



**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 OUT-OF-STATE OR OUT-OF-COUNTRY EXPERIENCE

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

- Use separate forms for each supervisor and each employer.
- Ensure that the form is complete and correct prior to signing.
- Have your supervisor initial any changes.

### APPLICANT NAME:

Last	First	Middle	Associate Number APC
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### 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?

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. Dates of experience:	From: _____ <i>mm/dd/yyyy</i>	To: _____ <i>mm/dd/yyyy</i>
2. Total weeks ( <i>Minimum 104 overall</i> ) _____		
3. Hours of Experience:		<b>Total Hours</b>
a. Total Direct Counseling Experience ( <i>Minimum 1,750 hours</i> )		
b. Total Non-Clinical Experience ( <i>Maximum 1,250 hours</i> )		
<p><b><i>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></b></p> <p><b><i>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.</i></b></p> <p>Signature of Supervisor: _____ Date: _____</p> <p>ORIGINAL, SCANNED OR ELECTRONIC SIGNATURE REQUIRED</p>		