf](http://www.bbs.ca.gov/pdf/publications/lmft_lpcc_newoptions-supvsd_exp_ctgy.pdf)

### LMFT OPTION 1: (new streamlined categories)

Under the new option, the supervised work experience categories break down into just two overall types:

- **Direct counseling experience (Minimum 1,750 hours)** A minimum of 500 of the above hours must be gained diagnosing and treating couples, families and children.
- **Non-clinical experience (Maximum 1,250 hours)** May consist of direct supervisor contact, administering and evaluating psychological tests, writing clinical reports, writing progress or process notes, client centered advocacy, and workshops, seminars, training sessions, or conferences

Personal psychotherapy does not count under Option 1. Students earning hours through Option 1 may work with either a licensed therapist OR a registered intern.

### LMFT OPTION 2: (pre-existing multiple categories)

- A. Individual Psychotherapy (*No minimum or maximum hours required*)
- B. Couples, Families, and Children (*Minimum 500 hours - up to 150 hours may be double-counted*)
- C. Group Therapy or Counseling (*Maximum 500 hours*)
- D. Telehealth Counseling (*Maximum 375 hours*)
- E. Workshops, seminars, training sessions, or conferences directly related to marriage, family, and child counseling (*Maximum 250 hours*)
- F. Personal Psychotherapy Received by a Licensed Therapist (*Maximum 100 hours, triple counted*)
- G. Administering and evaluating psychological tests of counselees, writing clinical reports and progress or process notes (*Maximum 500 combined between G & H*)

H. Client-Centered Advocacy (Maximum 500 combined between G & H)

I. Direct Supervisor Contact (Maximum 1,000 hours)

**LPCC Option 1: (new streamlined categories)**

Under the new option, the supervised work experience categories break down into just two overall types:

• **Direct counseling experience (Minimum 1,750 hours)** Must include minimum of 150 hours of clinical experience in a hospital or community mental health setting

• **Non-clinical experience (Maximum 1,250 hours)** May consist of direct supervisor contact, administering and evaluating psychological tests, writing clinical reports, writing progress or process notes, client centered advocacy, and workshops, seminars, training sessions, or conferences

**LPCC Option 2: (pre-existing multiple categories)**

A. Direct Counseling with Individuals, Groups, Couples or Families (Maximum 1,750 hours)

B. Group Therapy or Counseling (Maximum 500 hours)

C. Telehealth Counseling (Maximum 375 hours)

D. Maximum 1,250 hours that include all of the following:

a. Workshops, seminars, training sessions, or conferences directly related to marriage, family, and child counseling (Maximum 250 hours)

b. Administering and evaluating psychological tests of counselees, writing clinical reports and progress or process notes (Maximum 250 hours)

c. Client-Centered Advocacy

d. Direct Supervisor Contact

**Note: Individuals who wish to qualify under Option 2 for the LMFT or LPCC must submit an Application for Licensure and Examination postmarked no later than December 31, 2020. Otherwise the applicant must qualify under Option 1.**

## PRACTICUM CHECKLIST

Name: \_\_\_\_\_

Site: \_\_\_\_\_

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

**Prior to registering for Practicum I** – submit the following *copies* to the MFT Program Coordinator

- \_\_\_\_\_ New Practicum Site Approval form (if the site is not on the Approved Sites list)
- \_\_\_\_\_ Proof of CAMFT Membership ([www.camft.org](http://www.camft.org)) (AAMFT, AACC, and SVC-CAMFT optional)
- \_\_\_\_\_ Proof of Malpractice Liability Insurance (a free benefit of the CAMFT student membership)
- \_\_\_\_\_ Proof of a Track Your Hours account ([www.trackyourhours.com](http://www.trackyourhours.com))
- \_\_\_\_\_ Verification that at least 10 hours of personal psychotherapy have been completed

**During the first session of Practicum I** – submit the following *copies* to the Practicum Faculty (upon review the Practicum Faculty will forward these to the MFT Program Coordinator to add to your file)

- \_\_\_\_\_ Practicum Agreement Form (with the Site Supervisor’s license and supervision certification)
- \_\_\_\_\_ Responsibility Statement for Supervisor (BBS Form)

**At the end of Practicum I, II, III, and Advanced Practicum (CNS 530, 531, 532, 539)** – submit the following copies to the Practicum Faculty (upon review the Practicum Faculty will forward these to the MFT Program Coordinator to add to your file)

- |         |         |         |         |   |
|---------|---------|---------|---------|---|
| CNS 530 | CNS 531 | CNS 532 | CNS 539 |   |
| _____   | _____   | _____   | _____   | Weekly Summary Hours of Experience (BBS Form) |
| _____   | _____   | _____   | _____   | Trainee Performance Evaluation                |
| _____   | _____   | _____   | _____   | Practicum Site Evaluation                     |

**At your Exit Interview with the MFT Program Director and the MFT Program Coordinator** – submit the following copies and verify that your file contains the copies listed above

- \_\_\_\_\_ MFT Experience Verification Form (FAQ’s about this BBS form - [http://www.bbs.ca.gov/pdf/forms/mft/faq\\_mft\\_expver\\_summary.pdf](http://www.bbs.ca.gov/pdf/forms/mft/faq_mft_expver_summary.pdf))
- \_\_\_\_\_ Record of 20+ Personal Psychotherapy Hours (If you use another form please include the number of hours, therapist license number, and the therapist signature)



## SECTION III: PRACTICUM SITE INFORMATION

### A. Requirements for a Qualified Practicum Site

1. Practicum Site Requirements
  - a. Trainees may not see clients in private practice settings, even as a volunteer.
  - b. Trainees may receive a salary but may not be paid directly by clients.
  - c. Trainees may work in a non-profit or charitable corporation, school, college or university, government entity, licensed health facility, non-profit, church-based counseling center, or other non-private practice sites that provide mental-health counseling or psychotherapy and qualified supervision.
2. Supervision Requirements
  - a. Trainees must receive “one unit” of qualified supervision for every five hours of psychotherapy or counseling performed. (One unit equals one hour of individual or two hours of group supervision)
  - b. Group supervision sessions shall not include more than eight persons receiving supervision.
3. Supervisor Requirements
  - a. Supervisor must be a licensed mental health professional (Marriage and Family Therapist, Licensed Professional Counselor, Clinical Social Worker, Psychologist or Physician certified in psychiatry by the American Board of Psychiatry and Neurology)
  - b. Supervisor must maintain a valid California license
  - c. Supervisor must have held that license for at least two years and practiced psychotherapy or directly supervised as part of their clinical practice for at least two years within the last five year period immediately preceding supervision
  - d. Supervisor must complete a minimum of six hours of supervision training or coursework within two years immediately preceding supervision (or within 60 days of the commencement of supervision) and every renewal period thereafter (Psychologists and Physicians certified in psychiatry are exempt from supervision training)
  - e. In a setting that is not a private practice the supervisor may be employed by the registrant’s employer on either a paid or voluntary basis. An off-site supervisor must sign a letter of agreement with the agency employing the applicant.

### B. Finding a Practicum Site: The Process

It is the student’s responsibility to find a practicum placement. However, we are continuously expanding our resources to better assist students in this process.

The MFT Program Coordinator is the practicum point person until a student finds a practicum placement and begins CNS 530. Once a practicum placement has been found the Clinical Supervisor is the point person for case questions, the Practicum Faculty is the point person for legal/ethical questions, and the MFT Program Coordinator is the point person for BBS questions. Students preparing for practicum should:

1. Attend the Practicum Orientation in January or communicate with the MFT Program Coordinator if a group orientation is not available.
2. Review the Practicum Site List. Contact the MFT Program Coordinator about pursuing a practicum site that is not on this list.
3. Contact prospective practicum sites. Investigate whether the site takes Trainees and if they have openings. (Note: It is important to treat this like a professional job search)
4. Prepare a professional resume and cover letter, personalized for each site.
5. Prepare for an interview.
6. Accept a site placement, notify the MFT Program Coordinator, and register for Practicum I
7. Review the Practicum Paperwork Checklist.

Western Seminary Sacramento  
Counseling Department  
2016 Practicum Site List

Site	Location	Contact	Contact Information	Website
Aegis Treatment Center	Roseville		(916) 774-6647	Aegistreatmentcenters.com
Aldar Academy	Sacramento	Barbara Glisson	(916) 698-1042	Aldaracademy.com
Aldolfo Center	Sacramento	Janice Montgomery	(916) 879-1784	Voa-ncnn.org
Anew Day	Nevada City	Barbara Coffman	(530) 470-9111	Anew-day.com
Another Choice Another Chance	Sacramento		(916) 388-9418	Acacsac.org
Bayside Church	Roseville	Julie Black	(916) 791-1244	Baysideonline.com
California Relationship Center	Auburn	Kimberly Sanders	(530) 889-0178	Californiarelationshipcenter.com
Capital Counseling Center	Sacramento	Bob Bohling	(916) 856-5955	Capitalcounselingcenter.com
Children's Receiving Home	Sacramento	Tracy Cutino	(916) 482-2370	Crhkids.org
Christian Counseling Center	Fairfield	Lilia Salazar	(707) 474-2391	Christiancounseling.net
Community Counseling Associates	Sacramento	Tim Dakin	(916) 764-6997	Cccnow.com/ministries (Note: referral-based site)
Community Recovery Resources	Auburn Roseville			Corr.us (Recommended by Doug Locke)
Emmaus Road Christian Counseling	Roseville	Dave Dillman	(916) 751-6016	Emmausroadcounseling.com
First Baptist of Elk Grove	Elk Grove	Michael Beckner	(916) 685-4821	Fbceg.org/counseling
Healing Grace	Folsom, Rocklin	Natalie Grindy	Natalie.confidential@gmail.com (916) 205-9845	Hgcounseling.org
Heartstrings	Loomis	Darla Gale	(916) 676-7405	Heartsandhandscounseling.org
Hearts and Hands	Roseville			Hgcounseling.org
Holistic Family Services	Sacramento	Majica Phillips	(916) 835-9034	Holisticfamilyservices.com
HOPE Counseling	Roseville, Midtown	Darlene Davis	(916) 444-2170	Hope-counselingcenter.org
Life Practice	Stockton, Sacramento	Carisa Sherwood	(916) 300-6576	Lifeppractice.org
Lighthouse Family Resource Center	Lincoln	Doug Locke	Send a cover letter and resume to info@lighthousefrc.com	Lighthousefrc.com under Employment Opportunities
My Dream Ranch	Placerville	Julie Stass	(805) 704-3626	
Parent Cooperative Community		Carla DeRose	(916) 947-0371	

River Oak Center for Children	Carmichael		(916) 244-5800	Riveroak.org
Roseville High School District	Roseville	Marlon Morgan	(916) 786-0793 x 1430	Edjoin.org
Selah Counseling Services	Auburn	Kate Pieper Doug Locke	(530) 268-1355 x 7 douglocke@selahcounseling.org	Selahcounseling.org
Solano Community College	Fairfield	Dr. Cornelia Gibson	(707) 384-7303 Cornelia.gibson@sbcglobal.net	
Soul Care at Bridgeway Church	Rocklin	Laura Faudree	(916) 626-3017	Mysoulcare.net
Stand Up Placer			(530) 823-6244	Standupplacer.org
St Joseph's Behavioral Health	Stockton	Cathy Francis	(209) 461-2054	Stjosephscanhelp.org
The Place Within	Auburn, Roseville	Gary Henderson	(916) 772-6158	Theplacewithincounseling.com
UC Davis CAARE Diagnostic and Treatment Center		Kim Lundquist	(916) 734-6639	Ucdmc.ucdavis.edu
Windows of Hope	Roseville, Sacramento	Dawn Hulme	(916) 932-8124	Windowsofhopecounseling.org
William Jessup University	Rocklin	Student Services	(916) 577-2321	Jessup.edu
Yolo Community Care Continuum	Davis and Woodland	Michelle Kellogg	(530) 758-2160	Y3c.org

(Note: New sites are often added. Contact the MFT Program Coordinator for updates)

WESTERN SEMINARY SACRAMENTO  
290 Technology Way, Suite 200 • Rocklin • CA • 95765  
(916) 488-3720 • FAX (916) 488-3735

Department of Marital and Family Therapy

**New Practicum Site Approval Form**

Date \_\_\_\_\_

**GENERAL INFORMATION:**

Student Name \_\_\_\_\_

Prospective Site Name \_\_\_\_\_

Prospective Supervisor Name \_\_\_\_\_

Site Address \_\_\_\_\_

Site Phone \_\_\_\_\_

**SUPERVISOR EDUCATION**

Graduate Degree \_\_\_\_\_

Graduate Major \_\_\_\_\_

Degree Granting Institution \_\_\_\_\_

**SUPERVISOR LICENSE INFORMATION** (please complete all applicable)

Psychology Lic. No. \_\_\_\_\_ Date Issued: \_\_\_\_\_

MFT Lic. No. \_\_\_\_\_ Date Issued: \_\_\_\_\_

LPCC Lic. No. \_\_\_\_\_ Date Issued: \_\_\_\_\_

Social Work Lic. No. \_\_\_\_\_ Date Issued: \_\_\_\_\_

Psychiatry Lic. No. \_\_\_\_\_ Date Issued: \_\_\_\_\_

**EXPERIENCE AS A THERAPIST**

Primary Identity: Therapist Educator Administrator Pastoral Counselor

Time devoted to Therapy: 0-35% 36-69% 70-100%

Number of Years Licensed: \_\_\_\_\_ Weekly Case Load (in hours): \_\_\_\_\_

Primary Client Type(s): Individuals Couples Families Groups

Predominate age served: Children Adolescents Adults

**OTHER RELEVANT INFORMATION:**

Practicum Site Representative: \_\_\_\_\_

School Representative: \_\_\_\_\_

**WEEKLY SUMMARY OF HOURS OF PSYCHOTHERAPY RECEIVED**

Suggested Log for Personal Psychotherapy

*The BBS currently has no official log for collecting hours of personal psychotherapy received by Interns and Trainees. Please use this form to record the hours of personal psychotherapy you receive and turn it into your Practicum Professor one week prior to the last week of your last Practicum semester.*

**Personal Psychotherapy:** Personal psychotherapy hours are not limited to individual hours. They may include group, marital or conjoint or even family psychotherapy received by an applicant.

**Qualified Psychotherapists:** Licensed Marriage and Family Therapists, Licensed Clinical Social Workers, Licensed Psychologists and Licensed Physicians certified in psychiatry by the American Board of Psychiatry and Neurology

**Weekly Summary of Psychotherapy Received**

**Year:** \_\_\_\_\_

Name of Trainee/Intern \_\_\_\_\_

Name of Psychotherapist \_\_\_\_\_ License No.: \_\_\_\_\_

Week Of:														<b>Total Hours</b>
Hours of Psychotherapy or Counseling Received														
Psychotherapist's Signature														

Concept borrowed from a form which appeared in the November/December 1993 issue of *The Therapist*

**WESTERN SEMINARY SACRAMENTO**

290 Technology Way, Suite 200 • Rocklin • CA • 95765  
(916) 488-3720 • FAX (916) 488-3735

Department of Marital and Family Therapy

**Practicum Agreement**

This is the Practicum Agreement for:

\_\_\_\_\_ *Trainee – please print*

This agreement is made on \_\_\_\_\_ by and between  
*Date*

\_\_\_\_\_ *Field Site Name, Address, & Phone Number*

and **Western Seminary**. This agreement will be effective for a period from

\_\_\_\_\_ to \_\_\_\_\_

***Western Seminary Agrees:***

1. That the Trainee has completed: CNS501(Clinical Foundations), CNS 502 (Psychological Theory and Techniques), CNS 504 (Psychotherapeutic Systems), CNS 505 (Psychopathology), CNS 506 (Legal and Ethical Issues), CNS507 (Human Life Span Development).
2. To assign a Faculty Practicum Supervisor to communicate with the Site Supervisor.
3. To notify the Trainee that he/she must adhere to the administrative policies, rules, standards, schedules and practices of the site.
4. That the Faculty Practicum Supervisor is responsible for the assignment of a Practicum grade based, in part, on the recommendation of the Practicum Site Supervisor.
5. That the MFT Program Coordinator and MFT Program Director will provide support and oversight.

***The Practicum Site Agrees:***

1. To assign a Site Supervisor who has appropriate credentials, experience, time and interest for training the student.
2. To provide opportunities for the Trainee to engage in a variety of counseling activities under supervision in sufficient amounts to allow an adequate evaluation of competence in each activity.
3. To provide the Trainee with adequate work space and supplies.
4. To provide supervisory contact which involves examination of the Trainee’s work using audio/visual tapes, observation and/or live supervision.
5. To not hold Western Seminary liable for any injury or malpractice caused to or by the Trainee.

***The Site Supervisor Agrees:***

1. To submit copies of a professional license and certification to supervise
2. To provide the adequate number of units of group or individual supervision per week to meet the client/supervision ratio set by the BBS for Trainees.
3. To complete the Trainee Performance Evaluation Form at the end of each semester and review this form with the Trainee.

***The Faculty Practicum Supervisor Agrees:***

1. To be the faculty liaison with both the Trainee and Site Supervisor regarding progress, problems and performance evaluations.
2. To meet with the Trainee as outlined in the practicum course description.
3. To review the Practicum Site Evaluation Form, Trainee Performance Evaluation Form, and the Weekly Summary of Hours at the end of each semester.
4. To be available to advise pre-practicum students regarding placement readiness

***The MFT Program Coordinator Agrees:***

1. To assist pre-practicum students with practicum site placement, new practicum site approvals, and placement readiness.
2. To support Trainees, Faculty Practicum Supervisors, and Site Supervisors as needed.
3. To develop and strengthen relationships with practicum sites.
4. To store each student's practicum paperwork in preparation for the Exit Interview.

***The MFT Program Director Agrees:***

1. To ensure that the practicum program meets BBS requirements.
2. To develop and strengthen relationships with practicum sites.
3. To ensure that the practicum program remains competitive.
4. To conduct the Exit Interview.

***The Trainee Agrees:***

1. To spend \_\_\_\_\_ hours per week at the Practicum site. At least 50% of the hours spent will involve direct client contact.
2. To participate in the adequate number of units of group or individual supervision per week to meet the client/supervision ratio (5:1) set by the BBS for Trainees.
3. To participate in *no less than 80%* of the practicum class sessions.
4. To follow the Practicum Paperwork Checklist
5. To accept responsibility for his/her own actions during counseling practicum and not hold Western Seminary liable for any injury or malpractice caused to or by the Trainee.

\_\_\_\_\_  
Trainee Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
On-Site Supervisor Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Faculty Practicum Supervisor Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

This form must be submitted to the Practicum Faculty before or during the first session of class. Upon review this form will be forwarded to the MFT Program Coordinator.





**Board of Behavioral Sciences**  
 1625 North Market Blvd., Suite S200, Sacramento, CA 95834  
 Telephone: (916) 574-7830 TTY: (800) 326-2297  
[www.bbs.ca.gov](http://www.bbs.ca.gov)



**RESPONSIBILITY STATEMENT FOR SUPERVISORS  
 OF A MARRIAGE AND FAMILY THERAPIST TRAINEE OR INTERN**

*Title 16, California Code of Regulations (16 CCR) Section 1833.1 requires any qualified licensed mental health professional who assumes responsibility for providing supervision to those working toward a Marriage and Family Therapist license to complete and sign, under penalty of perjury, the following statement prior to the commencement of any counseling or supervision.*

Name of MFT Trainee/Intern:	Last	First	Middle
Name of Qualified Supervisor:		Qualified Supervisor's Daytime Telephone Number:	

As the supervisor:

- 1) I am licensed in California and have been so licensed for at least two years prior to commencing this supervision. (16 CCR § 1833.1(a)(1) and Business and Professions Code (BPC) § 4999.12 (h))

A. The license I hold is:

Marriage and Family Therapist

\_\_\_\_\_ License # \_\_\_\_\_ Issue Date

Licensed Clinical Social Worker

\_\_\_\_\_ License # \_\_\_\_\_ Issue Date

Licensed Professional Clinical Counselor

\_\_\_\_\_ License # \_\_\_\_\_ Issue Date

\*Psychologist

\_\_\_\_\_ License # \_\_\_\_\_ Issue Date

\*Physician certified in psychiatry by the American Board of Psychiatry and Neurology

\_\_\_\_\_ License # \_\_\_\_\_ Issue Date

- \*\*B. I have had sufficient experience, training, and education in marriage and family therapy to competently practice marriage and family therapy in California. (16 CCR § 1833.1(a)(2))

C. I will keep myself informed about developments in marriage and family therapy and in California law governing the practice of marriage and family therapy. (16 CCR § 1833.1(a)(3))

- 2) I have and maintain a current and valid license in good standing and will immediately notify any trainee or intern under my supervision of any disciplinary action taken against my license, including revocation or suspension, even if stayed, probation terms, inactive license status, or any lapse in licensure, that affects my ability or right to supervise. (16 CCR § 1833.1(a)(1), (a)(4))
- 3) I have practiced psychotherapy or provided direct supervision of trainees, interns, associate clinical social workers, or professional clinical counselor interns who perform psychotherapy for at least two (2) years within the five (5) year period immediately preceding this supervision. (16 CCR § 1833.1(a)(5))
- 4) I have had sufficient experience, training, and education in the area of clinical supervision to competently supervise trainees or interns. (16 CCR § 1833.1(a)(6))
- 5) I have completed six (6) hours of supervision training or coursework within the renewal period immediately preceding this supervision, and must complete such coursework in each renewal period while supervising. If I have not completed such training or coursework, I will complete a minimum of six (6) hours of supervision training or coursework within sixty (60) days of the commencement of this supervision, and in each renewal period while providing supervision. (16 CCR § 1833.1(a)(6)(A)&(B))
- 6) I know and understand the laws and regulations pertaining to both the supervision of trainees and interns and the experience required for licensure as a marriage and family therapist. (16 CCR § 1833.1(a)(7))
- 7) I shall ensure that the extent, kind, and quality of counseling performed is consistent with the education, training, and experience of the trainee or intern. (16 CCR § 1833.1(a)(8))

- 8) I shall monitor and evaluate the extent, kind, and quality of counseling performed by the trainee or intern by direct observation, review of audio or video tapes of therapy, review of progress and process notes and other treatment records, or by any other means deemed appropriate. (16 CCR § 1833.1(a)(9))
- 9) I shall address with the trainee or intern the manner in which emergencies will be handled. (16 CCR § 1833.1(a)(10))
- 10) I agree not to provide supervision to a TRAINEE unless the trainee is a volunteer or employed in a setting that meets all of the following: (A) lawfully and regularly provides mental health counseling or psychotherapy; (B) provides oversight to ensure that the trainee's work at the setting meets the experience and supervision requirements and is within the scope of practice for the profession as defined in BPC Section 4980.02; (C) is not a private practice owned by a licensed marriage and family therapist, a licensed psychologist, a licensed clinical social worker, a licensed physician and surgeon, or a professional corporation of any of those licensed professions. (BPC § 4980.43(d)(1))
- 11) I agree not to provide supervision to an INTERN unless the intern is a volunteer or employed in a setting that meets both of the following: (A) lawfully and regularly provides mental health counseling or psychotherapy; (B) provides oversight to ensure that the intern's work at the setting meets the experience and supervision requirements and is within the scope of practice for the profession as defined in BPC Section 4980.02. (BPC § 4980.43(e)(1))
- 12) If I am to provide supervision on a voluntary basis in a setting which is not a private practice, a written agreement will be executed between myself and the organization in which the employer acknowledges that they are aware of the licensing requirements that must be met by the intern or trainee, they agree not to interfere with my legal and ethical obligations to ensure compliance with these requirements, and they agree to provide me with access to clinical records of the clients counseled by the intern or trainee. (16 CCR § 1833(b)(4))
- 13) I shall give at least (1) one week's prior written notice to a trainee or intern of my intent not to sign for any further hours of experience for such person. If I have not provided such notice, I shall sign for hours of experience obtained in good faith where I actually provided the required supervision. (16 CCR § 1833.1(c))
- 14) I shall obtain from each trainee or intern for whom supervision will be provided, the name, address, and telephone number of the trainee's or intern's most recent supervisor and employer. (16 CCR § 1833.1(d))
- 15) In any setting that is not a private practice, I shall evaluate the site(s) where a trainee or intern will be gaining hours of experience toward licensure and shall determine that: (1) the site(s) provides experience which is within the scope of practice of a marriage and family therapist; and (2) the experience is in compliance with the requirements set forth in 16 CCR Section 1833 and Section 4980.43 of the Code. (16 CCR § 1833.1(e))
- 16) Upon written request of the Board, I shall provide to the board any documentation which verifies my compliance with the requirements set forth in 16 CCR Section 1833.1. (16 CCR § 1833.1(f))
- 17) I shall provide the intern or trainee with the original of this signed statement prior to the commencement of any counseling or supervision. (16 CCR § 1833.1(b))

***I declare under penalty of perjury under the laws of the State of California that I have read and understand the foregoing and that I meet all criteria stated herein and that the information submitted on this form is true and correct.***

\_\_\_\_\_  
Printed Name of Qualified Supervisor

\_\_\_\_\_  
Signature of Qualified Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mailing Address: Number and Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

***The supervisor shall provide the intern or trainee being supervised with the original of this signed statement prior to the commencement of any counseling or supervision.***

***The trainee or intern shall submit this form to the board upon application for examination eligibility.***

\* Psychologists and Physicians certified in psychiatry are not required to comply with #5.

\*\* Applies only to supervisors NOT licensed as a Marriage and Family Therapist.



**Board of Behavioral Sciences**  
 1625 North Market Blvd., Suite S200, Sacramento, CA 95834  
 Telephone: (916) 574-7830 TTY: (800) 326-2297  
 www.bbs.ca.gov



**MARRIAGE AND FAMILY THERAPIST  
 WEEKLY SUMMARY OF HOURS OF EXPERIENCE**

**FOR HOURS GAINED ON OR AFTER January 1, 2010**

**THIS FORM SHALL BE COMPLETED PURSUANT TO TITLE 16, CALIFORNIA CODE OF REGULATIONS SECTION 1833(e).** Use a separate log for each supervised work setting and for each status indicated below.

*(Please type or print clearly in ink)*

Name of MFT Trainee/Intern: Last	First	Middle
Name of Supervisor:	Date enrolled in graduate degree program:	BBS File No (if known)
Name of Work Setting:	Address of Work Setting: Number and Street	City, State, Zip
Indicate the status of the hours logged: <input type="checkbox"/> Trainee* <input type="checkbox"/> Trainee in Practicum* <input type="checkbox"/> Registered Intern (MFT Intern No. _____) <input type="checkbox"/> Post-Degree with Application Pending for Intern Registration [B & P Code Section 4980.43(h)] *Supervision via video conferencing is not allowed as a trainee		

**Note: Child counseling can be logged in any appropriate category as specified by your supervisor**

YEAR:	WEEK OF:														Total Hours
Individual Psychotherapy (performed by you)															
Couples, Families, and Children (min. 500 hrs.)															
Of the above CFC hours, how many actual hours were gained via conjoint couples and family therapy? *															
Group Therapy or Counseling (max. 500)															
Telemedicine (max. 375)															
Administering & evaluating psych. tests, writing clinical reports, writing progress or process notes (max. 250)															
Workshops, seminars, training sessions, or conferences directly related to marriage, family, and child counseling** (max. 250)															
Client Centered Advocacy (CCA)**															
Supervision, Individual Face-to-Face **															
Supervision, Group **															
Total Per Week															
		Signature of Supervisor													
		Signature of Supervisor	Signature of Supervisor	Signature of Supervisor	Signature of Supervisor	Signature of Supervisor	Signature of Supervisor	Signature of Supervisor	Signature of Supervisor	Signature of Supervisor	Signature of Supervisor	Signature of Supervisor	Signature of Supervisor	Signature of Supervisor	Signature of Supervisor
		Signature of Supervisor	Signature of Supervisor	Signature of Supervisor	Signature of Supervisor	Signature of Supervisor	Signature of Supervisor	Signature of Supervisor	Signature of Supervisor	Signature of Supervisor	Signature of Supervisor	Signature of Supervisor	Signature of Supervisor	Signature of Supervisor	Signature of Supervisor
		Signature of Supervisor	Signature of Supervisor	Signature of Supervisor	Signature of Supervisor	Signature of Supervisor	Signature of Supervisor	Signature of Supervisor	Signature of Supervisor	Signature of Supervisor	Signature of Supervisor	Signature of Supervisor	Signature of Supervisor	Signature of Supervisor	Signature of Supervisor
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		Signature of Supervisor	Signature of Supervisor	Signature of Supervisor	Signature of Supervisor	Signature of Supervisor	Signature of Supervisor	Signature of Supervisor	Signature of Supervisor	Signature of Supervisor	Signature of Supervisor	Signature of Supervisor	Signature of Supervisor	Signature of Supervisor	Signature of Supervisor

\* Please see the FAQ's for instructions on how to report the Conjoint Couples and Families Therapy Incentive hours gained.

\*\*These categories when combined with credited Personal Psychotherapy shall not exceed 1250 hours of experience.

WESTERN SEMINARY SACRAMENTO  
290 Technology Way, Suite 200 • Rocklin • CA • 95765  
(916) 488-3720 • FAX (916) 488-3735

Department of Marital and Family Therapy

**Practicum Site Evaluation Form**

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Student Name

Date

Phone Number

**Term**    Fall         Winter         Spring  
**Term in Practicum Sequence**    1<sup>st</sup>         2<sup>nd</sup>         3<sup>rd</sup>         4<sup>th</sup> or more  
**Final Term at Site?**    Yes         No

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Practicum Site Name

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Address

---

City

State

Zip

---

Phone Number

Fax Number

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Name of Site Contact Person

Name of On-Site Supervisor (if different)

**Types of client problems with which you worked this term:**

- Academic concerns
- Adjustment disorders
- Adult-child conflicts
- Anger/conflict management and resolution problems
- Anxiety disorders of adulthood
- Anxiety disorders of childhood and adolescence
- Bipolar disorders
- Depressive disorders of childhood and adolescence
- Depressive disorders of adulthood
- Developmental disorders
- Disruptive behavior
- Dissociative disorders
- Eating disorders
- Emotional abuse
- Gang-related problems
- Grief and Loss
- Legal problems
- Physical abuse problems

- Psychoactive substance use disorders
- Psychotic disorders
- Religion related issues
- Self-esteem/self-worth issues
- Sexual abuse
- Sexual dysfunctions
- Sleep disorders
- Special needs populations
- Social relationship problems with peers
- Suicide
- Unwanted pregnancy
- Other \_\_\_\_\_

Formats in which you provided a MAJOR portion of counseling this term:

- Individual    Group    Couple    Family    Other \_\_\_\_\_

Formats in which you provided a MINOR portion of counseling this term:

- Individual    Group    Couple    Family    Other \_\_\_\_\_

Age group(s) to whom you provided a MAJOR portion of counseling this term:

- 0-15    16-20    21-35    36-45    46-64    65+

Age group(s) to whom you provided a MINOR portion of counseling this term:

- 0-15    16-20    21-35    36-45    46-64    65+

**Use the scale below to complete the following questions:**

**0 = Not Applicable   1 = Seldom True   2 = Sometimes True   3 = Often True**

- \_\_\_\_\_ The site has a professional atmosphere.
- \_\_\_\_\_ The staff is supportive & respectful of the Trainee's work.
- \_\_\_\_\_ The Trainee is treated respectfully by the staff.
- \_\_\_\_\_ The general atmosphere of the site provides a climate of trust and openness.
- \_\_\_\_\_ The Trainee is treated respectfully by the clients.
- \_\_\_\_\_ Physical facilities are available for Trainee use (e.g., office, supplies, etc.).
- \_\_\_\_\_ The Trainee receives clerical support.
- \_\_\_\_\_ Staff members act professionally and ethically toward clients.
- \_\_\_\_\_ Staff members act professionally and ethically toward the Trainee.
- \_\_\_\_\_ Staff members act professionally and ethically toward each other.

*Comments or Recommendations:*

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*Supervision*

Were the BBS standards for supervision met at this site? (I.e. one unit of supervision for every five hours of direct counseling each week)

- Yes
- No

Overall quality of supervision with the Site Supervisor PRIMARILY responsible for providing you with one-to-one or group supervision:

- None    Poor    Adequate    Good    Excellent

Overall quality of supervision with the Site Supervisor PARTIALLY responsible for providing you with one-to-one or group supervision:

None                       Poor                       Adequate                       Good                       Excellent

Assessment of number of seminars or other professional development experiences available through my placement site during this term:

None                       Poor                       Adequate                       Good                       Excellent

**Use the scale below to complete the following questions:**

**0 = Not Applicable    1 = Seldom True    2 = Sometimes True    3 = Often True**

\_\_\_\_\_ The site provides appropriate references, books, & materials

\_\_\_\_\_ The site gives students adequate guidance on ethical issues

\_\_\_\_\_ There are sufficient clients for trainees

\_\_\_\_\_ The site appropriately uses various therapeutic approaches

\_\_\_\_\_ The professional staff is readily accessible to the Trainee

**Trainee's Comments or Recommendations on Supervision:**

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**Use the scale below to complete the following questions:**

**0 = Not Applicable                      1 = Seldom True    2 = Sometimes True                      3 = Often True**

\_\_\_\_\_ The staff provides opportunities for relevant feedback in a positive manner

\_\_\_\_\_ The staff is sensitive to the Trainee's personal and professional development.

\_\_\_\_\_ Staff conflicts are discussed in an open, non-threatening manner

**Trainee's Comments or Recommendations on Communication**

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I rate the overall quality of my practicum experiences this term as:

None                       Poor                       Adequate                       Good                       Excellent

**Additional Comments:**

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I am willing to talk with other students about this practicum placement:  Yes  No

I rate my preparation for this practicum experience as:

None                       Poor                       Adequate                       Good                       Excellent

To what courses or experiences do you attribute your preparedness:

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What courses or experiences are needed to improve your professional preparedness for practicum placement?

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**Assessment Skill Competency**

7. Uses current sources of information

IO      1                      2                      3                      4                      5                      NA

8. Appropriately utilizes methods of assessment to determine client concerns, problems, or characteristics

IO      1                      2                      3                      4                      5                      NA

9. Appropriately interprets and uses assessments with clients and others

IO      1                      2                      3                      4                      5                      NA

**Supervision Skill Competency**

10. Meets with supervisor as scheduled

IO      1                      2                      3                      4                      5                      NA

11. Forms working relationship with supervisor

IO      1                      2                      3                      4                      5                      NA

12. Handles feedback well

IO      1                      2                      3                      4                      5                      NA

**Professional Skill Competency**

13. Establishes and maintains facilitative working relationship with staff

IO      1                      2                      3                      4                      5                      NA

B. Knows legal and ethical aspects of counseling

IO      1                      2                      3                      4                      5

NA

C. Participates in staff in-service training

IO      1                      2                      3                      4                      5

NA

**Case Management Skill Competency**

14. Appropriately uses referral within and outside the site

IO      1                      2                      3                      4                      5                      NA



D. Responsibly schedules and meets with clients

IO            1                    2                    3                    4                    5  
                  NA

E. Keeps adequate and timely client records

IO            1                    2                    3                    4                    5  
                  NA

**Based on your knowledge, what would you consider the Trainee's major strengths?**

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**Suggestions for further professional development:**

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**Other Comments?**

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**Workshops, Seminars, and Training Sessions**

<b>Training/Workshop Name</b>	<b>Provider</b>	<b>Location</b>	<b>Dates</b>	<b>Total Hours</b>

I authorize the applicant’s attendance at the following, directly relating to his/her training as a Marital and Family Therapist. These hours were NOT used to fulfill the applicant’s educational requirements.

\_\_\_\_\_  
*Trainee Name – please print*

\_\_\_\_\_  
*Site Supervisor Name and License Number*

\_\_\_\_\_  
*Site Supervisor Signature*

\_\_\_\_\_  
*Date of Signature*



**Board of Behavioral Sciences**  
 1625 North Market Blvd., Suite S200, Sacramento, CA 95834  
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## MARRIAGE AND FAMILY THERAPIST EXPERIENCE VERIFICATION

### FOR HOURS GAINED ON OR AFTER JANUARY 1, 2010

This form is to be completed by the applicant's supervisor and submitted by the applicant with his or her *Application for Examination Eligibility*. All information on this form is subject to verification.

- Use separate forms for pre-degree and post-degree experience
- Use separate forms for each supervisor and each employment setting
- Make sure that the form is complete and correct prior to signing
- Provide an original signature in ink and have the signer initial any changes

The hours on this form were earned (mark one):

- Pre-Degree  
 Post-Degree

#### APPLICANT NAME:

Last	First	Middle	Intern Number
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#### SUPERVISOR INFORMATION:

Supervisor's Last Name	First	Middle
Address: Number and Street		
City	State	Zip Code
License Type	License Number	State
		Business Phone
		Date First Licensed

- If a Physician, were you certified in Psychiatry by the American Board of Psychiatry and Neurology during the entire period of supervision?  N/A  No  Yes: Date Board Certified: \_\_\_\_\_ Certification #: \_\_\_\_\_
- If a LPCC, did you meet the qualifications to treat couples and families during the entire period of supervision, as specified in California law?  N/A  No  Yes: Date you met the qualifications: \_\_\_\_\_

#### APPLICANT'S EMPLOYER INFORMATION:

Name of Applicant's Employer	Business Phone
Address Number and Street	City
	State
	Zip Code

1. Was this experience gained in a setting that lawfully and regularly provides mental health counseling or psychotherapy?  Yes  No
2. Was this experience gained in a private practice setting?  Yes  No
3. Was this experience gained in a setting that provided oversight to ensure that the applicant's work meets the experience and supervision requirements and is within the scope of practice?  Yes  No

Applicant:	Last	First	Middle
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**EMPLOYER INFORMATION (continued):**

4. For hours gained as an Intern ONLY: Was the applicant receiving pay for the employment?  Yes  No  
 If YES, attach a copy of the applicant's W-2 statement for each year experience is claimed. If a W-2 has not yet been issued for this year, attach a copy of the current paystub. If applicant volunteered, a letter from the employer verifying volunteer status must be submitted.  N/A (pre-degree experience)

**EXPERIENCE INFORMATION:**

1. Dates of experience being claimed:	From: _____ mm/dd/yyyy	To: _____ mm/dd/yyyy
2. How many weeks of supervised experience are being claimed? _____ weeks		
3. Show only those hours of experience logged on the <i>Weekly Summary of Hours of Experience</i> form*:	<b>Logged Hours</b>	
a. Individual Psychotherapy (No minimum or maximum hours required)		
b. Couples, families, and children (minimum 500 hours**)		
• Of the hours recorded on line 3.b, how many <u>actual hours</u> were gained providing conjoint couples and family therapy?		
c. Group Therapy or Counseling (maximum 500 hours)		
d. Telehealth Counseling (maximum 375 hours)		
e. Workshops, seminars, training sessions, or conferences directly related to marriage, family, and child counseling*** (maximum 250 hours)		
For "f" and "g" below, list the number of hours earned during the time frames indicated:	<b>2010 &amp; 2011</b>	<b>2012 &amp; Later</b>
f. Administering and evaluating psychological tests of counselees, writing clinical reports and progress or process notes		
g. Client-Centered Advocacy		
4. Face-to-face supervision***:	Units per week****	<b>Logged Hours</b>
a. Individual		
b. Group (group contained no more than 8 persons)		
<p><b>NOTE: Knowingly providing false information or omitting pertinent information may be grounds for denial of the application. The Board may take disciplinary action on a licensee who helps an applicant obtain a license by fraud, deceit or misrepresentation.</b></p> <p>Signature of Supervisor: _____ Date: _____</p>		

\*Do not submit your *Weekly Summary* forms unless specifically requested by the Board

\*\*Up to 150 hours treating couples and families may be double-counted toward the 500 total required

\*\*\*These categories when combined with credited Personal Psychotherapy shall not exceed 1,000 hours of experience

\*\*\*\*One "unit" of supervision is defined as one hour of individual supervision or two hours of group supervision. Do not provide an average - if your supervision hours differed from week to week, provide a range (for example, 2-3 units per week).



## FAQ's for Weekly Summary of Hours of Experience & MFT Experience Verification Form

When completing these forms, be sure to complete all necessary fields. The *Weekly Summary of Hours of Experience* and the *MFT Experience Verification* form are the two forms used to document supervised work experience requirements.

1. How do I log/get credit for the conjoint couples and family incentive hours?

When completing the *Weekly Summary of Hours of Experience* form and the *MFT Experience Verification* form, you will document the total couples, families and children hours gained on or after 1/1/2010 on the form item titled "Couples, families, and children." In the subsection below, record the amount of actual conjoint couples and families hours. This subsection is only for recording purposes and will not affect your supervision requirements or increase your weekly totals. Please only document actual hours. **Do not double count the hours on your forms.** Once your application is received by the Board, those hours will be evaluated, and up to the first 150 hours of conjoint couples and family hours will be double counted to a maximum of 300 hours.

*For example: If Allison completed 10 couples, families and children hours, and 6 of those hours were conjoint couples and family, Allison would record 10 hours in the couples, families and children category and 6 hours below in the conjoint couples and family subsection.*

2. If I have already gained conjoint couples and family hours before 1/1/2010, can I count those prior hours towards the incentive?

No. Only the first 150 hours of conjoint couples and family hours gained on or after 1/1/2010 will be double counted.

3. How do I know when to stop using the old forms and start using the new forms?

For any hours gained on or after 1/1/2010 the Board of Behavioral Sciences (BBS) encourages all Trainees and Interns to start using the new *Weekly Summary of Hours of Experience* form and *MFT Experience Verification* form. Any hours gained prior to 1/1/2010 should be documented on the previous versions of the forms. The current version and prior version of the *Weekly Summary of Hours of Experience* and the *MFT Experience Verification* are available on the "Forms and Publications" section of the BBS Web site (<http://www.bbs.ca.gov/forms.shtml>).

4. Can I combine pre-degree and post-degree work experience on the same form?

The BBS advises separating pre- and post-degree experience on separate *Weekly Summary of Hours of Experience* and *MFT Experience Verification* forms. As long as your application for Intern registration is submitted within 90 days of your degree conferral date, you may count experience gained during this time and log these as post-degree hours. If you do not submit your application within 90 days, you will not be able to count hours until your Intern registration number is issued.

5. Now that W-2s or a letter verifying volunteer status are required for MFT Interns, do I have to locate all past employers when I was employed before 1/1/2010 to get documentation?

No. Only Interns must submit a W-2 or letter from the employer verifying voluntary status for hours gained on or after 1/1/2010. This is not required for any hours gained before this date or for Trainees.

6. How do I fill out the forms if I have more than one supervisor in the same work setting?

If you are receiving supervision from two individuals in an employment setting, you can document this on separate forms. As long as the time periods on the two forms overlap and the employment setting is the same, the BBS will lump the experience and supervision together upon evaluation of the forms.

7. As a Trainee, can I count administering and evaluating psychological tests of counselees, writing clinical reports and progress and process notes?

Yes. Starting 1/1/2010 Trainees can now count these hours up to the maximum of 250 hours. Any hours gained as a Trainee in this category prior to 1/1/2010 will not be able to count.