



Board of Behavioral Sciences
 1625 North Market Blvd., Suite S200, Sacramento, CA 95834
 Telephone: (916) 574-7830
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**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 or Triadic								
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.