STATE OF CALIFORNIA - STATE AND CONSUMER SERVICES AGENCY



## Board of Behavioral Sciences

1625 North Market Blvd., Suite S200, Sacramento, CA 95834 Telephone: (916) 574-7830 TDD: (916) 322-1700 www.lebs.ca.gov



## MARRIAGE AND FAMILY THERAPIST WEEKLY SUMMARY OF HOURS OF EXPERIENCE

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

THIS FORM SHALL BE COMPLETED PURSUANT TO TITLE 16, CALIFORNIA CODE OF REGULATIONS SECTION 1833(e). Use a separate log for each supervised work setting and for each status indicated below.

(Please type or print clearly in ink)														
Name of MFT Trainee/Intern: Last				First						Middle				
Name of Supervisor:				Date enrolled in graduate degree program:						BBS File No (if known)				
Name of Work Setting:	Addre	ss of Wo	rk Setting: Number and Street					City, State, Zip						
Indicate the status of the hours logged:  Trainee* Trainee in Practicum*  *Supervision via video conferencing is not allowed as a trai  Note: Child counseling can be logged in any appropriate of		em (MFT Intern No)						Post-Degree with Application Pending for Intern Registration [B & P Code Section 4980.43(h)]						
YEAR: WEEK OF:	aleguis	as spe	cincu	by you	ii supe	VISUI							Total	
Individual Psychotherapy (performed by you)													Hours	
		-+												
Couples, Families, and Children (min. 500 hrs.)  Of the above CFC hours, how many <u>actual hours</u> were gained via conjoint couples and family therapy? *														
Group Therapy or Counseling (max. 500)														
Telemedicine (max. 375)														
Administering & evaluating psych. tests, writing clinical reports, writing progress or process notes (max. 250)														
Workshops, seminars, training sessions, or conferences directly related to marriage, family, and child counseling** (max. 250)														
Client Centered Advocacy (CCA)**														
Supervision, Individual Face-to-Face **														
Supervision, Group **														
Total Per Week														
	Signature of Supervisor													
		Signature of Supervisor	Signature of Supervisor	Signature of Supervisor	Signature of Supervisor	Signature of Supervisor	Signature of Supervisor	Signatus of Supervisor	Signatus of Supervisor	Signature of Supervisor	signature of Supervisor	Signature of Supervisor		
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<sup>\*</sup> Please see the FAQ's for instructions on how to report the Conjoint Couples and Families Therapy Incentive hours gained.

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