

TRAINEE OR ASSOCIATE MARRIAGE AND FAMILY THERAPIST
**WEEKLY LOG OF
 EXPERIENCE HOURS**



*Use a separate log for each supervisor and for each work setting.
 Do not submit to the Board unless specifically requested.*

Name of Trainee/Associate: Last	First	Middle
Supervisor Name	Name of Work Setting	
Address of Work Setting		
BBS File No (if known): _____		<input type="checkbox"/> AMFT Number: _____

YEAR: _____	A. Direct Counseling with Individuals, Groups, Couples or Families	A1. Diagnosis and Treatment of Couples, Families, Children*	B. Non-Clinical Experience**	B1. Supervision, Individual or Triadic*	B2. Supervision, Group*	C. Total Hours Per Week (A + B = C)	Supervisor Signature
Week of:							
Week of:							
Week of:							
Week of:							
Week of:							
Week of:							
Week of:							
Week of:							
Week of:							
Week of:							
Total Hours							

* Line A1 is a sub-category of "A" and Lines B1 and B2 are subcategories of "B." When totaling weekly hours do NOT include the subcategories - use the formula found in box "C."

** Non-Clinical Experience includes: Supervision, psychological testing, writing clinical reports, writing progress or process notes, client-centered advocacy, and workshops, seminars, training sessions or conferences.