



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



LICENSED MARRIAGE AND FAMILY THERAPIST IN-STATE EXPERIENCE VERIFICATION

This form is to be completed by the applicant's California supervisor and submitted by the applicant with their *Application for Licensure*. All information on this form is subject to verification.

- Use separate forms for pre-degree and post-degree experience.
- Use separate forms for each supervisor and each employment setting.
- Ensure that the form is complete and correct prior to signing.
- Provide an original signature and have the supervisor initial any changes.
- Do not submit *Weekly Summary* forms unless specifically requested

The hours reported on this form were earned (mark one):

- Pre-Degree
 Post-Degree

APPLICANT NAME:

| | | | |
|------|-------|--------|-------------------------|
| Last | First | Middle | Associate Number AMF |
|------|-------|--------|-------------------------|

SUPERVISOR INFORMATION:

| | | |
|------------------------|--------------------------|----------------------|
| Supervisor's Last Name | First | Middle |
| Business Phone | Email Address (OPTIONAL) | |
| License Type | License Number | Date First Licensed* |

- **Physicians:** Were you certified in Psychiatry by the American Board of Psychiatry and Neurology during the entire period of supervision? N/A No Yes: Date Certified: _____
 Certification Number: _____
- **LPCCs:** Did you meet the qualifications to treat couples and families during the entire period of supervision, as specified in California law? N/A No Yes
 If YES, date qualifications were met: _____

*If licensed in California for less than two years on the first date of experience claimed, attach out-of-state license information

APPLICANT'S EMPLOYER INFORMATION:

| | | | |
|------------------------------|-------------------|----------------|-------------------|
| Name of Applicant's Employer | | Business Phone | |
| Address | Number and Street | City | State Zip Code |

| | | | |
|------------|------|-------|--------|
| Applicant: | Last | First | Middle |
|------------|------|-------|--------|

EMPLOYER INFORMATION (continued):

- Was this experience gained in a setting that lawfully and regularly provides mental health counseling or psychotherapy? Yes No
- Was this experience gained in a private practice setting? Yes No
- Was this experience gained in a setting that provided oversight to ensure that the applicant's work meets the experience and supervision requirements and is within the scope of practice? Yes No
- For hours gained as an Associate ONLY: Was the applicant receiving pay? Yes No
If YES, attach a copy of the applicant's W-2 statement for each year experience is claimed. If a W-2 has not yet been issued for this year, attach a copy of the current paystub. If applicant volunteered, submit a letter from the employer verifying volunteer status. N/A (pre-degree experience)

EXPERIENCE INFORMATION:

| | | |
|--|----------------------------------|--------------------------------|
| 1. Dates of experience being claimed: | From: _____ <i>mm/dd/yyyy</i> | To: _____ <i>mm/dd/yyyy</i> |
| 2. How many weeks of supervised experience are being claimed? _____ Weeks | | |
| 3. Hours of Experience: | Logged Hours | |
| a. Total Direct Counseling Experience (<i>Minimum 1,750 hours</i>) | | |
| • Of the above hours, how many were gained diagnosing and treating Couples, Families and Children? (<i>Minimum 500 of the 1,750 hours</i>) | | |
| b. Total Non-Clinical Experience (<i>Maximum 1,250 hours</i>) | | |
| • Of the above hours, how many were Face-to-Face Supervision? | Hours Per Week | Logged Hours |
| Individual or Triadic | | |
| Group (group contained no more than 8 persons) | | |
| <p>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.</p> <p>Supervisor Signature: _____ Date: _____</p> | | |