



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



LICENSED CLINICAL SOCIAL WORKER

IN-STATE

APPLICATION FOR LICENSURE

Dear Applicant:

Thank you for your interest in becoming a California Licensed Clinical Social Worker (LCSW). Included in this packet are:

1. Application Instructions
2. Important Information for Applicants
3. LCSW Application for Licensure
4. In-State Experience Verification*

BOARD OF BEHAVIORAL SCIENCES

*If you have out-of-state hours, submit an [Out-of-State Experience Verification](#) form.



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



APPLICATION INSTRUCTIONS
LICENSED CLINICAL SOCIAL WORKER
IN-STATE
APPLICATION FOR LICENSURE

Submit a completed application to: Board of Behavioral Sciences
1625 North Market Blvd., Suite S200
Sacramento, CA 95834

VETERANS HONORABLY DISCHARGED - EXPEDITED REVIEW

The Board is required to expedite the licensure process for an applicant who is an honorably discharged veteran of the U.S. Armed Forces pursuant to Business and Professions Code (BPC) section 115.4. Download the request form from the Board's [website](#) and include it ON TOP OF your application.

SPOUSES/PARTNERS OF PERSONS ON ACTIVE MILITARY DUTY - EXPEDITED REVIEW

The Board is required to expedite the licensure process for an applicant whose spouse or partner or partner by way of another legal union, is an active duty member of the U.S. Armed Forces and meets other criteria pursuant to BPC section 115.5. Download the request form from the Board's [website](#) and include it ON TOP OF your application.

PROOF OF RECEIPT OF APPLICATION

If you would like to know whether the Board has received your application, you will need to mail your application using a method that includes tracking. You can also check with your bank to see if your check or money order has been cashed.

Carefully read the following instructions to ensure an accurate and complete application package and that all required original documents are furnished to the Board.

All items are mandatory unless otherwise indicated.

Any omission may result in your application being deficient or delayed.

D. VERIFICATION OF REQUIRED TRAINING

Provide proof of completion of the following required courses with your application, unless the training is identified on transcripts previously submitted for ASW registration.

Course	Required of:	Length	Content Required
1. Child Abuse Assessment and Reporting in California	All applicants	7 hours	<ul style="list-style-type: none"> • See Business & Professions Code Section 28 • Course must be based on California law
2. Human Sexuality	All applicants	10 hours	16 CCR section 1807.2
3. Alcoholism and Chemical Substance Abuse & Dependency	All applicants	15 hours	16 CCR section 1810
4. Aging, Long Term Care and Elder/Dependent Adult Abuse	Applicants who entered a MSW program after 1/1/2004	10 hours	BPC section 4996.25(a)
Spousal/Partner Abuse Assessment, Detection, and Intervention	All applicants EXCEPT for those who entered a MSW program prior to 01/01/1995	<ul style="list-style-type: none"> • No specific number of hours for those who entered a MSW program prior to 12/31/03, but must be of sufficient length to cover the topics of assessment, detection and intervention • 15 hours for those who entered a MSW program after 1/1/2004 	BPC section 4996.2(f)

E. SUPERVISED EXPERIENCE

Instructions	Document(s) Required
Supervised post-degree work experience must total at least two years (104 weeks) and 3,000 hours. The supervised experience must have been obtained within the six (6) years immediately preceding the date on which your <i>Application for Licensure</i> is received by the Board.	See below

E. SUPERVISED EXPERIENCE (continued)

Instructions	Document(s) Required
<p>EXPERIENCE VERIFICATION: Each supervisor of your experience hours must verify your experience. An <i>In-State Experience Verification</i> form is provided in this packet for this purpose.</p> <p>WRITTEN AGREEMENT: If your employer did not employ your supervisor, attach a copy of the signed written oversight agreement as required by law. A sample is available on the Board's website.</p> <p>W-2s: If you were employed, you must submit copies of your W-2s for each year you are claiming experience and for each employer. If W-2s are not available for this current year, attach a copy of a current pay stub. If your W-2 statement does not match the name of your employer as stated on your verification of experience, an explanation is required.</p> <p>VOLUNTEER LETTER: If you volunteered, attach a copy of the letter from your employer verifying your voluntary status. Be sure that the letter states the time frame (date range) during which you volunteered. A sample letter is available on the Board's website</p> <p>SUPERVISOR RESPONSIBILITY STATEMENT: Submit the original <i>Supervisor Responsibility Statement</i> signed by each supervisor.</p> <p>SUPERVISORY PLAN: Submit the initial original <i>Supervisory Plan</i> signed by each initial supervisor.</p>	<p>Original <i>In-State Experience Verification</i> form(s)</p> <p>Original Signed/dated letter(s) of agreement (if applicable)</p> <p>Copies of W-2 Form(s)/Check Stub for Current Year (if applicable)</p> <p>Original Volunteer Letter(s) (if applicable)</p> <p>Original Supervisor Responsibility Statement(s)</p> <p>Original Supervisory Plan(s)</p>

F. EXAMINATIONS

Instructions	Document(s) Required
<p>You must pass the California Law and Ethics Examination (if you have not already) and the Association of Social Work Boards (ASWB) Clinical Examination. You will be eligible to take your initial exam after your <i>Application for Licensure</i> has been approved. You will be provided with information on how to register at that time. Additional information is provided under the Exams tab on the Board's website.</p>	<p>None at this time</p>

G. INITIAL LICENSE ISSUANCE

Instructions	Document(s) Required
<p>Upon meeting all requirements for licensure, you must submit a Request for Initial License Issuance and fee. Do not submit at this time – it will be rejected.</p>	<p>AFTER you pass BOTH exams, submit a <i>Request for Initial License Issuance</i> and fee</p>



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



IMPORTANT INFORMATION FOR APPLICANTS SUBMITTING AN APPLICATION FOR LCSW LICENSURE

1. ABANDONMENT OF LICENSURE APPLICATION

An application shall be deemed abandoned in any of the circumstances described below. Abandonment could have major consequences, including the loss of any experience hours more than six (6) years old at the time of application. Per Title 16, California Code of Regulations Section 1806, an application shall be deemed abandoned when:

- You do not submit evidence that you have cleared the deficiencies specified in the deficiency letter within one (1) year from the date of the initial deficiency letter.
- You fail to sit for examination within one (1) year after being notified of eligibility.
- You fail to pay the initial license fee within one (1) year after notification by the board of successful completion of examination requirements.

To re-open an abandoned application, you must submit a new application, fee and all required documentation, as well as meet all current licensure requirements in effect at the time the new application is submitted.

2. EXAMINATION

Once the Board evaluates your application, you will receive one of the following:

- A notice describing any deficiencies in your application OR
- A notice of eligibility to take the examination.
 - You will not be eligible to take the National Association of Social Work Boards (ASWB) Clinical Examination until you have passed the LCSW California Law and Ethics Exam. You will receive information on registering for each exam upon approval of your application.

The examinations contain objective multiple-choice questions and are offered at locations throughout California and in other states. Upon receipt of your notice of eligibility, it is your responsibility to contact the testing administrator to schedule your examination. Further information about the examination process is provided under the Exams tab on the Board's [website](#).

3. REQUEST FOR TESTING ACCOMMODATION – DISABILITY OR ENGLISH AS A SECOND LANGUAGE

Refer to the Board's [website](#) for information on how to apply for testing accommodations.

4. NONDISCRIMINATION AND ADA COORDINATOR

The Executive Officer of the Board has been designated to coordinate and carry out the Board's compliance with the nondiscrimination requirements of Title II of the Americans with Disabilities Act (ADA). Information concerning the provisions of the ADA, and the rights provided thereunder, are available from the ADA coordinator.

5. EXAM REQUIREMENT FOR RENEWAL OF ASSOCIATE REGISTRATION

If you continue to hold an associate registration after submitting your *Application for Licensure*, you will be required to take the LCSW California Law and Ethics Exam in order to renew (unless you have already passed this exam or the Standard Written Exam). A registration will not be renewable until the exam has been taken. For more information, see the Exams tab on the Board's [website](#).

6. INITIAL LICENSE APPLICATION AND FEE

Once you have passed both examinations, you will be required to submit a *Request for Initial License Issuance* form, along with the fee indicated on the form, in order to have your license issued. This form is available on the Board's [website](#).

7. PUBLIC ADDRESS and CHANGE OF ADDRESS

The address you enter on any Board form is public information and will be placed on the Internet pursuant to Business and Professions Code section 27. If you do not want your home or work address available to the public, use an alternate mailing address, such as a post office box. California law requires all persons regulated by the Board to [notify the Board in writing](#) within 30 days of any change of address.

8. STATUTES AND REGULATIONS

To obtain a copy of the Board's *Statutes and Regulations*, please access it from the Board's [website](#) or submit a written request to the Board.

9. MANDATORY REPORTER

Under California law each person licensed by the Board is a "mandated reporter" for both child, elder and/or dependent adult abuse or neglect. California Penal Code section 11166 and Welfare and Institutions Code section 15630 require that all mandated reporters make a report to an agency specified [generally law enforcement, state, and/or county adult

protective services agencies, etc...] in Penal Code section 11165.9 and Welfare and Institutions Code section 15630(b)(1) whenever the mandated reporter, in their professional capacity or within the scope of their employment, has knowledge of or observes a child, elder and/or dependent adult whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or elder abuse or neglect.

The mandated reporter must make a report of such abuse or neglect immediately, or as soon as practically possible, in the manner specified in Penal Code section 11166 (for child abuse or neglect) or in Welfare and Institutions Code section 15630 (for elder or dependent adult abuse or neglect).

Failure to comply with the requirements of Penal Code Section 11166 or Welfare and Institutions Code Section 15630 is a misdemeanor, punishable by up to six months in a county jail, by a fine of one thousand dollars (\$1,000), or by both imprisonment and fine. For further details about these requirements, consult Penal Code sections 11164 and Welfare and Institutions Code section 15630, and subsequent sections.

10. SOCIAL SECURITY NUMBER OR OTHER TAXPAYER IDENTIFICATION NUMBER

Disclosure of your tax identification number on your application is mandatory. You may provide either your Social Security Number, your Federal Employer Identification Number, or Individual Taxpayer Identification Number, as applicable. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405 (c) (2) (c)) authorizes collection of these tax identification numbers. Your tax identification number will not be deemed a public record and shall not be open to the public. Your tax identification number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your tax identification number, your application for initial or renewal license will not be processed AND you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

11. STATE TAX OBLIGATION – EFFECTIVE JULY 1, 2012

Pursuant to Business and Professions Code section 31(e), the State Board of Equalization and the Franchise Tax Board may share taxpayer information with the Board. If a licensee or applicant does not pay their state tax obligation, their license or registration may be suspended.

12. NOTICE OF COLLECTION OF PERSONAL INFORMATION:

The Board of Behavioral Sciences of the Department of Consumer Affairs collects the personal information requested in the *Application for Licensure* as authorized by Business

and Professions Code sections 27, 30, 114.5, 480, 4990.38, as well as sections 4996.2, 4996.6, 4996.17, 4996.18, 4996.23, 4996.23.1, 4996.23.2, 4996.23.3, 4996.25, 4996.26; Title 16 of the California Code of Regulations Sections 1805, 1806, 1870 and 1870.1; and the Information Practices Act. The Board uses this information principally to identify and evaluate applicants for licensure, issue and renew licenses, and enforce licensing standards set by statutes and regulations.

Mandatory Submission. Submission of the requested information is mandatory. The Board cannot consider your application for registration, licensure or renewal unless you provide all of the requested information.

Access to Personal Information. You may review the records maintained by the Board of Behavioral Sciences that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information. We make every effort to protect the personal information you provide us. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code section 6250 and following), as allowed by the Information Practices Act (Civil Code section 1798 and following);
- To another government agency as required by state or federal law; or
- In response to a court or administrative order, a subpoena, or a search warrant.

Contact Information. For questions about this notice or access to your records, you may contact the Board at (916) 574-7830 or by email at BBS.info@dca.ca.gov. For questions about the Department of Consumer Affairs' privacy policy or the Information Practices Act, you may contact the Department of Consumer Affairs, 1625 North Market Blvd., Sacramento, CA 95834, (800) 952-5210 or email dca@dca.ca.gov.



Board of Behavioral Sciences
 1625 North Market Blvd., Suite S200, Sacramento, CA 95834
 Telephone: (916) 574-7830 TDD: (800) 326-2297
 www.bbs.ca.gov



LICENSED CLINICAL SOCIAL WORKER

IN-STATE

APPLICATION FOR LICENSURE

\$100 FEE MUST ACCOMPANY THIS FORM
Make check payable to Behavioral Sciences Fund

Office Use Only

Type or print clearly in ink

SSN or ITIN*	Birth Date: mm/dd/yyyy	E-Mail Address (OPTIONAL)	
Legal Name**	Last	First	Middle
If you have ever been known by another name, list the full name(s) and dates of use below (attach any additional names and dates):			
Full Name		Dates of Use (from/to)	
Full Name		Dates of Use (from/to)	
ATTACH A 2" x 2" PHOTOGRAPH TAKEN WITHIN 60 DAYS OF FILING THIS APPLICATION (Head and Shoulders Only)			
Address of Record*** Number and Street			
City		State	Zip Code
Business Telephone		Residence Telephone	

* Disclosure of your tax identification number is mandatory. You may provide either your Social Security Number, your Federal Employer Identification Number, or Individual Taxpayer Identification Number, as applicable. This number must match the number you provide on your fingerprint forms. See Important Information for Applicants for more information about how your tax identification number is used.

** You must use your legal name. Your "legal name" is the name established legally by your birth certificate, marriage or domestic partnership certificate, or divorce decree (for example).

*** The address you enter on this application is public information and will be placed on the Internet pursuant to Business and Professions Code section 27. All correspondence from the Board will be mailed to this address. If you do not want your home or work address available to the public, use an alternate mailing address such as a post office box.

Applicant Name: Last	First	Middle
----------------------	-------	--------

1. Have you ever served in the United States Armed Forces or the California National Guard? **(OPTIONAL)** Yes, Currently No
Yes, Previously

2. Have you ever applied for or been issued a license, registration or certificate to practice clinical social work or any other healing art in California or any other state? Yes No

If YES, provide the information requested below (continue on an additional sheet if needed):

State	Type of License, Registration or Certificate	License, Registration or Certificate Number	Date Issued	Status

3. Have you attached official sealed transcripts verifying your qualifying master's degree? Yes No

4. Have you completed the following courses? See *Application Instructions #E* for specific requirements. If coursework or training is not identified on transcripts, submit a copy of the certificate of completion.

A. Child Abuse Assessment & Reporting in California (7 hours) Yes No

B. Human Sexuality (10 hours) Yes No

C. Alcoholism & Other Chemical Dependency (15 hours) Yes No

D. Spousal or Partner Abuse Assessment, Detection and Intervention
(See *Application Instructions, Section E* for number of hours required) Yes No

E. Aging, Long-Term Care & Elder/Dependent Adult Abuse (10 hours) Yes No

5. Were you a paid employee for all or a portion of your supervised experience? Yes No

If YES, attach a copy of your W-2(s) as described in the Application Instructions

6. Were you a volunteer for any of your supervised experience? Yes No

If YES, attach a copy of the letter from your employer verifying voluntary status.

Applicant Name: Last	First	Middle
----------------------	-------	--------

BACKGROUND QUESTIONS

A. Have you been convicted of, pled guilty to, or pled nolo contendere to any misdemeanor or felony in the United States, its territories, or a foreign country? Convictions dismissed under sections 1203.4, 1203.4a, or 1203.41 of the Penal Code (or equivalent non-California law) must be disclosed. If you have obtained a dismissal of such a conviction, submit a certified copy of the court order.

DO NOT INCLUDE:

- Convictions prior to your 18th birthday, unless you were charged as an adult;
- Charges dismissed under section 1000.3 of the Penal Code;
- Convictions under sections 11357(b), (c), (d), (e) or section 11360(b) of the Health and Safety Code which are two (2) years or older;
- Traffic violations for which a fine of \$500 or less was imposed; or
- Infractions

Yes No

If YES, you must complete Part A of the [Background Statement](#) form, available on the Board's website.

You must answer "Yes" even if the conviction(s) have been previously reported to the Board. In a written statement, please list each conviction, including the date(s) of the conviction(s). It is not necessary for you to resubmit documentation previously on file.

B. Is any criminal action pending against you, or are you currently awaiting judgment and sentencing following entry of a plea or jury verdict?

DO NOT INCLUDE:

- Traffic violations for which a fine of \$500 or less was imposed; or
- Infractions

Yes No

If YES, you must complete Part B of the [Background Statement](#) form, available on the Board's website.

Applicant Name: Last	First	Middle
----------------------	-------	--------

C. Have you ever been denied a professional license (“license” includes registrations, certificates, or other means to engage in practice) OR had a professional license privilege suspended, revoked, or otherwise disciplined, OR voluntarily surrendered any such license in California or any other state or territory of the United States, or by any other governmental agency or a foreign country?

Yes No

If YES, you must complete Part C of the [Background Statement](#) form, available on the Board’s website.

You must answer “Yes” even if you have previously reported it to the Board. In a written statement, please indicate the type of professional license that was denied, suspended, disciplined, or surrendered, including the date(s) of the denial, suspension, disciplinary action, or surrender. It is not necessary for you to resubmit documentation previously on file.

D. Does your current use of chemical substances in any way impair or limit your ability to interact safely with the public while engaging in the practice of clinical social work?

Yes No N/A

If YES, you must complete Part D of the [Background Statement](#) form, available on the Board’s website.

NOTE: Knowingly providing false information or omitting pertinent information may be grounds for denial of this application. The board has the right to refuse to issue any registration or license, or may suspend or revoke the license or registration of any registrant or licensee if the applicant secures the license or registration by fraud, deceit, or misrepresentation.

Signature of Applicant: _____ Date: _____



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



CLINICAL SOCIAL WORKER IN-STATE EXPERIENCE VERIFICATION

Have your supervisor complete this form as described below:

- Use a separate form for each supervisor and employer
- Provide an original signature in ink 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: _____ **ASW Number:** _____

APPLICANT'S EMPLOYER INFORMATION

Name of Applicant's Employer:		Telephone		
Address:	Number and Street	City	State	Zip Code
1. Did this setting lawfully and regularly provide clinical social work, mental health counseling or psychotherapy? <input type="checkbox"/> Yes <input type="checkbox"/> No				
2. Did this setting provide oversight to ensure the ASW's work met the experience and supervision requirements and was within the scope of practice? <input type="checkbox"/> Yes <input type="checkbox"/> No				

SUPERVISOR INFORMATION

Supervisor's Name		Telephone		Email Address (OPTIONAL)	
License Type	License Number	State	Date First Licensed		
If a physician, 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 <input type="checkbox"/> N/A If YES, provide certificate number: _____					

APPLICANT NAME: _____ ASW#: _____

SUPERVISOR INFORMATION (continued)

Were you (the supervisor) employed by the supervisee's employer? Yes No

If NO, did you and the supervisee's employer sign a written agreement pertaining to oversight of the supervisee? Yes No

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. Average 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.
9. Was <u>one additional hour</u> of face-to-face individual or triadic supervision <u>OR two additional hours</u> of face-to-face group supervision provided for every week in which more than 10 hours of direct clinical counseling was performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**A maximum of six (6) hours of direct supervisor contact per week may be counted toward the 1,000 hours.*

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 SIGNATURE REQUIRED



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



CLINICAL SOCIAL WORKER IN-STATE EXPERIENCE VERIFICATION

Have your supervisor complete this form as described below:

- Use a separate form for each supervisor and employer
- Provide an original signature in ink 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: _____ **ASW Number:** _____

APPLICANT'S EMPLOYER INFORMATION

Name of Applicant's Employer:		Telephone		
Address:	Number and Street	City	State	Zip Code
1. Did this setting lawfully and regularly provide clinical social work, mental health counseling or psychotherapy? <input type="checkbox"/> Yes <input type="checkbox"/> No				
2. Did this setting provide oversight to ensure the ASW's work met the experience and supervision requirements and was within the scope of practice? <input type="checkbox"/> Yes <input type="checkbox"/> No				

SUPERVISOR INFORMATION

Supervisor's Name		Telephone		Email Address (OPTIONAL)	
License Type	License Number	State	Date First Licensed		
If a physician, 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 <input type="checkbox"/> N/A If YES, provide certificate number: _____					

APPLICANT NAME: _____ ASW#: _____

SUPERVISOR INFORMATION (continued)

Were you (the supervisor) employed by the supervisee's employer? Yes No

If NO, did you and the supervisee's employer sign a written agreement pertaining to oversight of the supervisee? Yes No

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. Average 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.
9. Was <u>one additional hour</u> of face-to-face individual or triadic supervision <u>OR two additional hours</u> of face-to-face group supervision provided for every week in which more than 10 hours of direct clinical counseling was performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**A maximum of six (6) hours of direct supervisor contact per week may be counted toward the 1,000 hours.*

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 SIGNATURE REQUIRED