



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 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*:	Logged Hours	
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:	2010 & 2011	2012 & Later
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****	Logged Hours
a. Individual		
b. Group (group contained no more than 8 persons)		
<p>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.</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).