



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



CLINICAL SOCIAL WORKER

OUT OF STATE OR OUT-OF-COUNTRY EXPERIENCE VERIFICATION

This form must be completed by your out-of-state or out-of-country supervisor and submitted with your *Application for Licensure – Path B*. See the [Application for Licensure](http://www.bbs.ca.gov) (access at www.bbs.ca.gov> *Applicant>LCSW>Forms/Pubs*) for experience and supervisor requirements. All information on this form is subject to verification. Be sure to:

- Use a separate form for each supervisor and employer
- Make sure this form is complete and correct prior to the supervisor signing
- Have your supervisor initial any changes

APPLICANT NAME:

Last	First	Middle	Associate Number ASW
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APPLICANT'S EMPLOYER INFORMATION

Applicant's Employer's Name:			Telephone	
Address:	Number and Street	City	State	Zip Code

SUPERVISOR INFORMATION

Supervisor's Name		Telephone	Email Address	
License Type	License Number	State	Date First Licensed	

Physicians: Were you certified in Psychiatry by the American Board of Psychiatry and Neurology during the entire period of supervision? Yes No

If YES, provide certificate number: _____

APPLICANT NAME:

Last	First	Middle	Associate Number ASW
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EXPERIENCE INFORMATION

Dates of experience: From _____ to _____
(mm/dd/yyyy) (mm/dd/yyyy)

1. Total weeks (<i>Minimum 104 overall</i>):	
2. Total hours of clinical psychosocial diagnosis, assessment, and treatment, including individual or group psychotherapy / counseling (<i>Minimum 2,000 overall</i>):	A.
3. Of the above hours, how many were gained performing face-to-face individual or group psychotherapy/counseling (<i>Minimum 750 overall</i>):	
4. Total hours of client-centered advocacy, consultation, evaluation, research, workshops, seminars, training sessions or conferences and direct supervisor contact* (<i>Maximum 1,000 overall</i>):	B.
5. Total hours of experience (<i>Minimum 3,000 overall</i>):	(A + B = C) C.

NOTE: Knowingly providing false information or omitting pertinent information may be grounds for denial of the application. All information on this form is subject to verification.

I hereby certify that the applicant gained the experience hours in compliance with the requirements of the state or country in which they were earned.

Signature of Supervisor: _____ Date: _____

ORIGINAL, SCANNED OR ELECTRONIC SIGNATURE REQUIRED