



Board of Behavioral Sciences
 1625 North Market Blvd., Suite S200, Sacramento, CA 95834
 Telephone: (916) 574-7830 TTY: (800) 326-2297
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											
B1. Conjoint Couple/Family Therapy**											
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.