



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 EXPERIENCE VERIFICATION

Have your out-of-state supervisor complete this form as follows:

- Use a separate form for each supervisor and employer
- Provide an original or electronic signature and have the signer initial any changes
- Make sure this form is complete and correct prior to signing
- Submit with your *Application for Licensure*

APPLICANT NAME: _____

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 (OPTIONAL)	
License Type	License Number	State		Date First Licensed	
<p><u>Physicians:</u> Were you certified in Psychiatry by the American Board of Psychiatry and Neurology during the entire period of supervision? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">If YES, provide certificate number: _____</p>					

APPLICANT NAME: _____

EXPERIENCE INFORMATION

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

1. Total supervised weeks (<i>Minimum 104 overall</i>):	
2. Total hours in individual or triadic supervision (<i>Minimum 52 overall</i>):	
3. Total hours in group supervision:	
4. Hours worked per week (<i>Maximum 40</i>):	
5. Total hours of clinical psychosocial diagnosis, assessment, and treatment, including individual or group psychotherapy / counseling (<i>Minimum 2,000 overall</i>):	A.
6. Of the above hours, how many were gained performing face-to-face individual or group psychotherapy/counseling (<i>Minimum 750 overall</i>):	
7. 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.
8. 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. The Board may take disciplinary action on a licensee who helps an applicant obtain a license by fraud, deceit or misrepresentation. All information on this form is subject to verification.

Signature of Supervisor: _____ Date: _____
ORIGINAL OR ELECTRONIC SIGNATURE REQUIRED