



**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](http://www.bbs.ca.gov)



## ASSOCIATE MARRIAGE AND FAMILY THERAPIST OR TRAINEE 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"/> Post-Degree / Associate Application Pending - BBS File No (if known): _____ <input type="checkbox"/> Registered Associate - AMF Number: _____													
<b>YEAR</b> _____ <b>WEEK OF:</b>													<b>TOTAL HOURS</b>
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													
I. Supervision, Group													
<b>TOTAL HOURS PER WEEK</b>													
<b>Supervisor Signature</b>													

\* Performed by you \*\* B1 is a sub-category of "B." When totaling weekly hours do not include the sub-category.