*Board of Behavioral Sciences*
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# MARRIAGE AND FAMILY THERAPIST TRAINEE / INTERN
# WEEKLY SUMMARY OF HOURS OF EXPERIENCE
## OPTION 1 – NEW STREAMLINED METHOD

| Name of Trainee/Intern: Last | First | Middle |
|---|---|---|
| | | |

| Supervisor Name | Date enrolled in graduate degree program |
|---|---|
| | |

| Name of Work Setting (use a separate log for each) | Address of Work Setting |
|---|---|
| | |

Indicate your status when the hours below are logged: ☐ Trainee

☐ Post-Degree / Intern Application Pending - BBS File No (if known): _____

☐ Registered Intern - MFT Intern Number: _____

| **YEAR** _____ **WEEK OF:** | | | | | | | | | **Total Hours** |
|---|---|---|---|---|---|---|---|---|---|
| **A. Direct Counseling with Individuals, Groups, Couples or Families** | | | | | | | | | |
| *A1. Diagnosis and Treatment of Couples, Families, Children** | | | | | | | | | |
| **B. Non-Clinical Experience**** | | | | | | | | | |
| *B1. Supervision, Individual** | | | | | | | | | |
| *B2. Supervision, Group** | | | | | | | | | |
| **C. Total Hours Per Week (A + B = C)** *(Maximum 40 hours / week)* | | | | | | | | | |
| ***Supervisor Signature*** | | | | | | | | | |

* Line A1 is a sub-category of "A" and Lines B1 and B2 are subcategories of "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.