



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



## **LICENSED MARRIAGE AND FAMILY THERAPIST**

### **IN-STATE APPLICATION**

## **FOR LICENSURE AND EXAMINATION**

Please note:

- ➔ This application is for individuals who need their hours of supervised experience to be evaluated in order to qualify for the LMFT Clinical Examination
- ➔ Your hours of experience must be gained within the six (6) years prior to the date your application is received by the Board
- ➔ This application can be submitted before you pass the LMFT Law and Ethics Examination

Dear In-State Applicant:

Thank you for your interest in becoming a California Licensed Marriage and Family Therapist. Included in this packet are the following forms and documents:

1. Application Instructions
2. Important Information for Applicants
3. In-State Application for Licensure and Examination
4. In-State Experience Verification, Option 1\*
5. In-State Experience Verification, Option 2\*
6. Examination Security Agreement

BOARD OF BEHAVIORAL SCIENCES

\*If you have out-of-state hours, submit an *Out-of-State Experience Verification* form, available on the Board's [website](#).

**Board of Behavioral Sciences**

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**APPLICATION INSTRUCTIONS**  
**LICENSED MARRIAGE AND FAMILY THERAPIST**  
**IN-STATE**  
**APPLICATION FOR LICENSURE AND EXAMINATION**

Submit a completed application to: Board of Behavioral Sciences  
1625 North Market Blvd., Suite S200  
Sacramento, CA 95834

**Carefully read the following instructions to ensure an accurate and complete application package and that all required original documents are furnished to the Board. *All items are mandatory unless otherwise indicated.* Any omission may result in the application being deficient or delayed.**

**A. APPLICATION**

- Complete all sections of the application in ink.
- The application must have your original signature.
- You must use your legal name. Your “legal name” is the name established legally by your birth certificate, marriage or domestic partnership certificate, or divorce decree (for example).
- Name Change: If you have registered with the Board previously and have changed your legal name without notifying the Board, submit a [Notification of Name Change](#) form with your application packet along with the required documentation.
- Email Address: Though providing your email address is optional, the Board strongly recommends submission to facilitate communication.

**B. PHOTOGRAPH**

Should measure approximately 2" X 2" and be taken within 60 days of the filing of this application. Photograph must be of passport quality of your head and shoulders only. Attach the photograph to the application in the space provided.

**C. EXAMINATION SECURITY AGREEMENT**

The *Examination Security Agreement* must be completed and signed in ink. Failure to complete this agreement will delay your eligibility to take the examinations.

**D. FEE**

Submit a \$200.00 check or money order made payable to the Behavioral Sciences Fund. The \$200.00 fee consists of a \$100.00 application fee (for evaluating your experience and coursework), and a \$100.00 examination fee. The application fee is NOT REFUNDABLE. *Note: You will not be eligible to take the Clinical Exam until you have passed the LMFT California Law and Ethics Exam (or the former LMFT Standard Written Exam).*

**E. VERIFICATION OF EXPERIENCE**

Supervised experience must total at least two (2) years (104 supervised weeks) and 3,000 hours, obtained within the six (6) years immediately preceding the date on which your *Application for Licensure and Examination* is received by the Board. Up to 1,300 hours may be gained prior to the issuance of your degree. You must comply with all of the following:

1) **EXPERIENCE VERIFICATION FORMS:** Each supervisor of your experience hours must verify your experience. An *In-State Experience Verification* form is provided in this packet for this purpose. Applicants must fully qualify under Option 1 OR Option 2. There is no “mixing and matching” between the two options when calculating hours.

Older form versions that have already been signed will continue to be accepted for either option. Use separate forms for each supervisor and each employer as follows:

- Use the “OPTION 1” form if you wish to submit all of your hours under the streamlined method/categories. The Board will accept all versions of the *Experience Verification* forms under this method.
- Use the “OPTION 2” form if you wish to submit all of your hours under the multiple categories method. All hours must be recorded on an *Experience Verification* form that contains the multiple categories.

Personal Psychotherapy:

Document any “personal psychotherapy” received on #14 of the application form (may include group, marital or conjoint, family, or individual). A separate verification is not required. Personal psychotherapy must have been obtained within the six (6) years immediately preceding the date on which your *Application for Licensure and Examination* is received by the Board.

“Weekly Summary” forms CANNOT be accepted in place of the *Experience Verification* form. Do not submit unless specifically requested by the Board.

2) **VERIFY PRE-DEGREE AND POST-DEGREE EXPERIENCE SEPARATELY:**  
Your pre-degree and post-degree experience must be submitted on separate *Experience Verification* forms.

- 3) WORKSHOPS, SEMINARS, TRAINING AND CONFERENCES: If you completed any of these activities as part of your supervised experience, include those hours on your *Experience Verification* forms. Do not submit other proof of completion.
- 4) W-2 FORMS (ONLY required for experience as an ASSOCIATE): If you were employed while an Associate, you must submit copies of your W-2s for each year you are claiming and for each employer. If W-2s are not available for the current year, attach a copy of a current pay stub. If your W-2 does not match the name of your employer listed on your verification of experience, an explanation is required.
- 5) VOLUNTEER LETTER (ONLY required for experience as an ASSOCIATE): If you volunteered while an Associate, a letter from your employer is required indicating your voluntary status during the dates reported on your *Experience Verification*. Ensure that the letter states the time frame (date range) during which you volunteered. A sample letter is available on the Board's [website](#).
- 6) SUPERVISOR RESPONSIBILITY STATEMENT: Submit the original *Supervisor Responsibility Statement* forms signed by each of your supervisors.

**F. REQUIRED COURSEWORK**

If you entered a degree program prior to August 1, 2012, submit proof of completion of the courses listed below and on the next page (unless identified on your transcript previously submitted for Associate registration).

<b>REQUIRED COURSEWORK</b>			
<b>Course</b>	<b>Required of:</b>	<b>Length</b>	<b>Content Required</b>
<b>1. Child Abuse Assessment and Reporting</b>	Applicants who entered a degree program prior to 08/01/2012*	7 hours	Must be based on California law. See BPC** section 28
<b>2. Human Sexuality</b>	Applicants who entered a degree program prior to 08/01/2012*	10 hours	BPC section 25 and 16 CCR*** section 1807
<b>3. Alcoholism and Chemical Substance Abuse and Dependency</b>	Applicants who entered a degree program prior to 08/01/2012*	15 hours	16 CCR section 1810
<b>4. Aging, Long Term Care and Elder/Dependent Adult Abuse</b>	Applicants who entered a degree program prior to 08/01/2012*	10 hours	BPC section 4980.39

*Continued on next page*

## REQUIRED COURSEWORK (*continued*)

Course	Required of:	Length	Content Required
<b>5. Spousal/Partner Abuse Assessment, Detection and Intervention</b>	Applicants who entered a degree program between 01/01/1995 and 08/01/2012*	<ul style="list-style-type: none"> <li>• No specific number of hours if entered degree program before 12/31/03, but must cover assessment, detection and intervention</li> <li>• 15 hours if entered a degree program after 1/1/2004</li> </ul>	BPC section 4980.41
<b>6. Psychological Testing</b>	Applicants who entered a degree program between 01/01/2001 and 08/01/2012*	2 semester units or 3 quarter units	BPC section 4980.41
<b>7. Psychopharmacology</b>	Applicants who entered a degree program between 01/01/2001 and 08/01/2012*	2 semester units or 3 quarter units	BPC section 4980.41
<b>8. California Law and Professional Ethics</b>	Applicants who entered a degree program prior to 08/01/2012*	2 semester units or 3 quarter units	BPC section 4980.41

*\*This topic continues to be required for applicants who entered a degree program after 08/01/2012, but content is now provided within the degree program, and proof of course completion not required.*

\*\* Business and Professions Code    \*\*\* Title 16, California Code of Regulations

**G. BACKGROUND QUESTIONS (A - D)**

If you answered YES to application questions A, B, C or D, complete and submit a [Background Statement](#). Please be aware that your processing time will be longer than normal and will also be dependent on your providing all information required by the Board.



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## **IMPORTANT INFORMATION FOR APPLICANTS SUBMITTING AN APPLICATION FOR LMFT LICENSURE AND EXAMINATION**

### **1. VETERANS HONORABLY DISCHARGED RECEIVE EXPEDITED REVIEW**

The Board is required to expedite the licensure process for an applicant who is a honorably discharged veteran of the U.S. Armed Forces pursuant to Business and Professions Code section 115.4. Download the request form from the Board's [website](#) and include it ON TOP OF your application.

### **2. SPOUSES OR PARTNERS OF PERSONS ON ACTIVE MILITARY DUTY RECEIVE EXPEDITED REVIEW**

The Board is required to expedite the licensure process for an applicant whose spouse or partner or partner by way of another legal union, is an active duty member of the U.S. Armed Forces and meets other criteria pursuant to Business and Professions Code section 115.5. Download the request form from the Board's [website](#) and include it ON TOP OF your application.

### **3. RECEIPT OF APPLICATION**

If you would like to know whether the Board has received your application, the Board recommends that you mail your application in a manner that includes tracking. You can also check with the bank to see if your check or money order has been cashed. Another option is to include a self-addressed stamped postcard or envelope ON TOP OF your application, which will be mailed back to you upon receipt.

### **4. ABANDONMENT OF LICENSURE APPLICATION**

An application shall be deemed abandoned in any of the circumstances described below. Abandonment could have major consequences, including the loss of any experience hours more than six (6) years old at the time of application. Per Title 16, California Code of Regulations Section 1806, an application shall be deemed abandoned when:

- Applicant does not submit evidence that he or she has cleared the deficiencies specified in the deficiency letter within one (1) year from the date of the initial deficiency letter.
- Applicant fails to sit for examination within one (1) year after being notified of eligibility.
- Applicant fails to pay the initial license fee within one (1) year after notification by the board of successful completion of examination requirements.

To re-open an abandoned application, you must submit a new application, fee and all

required documentation, as well as meet all current licensure requirements in effect at the time the new application is submitted.

## 5. EXAMINATION

Once the Board evaluates your application, you will receive one of the following:

- A notice describing any deficiencies in your application OR
- A notice of eligibility to take the examination.
  - You will not be eligible to take the LMFT California Clinical Exam until you have passed the LMFT California Law and Ethics Exam (or the former LMFT Standard Written Exam). You will receive information on registering for each exam upon approval of your application.

The examinations contain objective multiple-choice questions and are offered at locations throughout California and in other states. Upon receipt of your notice of eligibility, it is your responsibility to contact the testing administrator to schedule your examination. Further information about the examination process is provided on the Board's [website](#).

## 6. REQUESTS FOR TESTING ACCOMMODATIONS

Pursuant to Title II of the Americans with Disabilities Act (ADA) and California law, the Board will provide reasonable accommodations to qualified candidates with mental disabilities, physical disabilities, or other qualifying medical conditions which limit a major life activity or a major bodily function.

Accommodations may be made to the regular testing environment, and auxiliary aids and services may be provided that allow applicants with disabilities to demonstrate their true aptitude. However, the Board will not provide accommodations that fundamentally alter the measurement of the skills or knowledge the examination is intended to test.

- Candidates do NOT need to request an accommodation for a physically accessible exam site, as all sites are physically accessible.
- A testing accommodation CANNOT be provided at the examination site unless prior approval has been granted. DO NOT SCHEDULE YOUR EXAMINATION UNTIL YOUR ACCOMMODATION HAS BEEN APPROVED. Otherwise, the testing vendor will be unable to provide your requested accommodation.
- A candidate who seeks an accommodation is responsible for submitting the request and providing reasonable documentation to substantiate the need for accommodation. Refer to the *Candidate Request for Testing Accommodation* packet, available on the Board's [website](#), for instructions on how to submit your request, or contact the Board directly to request the packet be mailed to you.

PROCESSING TIME WILL VARY DEPENDING ON THE VOLUME OF REQUESTS RECEIVED FROM APPLICANTS.

## **7. NONDISCRIMINATION AND ADA COORDINATOR**

The Executive Officer of the Board has been designated to coordinate and carry out the Board's compliance with the nondiscrimination requirements of Title II of the Americans with Disabilities Act (ADA). Information concerning the provisions of the ADA, and the rights provided thereunder, are available from the ADA coordinator.

## **8. EXAM REQUIREMENT FOR RENEWAL OF ASSOCIATE REGISTRATION**

If you continue to hold an Associate registration after submitting your *Application for Licensure and Examination*, you will be required to take the LMFT California Law and Ethics Exam in order to renew (unless you have already passed this exam). A registration will not be renewable until the exam has been taken. For more information, see the [Exams](#) tab on the Board's website.

## **9. INITIAL LICENSE APPLICATION AND FEE**

Once you have passed both examinations, you will be required to submit a *Request for Initial License* form, along with the fee indicated on the form, in order to have your license issued. This form is available on the Board's [website](#), or you may request one be mailed to you.

## **10. PUBLIC ADDRESS and CHANGE OF ADDRESS**

The address you enter on any Board form is public information and will be placed on the Internet pursuant to Business and Professions Code section 27. If you do not want your home or work address available to the public, use an alternate mailing address, such as a post office box. California law requires all persons regulated by the Board to [notify the Board in writing](#) within 30 days of any change of address.

## **11. STATUTES AND REGULATIONS**

To obtain a copy of the Board's *Statutes and Regulations*, please access it from the Board's [website](#) or submit a written request to the Board.

## **12. MANDATORY REPORTER**

Under California law each person licensed by the Board is a "mandated reporter" for both child, elder and/or dependent adult abuse or neglect. California Penal Code section 11166 and Welfare and Institutions Code section 15630 require that all mandated reporters make a report to an agency specified [generally law enforcement, state, and/or county adult protective services agencies, etc...] in Penal Code section 11165.9 and Welfare and Institutions Code section 15630(b)(1) whenever the mandated reporter, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a child, elder and/or dependent adult whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or elder abuse or neglect.



The mandated reporter must make a report of such abuse or neglect immediately, or as soon as practically possible, in the manner specified in Penal Code section 11166 (for child abuse or neglect) or in Welfare and Institutions Code section 15630 (for elder or dependent adult abuse or neglect).

Failure to comply with the requirements of Penal Code Section 11166 or Welfare and Institutions Code Section 15630 is a misdemeanor, punishable by up to six months in a county jail, by a fine of one thousand dollars (\$1,000), or by both imprisonment and fine. For further details about these requirements, consult Penal Code sections 11164 and Welfare and Institutions Code section 15630, and subsequent sections.

### **13. SOCIAL SECURITY NUMBER OR OTHER TAXPAYER IDENTIFICATION NUMBER**

Disclosure of your tax identification number on your application is mandatory. You may provide either your Social Security Number, your Federal Employer Identification Number, or Individual Taxpayer Identification Number, as applicable. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405 (c) (2) (c)) authorizes collection of these tax identification numbers. Your tax identification number will not be deemed a public record and shall not be open to the public. Your tax identification number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your tax identification number, your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

### **14. STATE TAX OBLIGATION – EFFECTIVE JULY 1, 2012**

Pursuant to Business and Professions Code section 31(e), the State Board of Equalization and the Franchise Tax Board may share taxpayer information with the Board. If a licensee or applicant does not pay his or her state tax obligation, his or her license or registration may be suspended.

### **15. NOTICE OF COLLECTION OF PERSONAL INFORMATION:**

The Board of Behavioral Sciences of the Department of Consumer Affairs collects the personal information requested in the *LMFT Application for Licensure and Examination* as authorized by Business and Professions Code sections 27, 30, 114.5, 480, 4980.36, 4980.37, 4980.40, 4980.41, 4980.43, 4980.44, 4980.72, 4980.74, 4980.78, 4980.79, 4980.81, 4982, 4982.25 and 4990.38; Title 16 of the California Code of Regulations sections 1805, 1806, 1833, 1833.1 and 1833.2; and the Information Practices Act. The Board uses this information principally to identify and evaluate applicants for licensure, issue and renew licenses, and enforce licensing standards set by statutes and regulations.

**Mandatory Submission.** Submission of the requested information is mandatory. The Board cannot consider your application for registration, licensure or renewal unless you provide all of the requested information.

**Access to Personal Information.** You may review the records maintained by the Board of Behavioral Sciences that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

**Possible Disclosure of Personal Information.** We make every effort to protect the personal information you provide us. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code section 6250 and following), as allowed by the Information Practices Act (Civil Code section 1798 and following);
- To another government agency as required by state or federal law; or
- In response to a court or administrative order, a subpoena, or a search warrant.

**Contact Information.** For questions about this notice or access to your records, you may contact the Board at (916) 574-7830 or by email at [BBS.info@dca.ca.gov](mailto:BBS.info@dca.ca.gov). For questions about the Department of Consumer Affairs' privacy policy or the Information Practices Act, you may contact the Department of Consumer Affairs, 1625 North Market Blvd., Sacramento, CA 95834, (800) 952-5210 or email [dca@dca.ca.gov](mailto:dca@dca.ca.gov).



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## LICENSED MARRIAGE AND FAMILY THERAPIST IN-STATE APPLICATION FOR LICENSURE AND EXAMINATION

**For applicants with a California degree ONLY**

**\$200 FEE MUST ACCOMPANY THIS FORM**

*Make check payable to - Behavioral Sciences Fund*

*Type or print clearly in ink*

1. Legal Name*      Last	First	Middle
2. If you have ever been known by another name, list the full name(s) and dates of use below (attach additional names and dates):		<b>ATTACH A          PHOTOGRAPH TAKEN          WITHIN 60 DAYS          OF FILING          THIS APPLICATION          (Head and          Shoulders Only)</b>
Full Name	Dates of Use (from/to)	
Full Name	Dates of Use (from/to)	
3. Address of Record**      Number and Street		
City	State	Zip Code
4. Business Telephone		5. Residence Telephone
6. E-Mail Address ( <b>OPTIONAL</b> )		
7. Birth Date: mm/dd/yyyy	8. SSN or ITIN***	
9. Qualifying Degree Title	10. Name of School, College or University	

11. Have you ever served in the United States Armed Forces or the California National Guard? (**OPTIONAL**)      Yes, Currently       No   
    Yes, Previously

Applicant Name: Last	First	Middle
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12. Have you ever applied for or been issued a license, registration or certificate to practice marriage and family therapy or any other healing art in California or any other state? Yes  No

*If YES, provide the information requested below (continue on an additional sheet if needed):*

State	Type of License, Registration or Certificate	License, Registration or Certificate Number	Date Issued	Status

13. Under which method are you requesting your supervised experience hours be evaluated?  Option 1 (New Method)  
 Option 2 (Pre-existing Method)

Note: *You must fully qualify under either Option 1 or Option 2. There is no "mixing and matching" between the two options. See application instructions for more information.*

14. *If you selected Option 2 above, and you wish to claim hours of Personal Psychotherapy received, complete the following:*

Name of Therapist	License Number	Start Date	End Date	Total Hours
				___ X 3 = ___
				___ X 3 = ___
				___ X 3 = ___

Applicant Name: Last	First	Middle
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**BACKGROUND QUESTIONS**

A. Have you been convicted of, pled guilty to, or pled nolo contendere to any misdemeanor or felony in the United States, its territories, or a foreign country? Convictions dismissed under sections 1203.4, 1203.4a, or 1203.41 of the Penal Code (or equivalent non-California law) must be disclosed. If you have obtained a dismissal of such a conviction, submit a certified copy of the court order.

**DO NOT INCLUDE:**

- Convictions prior to your 18<sup>th</sup> birthday, unless you were charged as an adult;
- Charges dismissed under section 1000.3 of the Penal Code;
- Convictions under sections 11357(b), (c), (d), (e) or section 11360(b) of the Health and Safety Code which are two (2) years or older;
- Traffic violations for which a fine of \$500 or less was imposed; or
- Infractions

Yes  No

*If YES, you must complete Part A of the [Background Statement](#) form, available on the Board's website.*

*You must answer "Yes" even if the conviction(s) have been previously reported to the Board. In a written statement, please list each conviction, including the date(s) of the conviction(s). It is not necessary for you to resubmit documentation previously on file.*

B. Is any criminal action pending against you, or are you currently awaiting judgment and sentencing following entry of a plea or jury verdict?

**DO NOT INCLUDE:**

- Traffic violations for which a fine of \$500 or less was imposed; or
- Infractions

Yes  No

*If YES, you must complete Part B of the [Background Statement](#) form, available on the Board's website.*

Applicant Name: Last	First	Middle
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C. Have you ever been denied a professional license (“license” includes registrations, certificates, or other means to engage in practice) OR had a professional license privilege suspended, revoked, or otherwise disciplined, OR voluntarily surrendered any such license in California or any other state or territory of the United States, or by any other governmental agency or a foreign country?

Yes  No

*If YES, you must complete Part C of the [Background Statement](#) form, available on the Board’s website.*

*You must answer “Yes” even if you have previously reported it to the Board. In a written statement, please indicate the type of professional license that was denied, suspended, disciplined, or surrendered, including the date(s) of the denial, suspension, disciplinary action, or surrender. It is not necessary for you to resubmit documentation previously on file.*

D. Does your current use of chemical substances in any way impair or limit your ability to safely interact with the public while engaging in the practice of marriage and family therapy?

Yes  No  N/A

*If YES, you must complete Part D of the [Background Statement](#) form, available on the Board’s website.*

***NOTE: Knowingly providing false information or omitting pertinent information may be grounds for denial of this application. The board has the right to refuse to issue any registration or license, or may suspend or revoke the license or registration of any registrant or licensee if the applicant secures the license or registration by fraud, deceit, or misrepresentation.***

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*\* You must use your legal name. Your “legal name” is the name established legally by your birth certificate, marriage or domestic partnership certificate, or divorce decree (for example).*

***\*\* The address you enter on this application is public information and will be placed on the Internet pursuant to Business and Professions Code section 27. If you do not want your home or work address available to the public, use an alternate mailing address.***

*\*\*\* Disclosure of your tax identification number is mandatory. You may provide either your Social Security Number, your Federal Employer Identification Number, or Individual Taxpayer Identification Number, as applicable. This number must match the number you provide on your fingerprint forms. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405 (c) (2) (c)) authorizes collection of these tax identification numbers. Your tax identification number will not be deemed a public record and shall not be open to the public. Your tax identification number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your tax identification number, your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.*



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## LICENSED MARRIAGE AND FAMILY THERAPIST IN-STATE EXPERIENCE VERIFICATION OPTION 1 –STREAMLINED 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 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
- Do not submit *Weekly Summary* forms unless specifically requested

The hours reported 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
Business Phone	Email Address (OPTIONAL)	
License Type	License Number	Date First Licensed*

- 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 for less than two years on the first date of experience claimed, also 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 been 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. Hours of Experience:	<b>Logged Hours</b>	
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?	<b>Hours Per Week</b>	<b>Logged Hours</b>
Individual or Triadic		
Group (group contained no more than 8 persons)		
<p><b>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.</b></p> <p>Supervisor Signature: _____ Date: _____</p>		



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## 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 for less than two years on the first date of experience claimed, also 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*:		<b>Logged Hours</b>
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***:	<b>Hours Per Week</b>	<b>Logged Hours</b>
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



**Board of Behavioral Sciences**  
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## EXAMINATION SECURITY AGREEMENT

California statutes authorize state agencies to maintain the security of their licensing examinations. Section 123 of the Business and Professions Code states:

***“It is a misdemeanor for any person to engage in any conduct which subverts or attempts to subvert any licensing examination or the administration of an examination...”***

Conduct that subverts or attempts to subvert a licensing examination includes:

- Removal of examination materials from the examination room;
- Unauthorized reproduction of any and all portions of a licensing examination;
- Acquisition of examination materials before, during, or after the examination;
- Preparation or instruction of applicants for the examination with the aid of examination material;
- Paying or using professional examination takers to reconstruct any portions of a licensing examination;
- Buying, selling, or receiving future, current, or previously administered examination materials;
- Communicating with other candidates during the examination or permitting one’s answers to be copied by another candidate;
- Impersonating another candidate or having another person take the examination on one’s behalf.

**A person found guilty of any of these acts is liable for damages sustained by the agency administering the examination in an amount not to exceed \$10,000, plus the costs of litigation. In addition, a board may deny, suspend, revoke, or otherwise restrict the license of an applicant or a licensee who has violated the above.**

### COMPLETE THIS SECTION

*I have read and fully understand the above requirements and hereby certify that I am the person named below who applied for licensure with the Board of Behavioral Sciences.*

License Application Type: LCSW  MFT  LEP  LPCC

Candidate’s Name: \_\_\_\_\_  
 (print) Last First Middle

Date of Birth: \_\_\_\_\_

Candidate’s  
 Signature: \_\_\_\_\_ Date \_\_\_\_\_