



Board of Behavioral Sciences
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PROFESSIONAL CLINICAL COUNSELOR INTERN WEEKLY SUMMARY OF EXPERIENCE HOURS

OPTION 1 – NEW STREAMLINED METHOD

Use a separate log for each work setting

Name of Intern: Last	First	Middle
Supervisor Name	Name of Work Setting	
Address of Work Setting		Is this a hospital or community mental health setting? Yes <input type="checkbox"/> No <input type="checkbox"/>
Indicate your status when the hours below are logged:		BBS File #: _____
<input type="checkbox"/> Intern Application Pending	<input type="checkbox"/> Registered Intern - PCI Number: _____	
YEAR _____	WEEK OF:	Total Hours
A. Direct Counseling with Individuals, Groups, Couples or Families		
B. Non-Clinical Experience**		
<i>B1. Supervision, Individual*</i>		
<i>B2. Supervision, Group*</i>		
C. Total Hours Per Week (A + B = C) (Maximum 40 hours / week)		
Of the above hours, how many included working with Couples, Families or Children?		
Supervisor Signature		

* Lines B1 and B2 are sub-categories of line "B." When totaling weekly hours do not include the subcategories - use the formula found in box "C."

**Non-Clinical Experience includes: Supervision, psychological testing, writing clinical reports, writing progress or process notes, client-centered advocacy, and workshops, seminars, training sessions or conferences.