



Board of Behavioral Sciences
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LICENSED MARRIAGE AND FAMILY THERAPIST IN-STATE EXPERIENCE VERIFICATION OPTION 2 – PRE-EXISTING MULTIPLE CATEGORY METHOD

This form is to be completed by the applicant's California 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 2" form for reporting hours under the PRE-EXISTING method (multiple categories)
- Use separate forms for pre-degree and post-degree experience
- Use separate forms for each supervisor and each employment setting
- Make sure that the form is complete and correct prior to signing
- Provide an original signature and have the supervisor initial any changes
- For your hours to qualify under "Option 2," your *Application for Licensure and Examination* MUST be postmarked by December 31, 2020.

The hours on this form were earned (mark one):

- Pre-Degree
 Post-Degree

APPLICANT NAME:

Last	First	Middle	Associate/Intern No.
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SUPERVISOR INFORMATION:

Supervisor's Last Name		First		Middle	
Address: Number and Street					
City		State	Zip Code	Business Phone	
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? N/A No Yes: Date Certified: _____ Cert. #: _____
- LPCCs: Did you meet the qualifications to treat couples and families during the entire period of supervision, as specified in California law? N/A No Yes: Date you met the qualifications: _____

APPLICANT'S EMPLOYER INFORMATION:

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

Applicant: Last	First	Middle
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EMPLOYER INFORMATION (continued):

1. Was this experience gained in a setting that lawfully and regularly provides mental health counseling or psychotherapy? Yes No
 2. Was this experience gained in a private practice setting? Yes No
 3. Was this experience gained in a setting that provided oversight to ensure that the applicant's work meets the experience and supervision requirements and is within the scope of practice? Yes No
 4. For hours gained as an Associate ONLY: Was the applicant receiving pay? Yes No
- If YES, attach a copy of the applicant's W-2 statement for each year experience is claimed. If a W-2 has not yet issued for this year, attach a copy of the current paystub. If applicant volunteered, submit a letter from the employer verifying volunteer status.* N/A
(pre-degree experience)

EXPERIENCE INFORMATION:

1. Dates of experience being claimed:	From: _____ mm/dd/yyyy	To: _____ mm/dd/yyyy
2. How many weeks of supervised experience are being claimed? _____ weeks		
3. Show only those hours of experience logged on the <i>Weekly Summary of Hours of Experience</i> form*:		Logged Hours
a. Individual Psychotherapy (No minimum or maximum hours required)		
b. Couples, families, and children (Minimum 500 hours**)		
• Of the hours recorded on line 3.b, how many <u>actual hours</u> were gained providing conjoint couples and family therapy?		
c. Group Therapy or Counseling (Maximum 500 hours)		
d. Telehealth Counseling (Maximum 375 hours)		
e. Workshops, seminars, training sessions, or conferences*** (Maximum 250 hours)		
For "f" and "g" below, list the number of hours earned during the time frames indicated:		
f. Administering and evaluating psychological tests of counselees, writing clinical reports and progress or process notes		
g. Client-Centered Advocacy		
4. Face-to-face supervision***:	Hours Per Week	Logged Hours
a. Individual		
b. Group (group contained no more than 8 persons)		

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.

Signature of Supervisor: _____ Date: _____

* Do not submit your "Weekly Summary" forms unless specifically requested by the Board

** Up to 150 hours treating couples and families may be double-counted toward the 500 total required

*** These categories when combined with credited Personal Psychotherapy shall not exceed 1,000 hours