**LICENSED MARRIAGE AND FAMILY THERAPIST**

**IN-STATE EXPERIENCE VERIFICATION**

**OPTION 2 –MULTIPLE CATEGORY METHOD**

This form is to be completed by the applicant’s California 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 2” form for reporting hours under the multiple category method
- Use separate forms for pre-degree and post-degree experience
- Use separate forms for each supervisor and each employment setting
- Make sure that the form is complete and correct prior to signing
- Provide an original signature and have the supervisor initial any changes
- For your hours to qualify under “Option 2,” your *Application for Licensure and Examination* MUST be postmarked by December 31, 2020.

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**APPLICANT NAME:**

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
<th>Associate Number AMF</th>
</tr>
</thead>
</table>

**SUPERVISOR INFORMATION:**

<table>
<thead>
<tr>
<th>Supervisor’s Last Name</th>
<th>First</th>
<th>Middle</th>
<th>License Type</th>
<th>License Number</th>
<th>Date First Licensed*</th>
<th>Business Phone</th>
</tr>
</thead>
</table>

- Physicians: Were you certified in Psychiatry by the American Board of Psychiatry and Neurology during the entire period of supervision? ☐ N/A ☐ No ☐ Yes: Date Certified: ___________ Cert. #: ___________
- LPCCs: Did you meet the qualifications to treat couples and families during the entire period of supervision, as specified in California law? ☐ N/A ☐ No ☐ Yes: Date qualifications were met: ________________

*If licensed in California for less than two years on the first date of experience claimed, provide out-of-state license information.

**APPLICANT’S EMPLOYER INFORMATION:**

<table>
<thead>
<tr>
<th>Name of Applicant’s Employer</th>
<th>Business Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>Number and Street</td>
</tr>
</tbody>
</table>

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**EMPLOYER INFORMATION (continued):**

1. Was this experience gained in a setting that lawfully and regularly provides mental health counseling or psychotherapy?  
   - Yes  
   - No

2. Was this experience gained in a private practice setting?  
   - Yes  
   - No

3. Was this experience gained in a setting that provided oversight to ensure that the applicant’s work meets the experience and supervision requirements and is within the scope of practice?  
   - Yes  
   - No  
   - N/A  
   (pre-degree experience)

4. For hours gained as an Associate ONLY: Was the applicant receiving pay?  
   - Yes  
   - No  
   - N/A  
   (pre-degree experience)

**EXPERIENCE INFORMATION:**

1. Dates of experience being claimed:  
   From: ______________   To: ______________  
   mm/dd/yyyy  

2. How many weeks of supervised experience are being claimed? ____________ weeks

3. Show only those hours logged on the *Weekly Summary of Experience Hours* form*:  
   - Logged Hours
   - a. Individual Psychotherapy  
     (No minimum or maximum hours required)
   - b. Couples, Families, and Children  
     (Minimum 500 hours**)
     - Of the hours recorded on line 3.b, how many actual hours were gained providing conjoint couples and family therapy?
   - c. Group Therapy or Counseling  
     (Maximum 500 hours)
   - d. Telehealth Counseling  
     (Maximum 375 hours)
   - e. Workshops, Seminars, Training sessions, or Conferences***  
     (Maximum 250 hours)
   - f. Administering and evaluating psychological tests of counselees, writing clinical reports and progress or process notes
   - g. Client-Centered Advocacy

4. Face-to-Face Supervision***:  
   - Hours Per Week  
   - Logged Hours
   - a. Individual or Triadic
   - b. Group  
     (group contained no more than 8 persons)

**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.

   Supervisor Signature: ________________________________  
   Date: ______________

* Do not submit your “Weekly Summary” forms unless specifically requested by the Board
** Up to 150 hours treating couples and families may be double-counted toward the 500 total required
*** These categories when combined with credited Personal Psychotherapy shall not exceed 1,000 hours