BBS

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

MARRIAGE AND FAMILY THERAPIST

EXPERIENCE VERIFICATION

OUT-OF-STATE OR OUT-OF-COUNTRY EXPERIENCE

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 (access at www.bbs.ca.gov> Applicant>LMFT>Forms/Pubs)* for experience and supervisor requirements.
All information on this form is subject to verification. Be sure to:

The hours reported on this form were earned as (mark one):
☐ Pre-Degree
☐ Post-Degree

- Use separate forms for pre-degree and post-degree experience.

- Use separate forms for each supervisor and each employer.

- Ensure that the form is complete and correct prior to signing.

- Have your supervisor initial any changes.

APPLICANT NAME:

Last	First	Middle	Associate Number AMF

SUPERVISOR INFORMATION:

Supervisor's Name	Telephone	Email Address

License Type	License Number	State	Date First Licensed

- <u>Physicians:</u> Were you certified in Psychiatry by the American Board of Psychiatry and Neurology during the entire period of supervision?

  ☐ No   ☐ Yes: Date Board Certified: _____ Certification Number: _____

Applicant:	Last	First	Middle

APPLICANT'S EMPLOYER INFORMATION:

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

EXPERIENCE INFORMATION:

1. Dates of experience:	From: _____ *mm/dd/yyyy*	To: _____ *mm/dd/yyyy*

	Total Hours
2. Total weeks *(Minimum 104 overall)* _____	
3. Hours of Experience:	**Total Hours**
a. Total Direct Counseling Experience *(Minimum 1,750 hours)*	
• Of the above hours, how many were gained diagnosing and treating Couples, Families and Children? *(Minimum 500 of the 1,750 hours)*	
b. Total Non-Clinical Experience *(Maximum 1,250 hours)*	

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