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

WEEKLY SUMMARY OF EXPERIENCE HOURS FOR PROFESSIONAL CLINICAL COUNSELOR INTERNS

THIS FORM SHALL BE COMPLETED PURSUANT TO TITLE 16, CALIFORNIA CODE OF REGULATIONS SECTION 1820(e) Use a separate log for each supervised work setting.

(*Please type or print clearly in ink*)

Name of PCC Intern: Last	First	Middle
Name of Supervisor:		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: ☐ Registered PCC Intern (PCC Intern No. _____) ☐ Post-Degree with Application Pending for Intern		Is this setting a hospital or community mental health setting? ☐ Yes ☐ No

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)													
Group Therapy or Counseling (max. 500)													
Telephone Counseling (max. 250)													
Administering & evaluating psych. tests, writing clinical reports, writing progress or process notes (max. 250)*													
Workshops, seminars, training sessions, or conferences directly related professional clinical 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	

*When combined, these categories shall not exceed 1,250 hours of experience (BPC Section 4999.46 (b)(6))