



Board of Behavioral Sciences
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**ASSOCIATE PROFESSIONAL CLINICAL COUNSELOR
 WEEKLY SUMMARY OF EXPERIENCE HOURS
 OPTION 1 – NEW STREAMLINED METHOD**

Use a separate log for each work setting. Do not submit to the Board unless specifically requested.

Name of Associate: Last		First			Middle				
Supervisor Name				Name of Work Setting					
Address of Work Setting							Is this a hospital or community mental health setting? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Indicate your status when the hours below are logged:								BBS File No.: _____	
<input type="checkbox"/> Associate Application Pending				<input type="checkbox"/> Registered Associate - APC No.: _____					
YEAR _____	WEEK OF:								Total Hours
A. Direct Counseling with Individuals, Groups, Couples or Families									
B. Non-Clinical Experience**									
<i>B1. Supervision, Individual or Triadic*</i>									
<i>B2. Supervision, Group*</i>									
C. Total Hours Per Week (A + B = C) (Maximum 40 hours / week)									
Of the above hours, how many included working with Couples, Families or Children?									
Supervisor Signature									

* Lines B1 and B2 are sub-categories of line "B." When totaling weekly hours do not include the subcategories - use the formula found in box "C."

**Non-Clinical Experience includes: Supervision, psychological testing, writing clinical reports, writing progress or process notes, client-centered advocacy, and workshops, seminars, training sessions or conferences.