



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



LICENSED PROFESSIONAL CLINICAL COUNSELOR
EXPERIENCE VERIFICATION FOR
OUT-OF-STATE HOURS
OPTION 2 – MULTIPLE CATEGORY METHOD

This form is for applicants with hours of supervised experience gained outside of California. It must be completed by the applicant's supervisor and submitted by the applicant with their *Application for Licensure*. All information on this form is subject to verification.

- Use this "Option 2" form for reporting hours under the "multiple category" method.
- Use separate forms for each supervisor and each employment setting.
- Ensure that the form is complete and correct prior to signing and have the supervisor initial any changes.
- Other documentation, such as W-2s and *Supervisor Responsibility Statement* forms are not required.
- For your hours to qualify under "Option 2," your *Application for Licensure* MUST be postmarked by December 31, 2020.

APPLICANT NAME:

Last	First	Middle	Associate Number APC
------	-------	--------	-------------------------

Dates of experience being claimed:	From: _____ mm/dd/yyyy	To: _____ mm/dd/yyyy
------------------------------------	---------------------------	-------------------------

SUPERVISOR INFORMATION:

Supervisor's Name		Telephone	
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. How many weeks of supervised experience are being claimed? _____ weeks		
2. Hours of Experience:		Logged Hours
a. Direct Counseling with Individuals, Groups, Couples or Families (Minimum 1,750 hours overall)		
<ul style="list-style-type: none"> Of the hours recorded on line "a" - how many hours were gained while working with Couples, Families or Children? 		
b. Group Therapy or Counseling (Maximum 500 hours overall)		
c. Telehealth Counseling (Maximum 375 hours overall)		
<i>NOTE: Combined Maximum for # d, e, f and # 3 below is 1,250 hours</i>		
d. Administering and evaluating psychological tests of counselees, writing clinical reports and progress or process notes (Maximum 250 hours overall)		
e. Workshops, seminars, training sessions, or conferences directly related to professional clinical counseling (Maximum 250 hours overall)		
f. Client-Centered Advocacy		
3. Face-to-Face Supervision:		Hours Per Week
a. Individual or Triadic		
b. Group (group contained no more than 8 persons)		
<p><i>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.</i></p> <p>Signature of Supervisor: _____ Date: _____</p> <p style="text-align: center;">ORIGINAL SIGNATURE REQUIRED</p>		