



**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 MARRIAGE AND FAMILY THERAPIST**  
**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 out-of-state 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 pre-degree and post-degree experience
- Use separate forms for each supervisor and each employment setting
- Ensure that the form is complete and correct prior to signing
- Provide an original signature and have the supervisor initial any changes

|  |
|--|
| The hours on this form were earned as (mark one):<br><input type="checkbox"/> Pre-Degree<br><input type="checkbox"/> Post-Degree |
|--|

**APPLICANT NAME:**

|      |       |        |                      |
|------|-------|--------|----------------------|
| Last | First | Middle | Intern Number<br>IMF |
|------|-------|--------|----------------------|

**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 |
|-----------------|-------|--------|

**APPLICANT'S EMPLOYER INFORMATION:**

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

**EXPERIENCE INFORMATION:**

|  |                           |                         |
|--|---------------------------|-------------------------|
| 1. Dates of experience being claimed:  | From: _____<br>mm/dd/yyyy | To: _____<br>mm/dd/yyyy |
| 2. How many weeks of supervised experience are being claimed? _____ weeks  |                           |                         |
| 3. 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 above hours, how many were gained diagnosing and treating Couples, Families and Children? <i>(Minimum 500 of the 1,750 hours)</i></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>   |
| <input type="radio"/> Individual   |                           |                         |
| <input type="radio"/> 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: \_\_\_\_\_