



Board of Behavioral Sciences
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ASSOCIATE PROFESSIONAL CLINICAL COUNSELOR WEEKLY SUMMARY OF EXPERIENCE HOURS

Use a separate log for each work setting. Do not submit to the Board unless specifically requested.

Name of Associate: Last	First	Middle
Supervisor Name	Name of Work Setting	
Address of Work Setting		Is this a hospital or community mental health setting? Yes <input type="checkbox"/> No <input type="checkbox"/>
Indicate your status when the hours below are logged: BBS File No. (if known): _____		
<input type="checkbox"/> Associate Application Pending		<input type="checkbox"/> Registered Associate - APC No.: _____

YEAR: _____	A. Direct Counseling with Individuals, Groups, Couples or Families	B. Non-Clinical Experience*	B1. Supervision, Individual or Triadic**	B2. Supervision, Group**	C. Total Hours Per Week (A + B = C)****	Of the above hours, how many included working with Couples, Families or Children?	Supervisor Signature
Week of:							
Week of:							
Week of:							
Week of:							
Week of:							
Total Hours							

* 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.

** Lines B1 and B2 are sub-categories of line "B." When totaling weekly hours do not include the subcategories - use the formula found in box "C."