



**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

### OUT-OF-STATE EXPERIENCE VERIFICATION

This form is for unlicensed applicants. It must be completed by the applicant's out-of-state supervisor and submitted by the applicant with their *Application for Licensure*. All information on this form is subject to verification. Be sure to:

- 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.

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

Pre-Degree

Post-Degree

#### APPLICANT NAME:

Last	First	Middle	Associate Number AMF
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#### SUPERVISOR INFORMATION:

Supervisor's Name		Telephone	Email Address (OPTIONAL)	
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. Dates of experience being claimed:	From: _____ mm/dd/yyyy	To: _____ mm/dd/yyyy
2. How many weeks of supervised experience are being claimed? _____ Weeks		
3. 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 above hours, how many were gained diagnosing and treating Couples, Families and Children? (<i>Minimum 500 of the 1,750 hours</i>)</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: \_\_\_\_\_