



Board of Behavioral Sciences
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LICENSED PROFESSIONAL CLINICAL COUNSELOR EXPERIENCE VERIFICATION

“GRANDPARENT” METHOD FOR NON-CALIFORNIA LICENSED APPLICANTS

Applicant: Your supervisor must complete this form (unless experience is verified by an out-of-state licensing agency). Use a separate form for each person verifying hours of supervised experience toward licensure as a professional clinical counselor and for each employment setting. Submit this form with your application for licensure eligibility.

Supervisor: You must complete this form. **Make certain that this form is complete and correct prior to signing. Any change should be initialed by you and is subject to verification.** Return the completed form to the applicant.

(Please type or print clearly in ink)

Applicant:	Last	First	Middle	Social Security Number
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SUPERVISOR: (Please type or print clearly in ink)

1. Supervisor:	Last	First	Middle	2. Business Phone:
3. Address:	Number and Street	City	State	Zip Code
4. Name of Applicant's Employer:				5. Business Phone:
6. Employer's Address:	Number and Street	City	State	Zip Code
7. Was this experience gained in a supervised clinical setting?				Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Was the applicant either an employee or a volunteer during the dates of experience claimed?				Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Dates of the experience being claimed	From:	mm/dd/yyyy	To:	mm/dd/yyyy
10. How many <u>hours</u> of supervised experience are being claimed?	_____			
11. Supervisor License Information:	Type of License	Specialty, if any	License Number	State of Licensure
				Date Originally Licensed
If master's level counselor or therapist, were you certified by a national certifying or registering organization during the period of supervision*?				Yes <input type="checkbox"/> No <input type="checkbox"/>
Certifying Organization: _____ Date certified: _____				
<i>I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct</i>				
Signature of Supervisor: _____ Date: _____				

*Provide verification of master's degree and certification.