



**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



## MARRIAGE AND FAMILY THERAPIST EXPERIENCE VERIFICATION

### FOR HOURS GAINED ON OR AFTER JANUARY 1, 2010

The supervisor must complete this form. Use a separate form for each person verifying hours of supervised experience for licensure as a marriage and family therapist and for each employment setting. Complete a separate form for pre-degree and post-degree hours. **Make certain that the form is complete and correct prior to signing. Any change should be initialed by the supervisor and is subject to verification.** Experience verification forms are to be submitted by the applicant with his or her application for examination eligibility.

*(Please type or print clearly in ink)*

Applicant:	Last	First	Middle
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**SUPERVISOR:** *(Please type or print clearly in ink)*

1. Supervisor Name:	Last	First	Middle	2. Business Phone:	
3. Address:	Number and Street		City	State	Zip Code
4. Name of Applicant's Employer:				5. Business Phone:	
6. Employer's Address:	Number and Street		City	State	Zip Code
7. a	Was this experience gained in a setting that lawfully and regularly provides mental health counseling or psychotherapy?			Yes	<input type="checkbox"/> No <input type="checkbox"/>
b	Was this experience gained in a private practice setting?			Yes	<input type="checkbox"/> No <input type="checkbox"/>
8	Experience was 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 for the profession?			Yes	<input type="checkbox"/> No <input type="checkbox"/>
9.	For interns only, Was the applicant receiving pay for the employment? If yes, attach a copy of the applicant's W-2 statement for each year experience is claimed. For the current year in which a W-2 has not been issued, submit a copy of a current paystub.				Yes <input type="checkbox"/> No <input type="checkbox"/>
If applicant volunteered, a letter from the employer verifying volunteer status is required.					
10. Dates of the experience is being claimed		From:	_____	To:	_____
			mm/dd/yyyy		mm/dd/yyyy
11. How many weeks of supervised experience are being claimed? _____					
12. Show only those hours of experience as verified on the weekly summary of hours form.					Logged Hours
a. Individual Psychotherapy (No minimum or maximum hours required)					
b. Couples, families, and children (minimum 500 hours)					
• Of the hours recorded on line 12. b., how many <u>actual hours</u> were gained via conjoint couples and family therapy.					
c. Group Therapy or Counseling (maximum 500 hours)					
d. Telemedicine (maximum 375 hours)					
e. Administering and evaluating psychological tests of counselees, writing clinical reports and progress or process notes (maximum 250 hours)					
f. Workshops, seminars, training sessions, or conferences directly related to marriage, family, and child counseling* (maximum 250 hours)					
g. Client Centered Advocacy (CCA)*					

Continue on next page.

Applicant:	Last	First	Middle
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13. Face-to-face supervision*:		Hours per week	Logged Hours
a. Individual			
b. Group (Group supervision contained no more than 8 persons)			
14. Supervisor License Information:			
Type of License	License Number	State of License	Date Originally Licensed
If M.D., were you certified in Psychiatry by the American Board of Psychiatry and Neurology during the entire period of supervision?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Date Board certified: _____			
<i>I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct</i>			
Signature of Supervisor: _____		Date: _____	

\*These categories when combined with credited Personal Psychotherapy shall not exceed 1250 hours of experience.