



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 PROFESSIONAL CLINICAL COUNSELOR
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 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 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-2 forms or *Supervisor Responsibility Statement* forms are not required.

APPLICANT NAME:

Last	First	Middle	Associate Number APC
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Dates of experience being claimed:	From: _____ mm/dd/yyyy	To: _____ mm/dd/yyyy
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SUPERVISOR INFORMATION:

Supervisor's Name	Telephone	Email Address (OPTIONAL)	
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
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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:		Total Hours
a. Total Direct Counseling Experience (<i>Minimum 1,750 hours</i>)		
<ul style="list-style-type: none"> Of the hours recorded on line "a" how many were gained while working with Couples, Families or Children? 		
b. Total Non-Clinical Experience (<i>Maximum 1,250 hours</i>)		
<ul style="list-style-type: none"> Of the above hours, how many were Face-to-Face Supervision? 		Hours Per Week
<ul style="list-style-type: none"> Individual or Triadic 		
<ul style="list-style-type: none"> 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: _____
ORIGINAL SIGNATURE REQUIRED