



Board of Behavioral Sciences
 1625 North Market Blvd., Suite S200, Sacramento, CA 95834
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www.bbs.ca.gov



**MARRIAGE AND FAMILY THERAPIST TRAINEE / ASSOCIATE
 WEEKLY SUMMARY OF EXPERIENCE HOURS
 OPTION 2 – PRE-EXISTING MULTIPLE CATEGORY METHOD**

Use a separate log for each setting. For hours to qualify under Option 2, your *Application for Licensure and Examination* MUST be postmarked by December 31, 2020.

Name of Trainee/Associate: Last			First			Middle			
Supervisor Name			Date enrolled in graduate degree program						
Name of Work Setting			Address of Work Setting						
Indicate your status when the hours below are logged: <input type="checkbox"/> Trainee <input type="checkbox"/> Trainee in Practicum									
<input type="checkbox"/> Post-Degree / Associate Application Pending - BBS File Number (if known): _____									
<input type="checkbox"/> Registered Associate - AMFT Number: _____									
YEAR _____	WEEK OF:								TOTAL HOURS
A. Individual Psychotherapy*									
B. Diagnosis / Treatment of Couples, Families, Children									
<i>B1. Conjoint Couple/Family Therapy**</i>									
C. Group Therapy									
D. Telehealth Counseling									
E. Workshops, Seminars, Training or Conferences									
F. Psych Testing, Report Writing, Progress/Process Notes									
G. Client Centered Advocacy									
H. Supervision, Individual									
I. Supervision, Group									
TOTAL HOURS PER WEEK									
Supervisor Signature									

* Performed by you ** B1 is a sub-category of "B." When totaling weekly hours do not include the sub-category.