



Board of Behavioral Sciences
 1625 North Market Blvd., Suite S200, Sacramento, CA 95834
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www.bbs.ca.gov



**ASSOCIATE PROFESSIONAL CLINICAL COUNSELOR
 WEEKLY SUMMARY OF EXPERIENCE HOURS
 OPTION 2– PRE-EXISTING MULTIPLE CATEGORY METHOD**

Use a separate log for each setting. *Do not submit to the Board unless specifically requested.* For hours to qualify under Option 2 your *Application for Licensure and Examination* MUST be postmarked by December 31, 2020.

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. Individual Psychotherapy											
B. Group Therapy											
C. Telehealth Counseling											
D. Workshops, Seminars, Training or Conferences											
E. Psych Testing, Report Writing, Progress/Process Notes											
F. Client-Centered Advocacy											
G. Supervision, Individual or Triadic											
H. Supervision, Group											
TOTAL HOURS PER WEEK											
<i>Of the above hours, how many included working with Couples, Families or Children?</i>											
Supervisor Signature											