BBS

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

CLINICAL SOCIAL WORKER

OUT OF STATE OR Out-of-Country
Experience Verification

This form must be completed by your out-of-state or out-of-country supervisor and submitted with your *Application for Licensure – Path B*. See the Application for experience and supervisor requirements *(access at www.bbs.ca.gov> Applicant>LCSW>Forms/Pubs)*. All information on this form is subject to verification. Be sure to:

- Use a separate form for each supervisor and employer
- Make sure this form is complete and correct prior to the supervisor signing
- Have your supervisor initial any changes

APPLICANT NAME:

Last	First	Middle	Associate Number ASW

Dates of experience: From _____   to   _____
(mm/dd/yyyy)   (mm/dd/yyyy)

APPLICANT'S EMPLOYER INFORMATION

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

SUPERVISOR INFORMATION

Supervisor's Name	Telephone	Email Address

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?   ☐ Yes   ☐ No

If YES, provide certificate number:_____

APPLICANT NAME:

Last	First	Middle	Associate Number ASW

EXPERIENCE INFORMATION

Dates of experience: From _____   to _____
(mm/dd/yyyy)   (mm/dd/yyyy)

1. Total weeks:	
2. Total hours of clinical psychosocial diagnosis, assessment, and treatment, including individual or group psychotherapy / counseling:	
• Of the above hours, how many were gained performing face-to-face individual or group psychotherapy/counseling?	
3. Total hours of client-centered advocacy, consultation, evaluation, research, workshops, seminars, training sessions or conferences and direct supervisor contact:	
4. Total hours of experience:	

NOTE: Knowingly providing false information or omitting pertinent information may be grounds for denial of the application. All information on this form is subject to verification.

I hereby certify that the applicant gained the experience hours in compliance with the requirements of the state or country in which they were earned.

Signature of Supervisor: _____   Date: _____

ORIGINAL, SCANNED OR ELECTRONIC SIGNATURE REQUIRED