



Board of Behavioral Sciences
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**MARRIAGE AND FAMILY THERAPIST TRAINEE / ASSOCIATE
 WEEKLY SUMMARY OF EXPERIENCE HOURS
 OPTION 1 – NEW STREAMLINED METHOD**

Name of Trainee/Associate: Last		First			Middle				
Supervisor Name				Date enrolled in graduate degree program					
Name of Work Setting (use a separate log for each)				Address of Work Setting					
Indicate your status when the hours below are logged: <input type="checkbox"/> Trainee									
<input type="checkbox"/> Post-Degree / Associate Application Pending - BBS File No (if known): _____									
<input type="checkbox"/> Registered Associate - AMFT Number: _____									
YEAR _____	WEEK OF:								Total Hours
A. Direct Counseling with Individuals, Groups, Couples or Families*									
<i>A1. Diagnosis and Treatment of Couples, Families, Children**</i>									
B. Non-Clinical Experience***									
<i>B1. Supervision, Individual or Triadic**</i>									
<i>B2. Supervision, Group**</i>									
C. Total Hours Per Week (A + B = C) (Maximum 40 hours / week)									
Supervisor Signature									

* Includes telehealth counseling.

** Line A1 is a sub-category of "A" and Lines B1 and B2 are subcategories of "B." When totaling weekly hours do NOT include the subcategories - use the formula found in box "C."

*** Non-Clinical Experience includes: Supervision, psychological testing, writing clinical reports, writing progress or process notes, client-centered advocacy, and workshops, seminars, training sessions or conferences.