

WEEKLY SUMMARY OF HOURS OF EXPERIENCE

1800 37A-524(REV. 1/08)

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

YEAR _____

Name of MFT Intern/Trainee _____ BBS File No. (if known) _____

Work Setting:

Name and Address of Employer

Date enrolled in graduate degree program _____

Indicate the status of the MFT Intern for the hours logged:

- Trainee
- Post-Degree with Application Pending for Intern Registration [B & P Code Section 4980.43(h)]
- Trainee in Practicum
- Registered Intern (MFT Intern No. _____)

WEEK OF:															Total Hours
Individual Psychotherapy (performed by you)															
Couples, Families, and Children (min. 500 hrs.)															
Group Therapy or Counseling (performed by you) max. 500															
Telephone Counseling (actual counseling time performed by you) max. 250															
Telemedicine (max. 125)															
Administering & Evaluating Psych. Tests, Writing Clinical Reports, writing progress or process notes (max. 250)															
Supervision, Individual Face-to-Face															
Supervision, Group															
Workshops, Seminars, Training Sessions or Conferences (max. 250)															
Total Per Week															
S O S I F U G P N E A R T V U I R S E O R															