



Board of Behavioral Sciences
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MARRIAGE AND FAMILY THERAPIST TRAINEE / ASSOCIATE WEEKLY SUMMARY OF EXPERIENCE HOURS

Name of Trainee/Associate: Last		First		Middle			
Supervisor Name			Date enrolled in graduate degree program				
Name of Work Setting (use a separate log for each)			Address of Work Setting				
Indicate your status when the hours below are logged: <input type="checkbox"/> Trainee <input type="checkbox"/> Post-Degree / Associate Application Pending - BBS File No (if known): _____ <input type="checkbox"/> Registered Associate - AMFT Number: _____							
YEAR _____	A. Direct Counseling with Individuals, Groups, Couples or Families*	A1. Diagnosis and Treatment of Couples, Families, Children **	B. Non-Clinical Experience***	B1. Supervision, Individual or Triadic**	B2. Supervision, Group**	C. Total Hours Per Week (A + B = C)****	Supervisor Signature
Week of:							
Week of:							
Week of:							
Week of:							
Week of:							
Total Hours							

* Includes telehealth counseling.

** Line A1 is a sub-category of "A" and Lines B1 and B2 are subcategories of "B." When totaling weekly hours do NOT include the subcategories - use the formula found in box "C."

*** 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.

**** A + B + C = Maximum 40 hours / week