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

OUT-OF-STATE EXPERIENCE VERIFICATION

OPTION 1 – STREAMLINED METHOD

This form is for unlicensed applicants. It must be completed by the applicant's out-of-state 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 1" form to report hours under the streamlined method
- Use separate forms for pre-degree and post-degree experience
- Use separate forms for each supervisor and each employment setting
- Ensure that the form is complete and correct prior to signing
- Provide an original signature and have the supervisor initial any changes

The hours reported on this form were earned as (mark one):
☐ Pre-Degree
☐ Post-Degree

APPLICANT NAME:

Last	First	Middle	Associate Number AMF

SUPERVISOR INFORMATION:

Supervisor's Name	Telephone	Email Address **(OPTIONAL)**

License Type	License Number	State	Date First Licensed

- Physicians: Were you certified in Psychiatry by the American Board of Psychiatry and Neurology during the entire period of supervision?

  ☐ No ☐ Yes: Date Board Certified: _____ Certification Number: _____

Applicant: Last	First	Middle

APPLICANT'S EMPLOYER INFORMATION:

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

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. Hours of Experience:		**Total Hours**
a. Total Direct Counseling Experience *(Minimum 1,750 hours)*		
• Of the above hours, how many were gained diagnosing and treating Couples, Families and Children? *(Minimum 500 of the 1,750 hours)*		
b. Total Non-Clinical Experience *(Maximum 1,250 hours)*		
• Of the above hours, how many were Face-to-Face Supervision?	**Hours Per Week**	**Total Hours**
○ Individual or Triadic		
○ Group		

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. All information on this form is subject to verification.

Signature of Supervisor: _____ Date: _____