



Board of Behavioral Sciences
 1625 North Market Blvd., Suite S200, Sacramento, CA 95834
 Telephone: (916) 574-7830
www.bbs.ca.gov



ASW WEEKLY TRACKING LOG

This form is only for the purposes of tracking supervised work experience and is not to be used as official documentation. Experience must be submitted on the [Experience Verification](#) form when you apply for licensure. Note: The letters "A," "A1," "B," and "C" correspond directly to the lettering system used on the *Experience Verification* form.

Name of Associate Clinical Social Worker: _____

Name of Supervisor: _____

Work Setting Name and Address: _____

YEAR _____	WEEK OF:								Total Hours
Supervision, Individual or Triadic, Face to Face*									
Supervision, Group*									
A. Clinical Psychosocial Diagnosis, Assessment, and Treatment, <u>including</u> Individual or Group Psychotherapy or Counseling (<i>Minimum 2,000 hours overall</i>)									
A1. Individual or Group Psychotherapy** (<i>Minimum 750 hours overall</i>)									
B. Client-centered advocacy, consultation, evaluation, research, workshops, seminars, training sessions or conferences, and direct supervisor contact (<i>Maximum 1,000 hours overall</i>)									
C. Total Hours Per Week (A + B = C) (<i>Maximum 40 hours / week</i>)									
Supervisor Signature									

*104 supervised weeks are required for licensure

**"A1" is a sub-category of "A." This line tells you how much of "A" was Individual or Group Psychotherapy. When totaling hours of experience do not double count these hours. Use the formula found in box "C" to total your hours of supervised experience for the week.