



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 MARRIAGE AND FAMILY THERAPIST
OUT-OF-STATE EXPERIENCE VERIFICATION
OPTION 2 – MULTIPLE CATEGORY METHOD

This form must be completed by the applicant's out-of-state supervisor and submitted by the applicant with his or her *Application for Licensure and Examination*. All information on this form is subject to verification.

- Use this "Option 2" form for reporting hours under the "multiple category" method
- Use separate forms for pre-degree and post-degree experience
- Use separate forms for each supervisor and each employment setting
- Make sure that the form is complete and correct prior to signing
- Provide an original signature and have the supervisor initial any changes
- For your hours to qualify under "Option 2," your *Application for Licensure and Examination* MUST be postmarked by December 31, 2020.

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

- Pre-Degree
 Post-Degree

APPLICANT NAME:

Last	First	Middle	Associate/Intern No.
------	-------	--------	----------------------

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? N/A No Yes:

Date Certified: _____

Certification Number: _____

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

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:	Total Hours	
a. Individual Psychotherapy <i>(No minimum or maximum hours required)</i>		
b. Couples, families, and children <i>(Minimum 500 hours*)</i>		
• Of the hours recorded on line 3.b, how many <u>actual hours</u> were gained providing conjoint couples and family therapy?		
c. Group Therapy or Counseling <i>(Maximum 500 hours)</i>		
d. Telehealth Counseling <i>(Maximum 375 hours)</i>		
e. Workshops, seminars, training sessions, or conferences** <i>(Maximum 250 hours)</i>		
For "f" and "g" below, list the number of hours earned during the time frames indicated:		
f. Administering and evaluating psychological tests of counselees, writing clinical reports and progress or process notes		
g. Client-Centered Advocacy		
4. Face-to-face supervision**:	Hours Per Week	Total Hours
a. Individual		
b. Group		

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: _____

* Up to 150 hours treating couples and families may be double-counted toward the 500 total required

** These categories when combined with credited Personal Psychotherapy shall not exceed 1,000 hours