



**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



**LICENSED PROFESSIONAL CLINICAL COUNSELOR  
OUT-OF-STATE EXPERIENCE VERIFICATION FOR  
 UNLICENSED APPLICANTS  
OPTION 1 – STREAMLINED METHOD**

This form is for unlicensed applicants. It must be completed by the applicant's supervisor and submitted by the applicant with his or her *Application for Licensure and Examination*. All information on this form is subject to verification.

- Use this "Option 1" form to report hours under the streamlined method
- Use separate forms for each supervisor and each employment setting
- Ensure that the form is complete and correct prior to signing and have the supervisor initial any changes
- Other documentation, such as W-2 forms and Supervisor Responsibility Statements are not required.

**APPLICANT NAME:**

Last	First	Middle	Associate No. APC
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Dates of experience being claimed:	From: _____ mm/dd/yyyy	To: _____ mm/dd/yyyy
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**SUPERVISOR INFORMATION:**

Supervisor's Name		Telephone	Email Address ( <b>OPTIONAL</b> )	
License Type	License Number	State	Date First Licensed	

- Physicians: Were you certified in Psychiatry by the American Board of Psychiatry and Neurology during the entire period of supervision?

No  Yes: Date Board Certified: \_\_\_\_\_ Certification Number: \_\_\_\_\_

Applicant: Last	First	Middle
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**APPLICANT'S EMPLOYER INFORMATION:**

Name of Applicant's Employer		Telephone	
Address	Number and Street	City	State Zip Code

**EXPERIENCE INFORMATION:**

1. How many weeks of supervised experience are being claimed? _____ weeks		
2. Hours of Experience:		<b>Total Hours</b>
a. Total Direct Counseling Experience ( <i>Minimum 1,750 hours</i> )		
<ul style="list-style-type: none"> <li>Of the hours recorded on line "a" how many were gained while working with Couples, Families or Children?</li> </ul>		
b. Total Non-Clinical Experience ( <i>Maximum 1,250 hours</i> )		
<ul style="list-style-type: none"> <li>Of the above hours, how many were Face-to-Face Supervision?</li> </ul>	<b>Hours Per Week</b>	<b>Total Hours</b>
o Individual		
o Group		

***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. All information on this form is subject to verification.***

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_  
 ORIGINAL SIGNATURE REQUIRED