



Board of Behavioral Sciences
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MARRIAGE AND FAMILY THERAPIST TRAINEE / INTERN WEEKLY SUMMARY OF EXPERIENCE HOURS OPTION 2 – PRE-EXISTING MULTIPLE CATEGORY METHOD

Use a separate log for each setting. For hours to qualify under Option 2, your *Application for Licensure and Examination* MUST be postmarked by December 31, 2020.

Name of Trainee/Intern: Last				First				Middle			
Supervisor Name				Date enrolled in graduate degree program							
Name of Work Setting				Address of Work Setting							
Indicate your status when the hours below are logged: <input type="checkbox"/> Trainee <input type="checkbox"/> Trainee in Practicum <input type="checkbox"/> Post-Degree / Intern Application Pending - BBS File No (if known): _____ <input type="checkbox"/> Registered Intern - MFT Intern Number: _____											
YEAR _____	WEEK OF:										TOTAL HOURS
A. Individual Psychotherapy*											
B. Diagnosis / Treatment of Couples, Families, Children											
B1. Conjoint Couple/Family Therapy**											
C. Group Therapy											
D. Telehealth Counseling											
E. Workshops, Seminars, Training or Conferences											
F. Psych Testing, Report Writing, Progress/Process Notes											
G. Client Centered Advocacy											
H. Supervision, Individual											
I. Supervision, Group											
TOTAL HOURS PER WEEK											
Supervisor Signature											

* Performed by you ** B1 is a sub-category of "B." When totaling weekly hours do not include the sub-category.