



Board of Behavioral Sciences
 1625 North Market Blvd., Suite S200, Sacramento, CA 95834
 (916) 574-7830
 www.bbs.ca.gov



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.

The hours on this form were earned (mark one):

- Pre-Degree
 Post-Degree

APPLICANT NAME:

Last	First	Middle	Associate Number AMF
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SUPERVISOR INFORMATION:

Supervisor's Last Name		First		Middle	
License Type	License Number	Date First Licensed*	Business Phone		

- 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:

Name of Applicant's Employer			Business Phone	
Address	Number and Street	City	State	Zip Code

Applicant:	Last	First	Middle
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EMPLOYER INFORMATION (continued):

- Was this experience gained in a setting that lawfully and regularly provides mental health counseling or psychotherapy? Yes No
 - Was this experience gained in a private practice setting? Yes No
 - 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
 - For hours gained as an Associate ONLY: Was the applicant receiving pay? Yes No
- If YES, attach a copy of the applicant's W-2 statement for each year experience is claimed. If a W-2 has not yet issued for this year, attach a copy of the current paystub. If applicant volunteered, submit a letter from the employer verifying volunteer status.*
- N/A (pre-degree experience)

EXPERIENCE INFORMATION:

1. Dates of experience being claimed:	From: _____ mm/dd/yyyy	To: _____ mm/dd/yyyy
2. How many weeks of supervised experience are being claimed? _____ weeks		
3. Show only those hours logged on the <i>Weekly Summary of Experience Hours</i> 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 <u>actual hours</u> 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