



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: <input type="checkbox"/> Associate Application Pending		BBS File No.: _____ <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**		
B1. Supervision, Individual or Triadic*		
B2. Supervision, Group*		
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.