



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



## LICENSED PROFESSIONAL CLINICAL COUNSELOR EXPERIENCE VERIFICATION FOR OUT-OF-STATE HOURS

This form is for applicants with hours of supervised experience gained outside of California. It must be completed by the applicant's supervisor and submitted by the applicant with their *Application for Licensure*. All information on this form is subject to verification.

- Use separate forms for each supervisor and each employment setting.
- Ensure that the form is complete and correct prior to signing and have your supervisor initial any changes.
- Other documentation, such as W-2 forms or *Supervisor Responsibility Statement* forms are not required.

### APPLICANT NAME:

Last	First	Middle	Associate Number APC
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Dates of experience being claimed:	From: _____ mm/dd/yyyy	To: _____ mm/dd/yyyy
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### SUPERVISOR INFORMATION:

Supervisor's Name	Telephone	Email Address ( <b>OPTIONAL</b> )	
License Type	License Number	State	Date First Licensed

- Physicians: Were you certified in Psychiatry by the American Board of Psychiatry and Neurology during the entire period of supervision?

No     Yes: Date Board Certified: \_\_\_\_\_ Certification Number: \_\_\_\_\_

Applicant:	Last	First	Middle
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**APPLICANT'S EMPLOYER INFORMATION:**

Name of Applicant's Employer		Telephone	
Address	Number and Street	City	State Zip Code

**EXPERIENCE INFORMATION:**

1. How many weeks of supervised experience are being claimed? _____ weeks		
2. Hours of Experience:		<b>Total Hours</b>
a. Total Direct Counseling Experience ( <i>Minimum 1,750 hours</i> )		
<ul style="list-style-type: none"> <li>Of the hours recorded on line "a" how many were gained while working with Couples, Families or Children?</li> </ul>		
b. Total Non-Clinical Experience ( <i>Maximum 1,250 hours</i> )		
<ul style="list-style-type: none"> <li>Of the above hours, how many were Face-to-Face Supervision?</li> </ul>		<b>Hours Per Week</b>
<ul style="list-style-type: none"> <li>Individual or Triadic</li> </ul>		
<ul style="list-style-type: none"> <li>Group</li> </ul>		

***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**