



Practicum/ Internship MANUAL

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SECTION I: BECOMING AN MFT OR LPCC

This section provides a brief overview of the process of becoming a licensed Marriage and Family Therapist (MFT) and/or a Licensed Professional Clinical Counselor (LPCC) with the State of California's Board of Behavioral Sciences (BBS).

A. General Requirements for MFT Licensure

1. Complete an Accredited Degree Program
 - a. Western Seminary is accredited through the Northwest Commission on Colleges and Universities and is recognized by the BBS as an accredited school.
 - b. For a complete listing of accredited schools, view "Accredited Schools with MFT (and LPCC) Programs" on the BBS website.
2. Complete 3,000 Hours of Experience
 - a. Hours must be completed under a qualified supervisor over the span of at least 104 weeks.
 - b. A student pursuing the MFT license must earn at least **225 direct client contact** and may record up to 1300 of those hours, during Practicum/Internship. These hours can be applied to the 3,000 needed for licensure. Students may exceed 1300 hours but the excess will not be applied towards licensure.
 - c. Effective January 1, 2016 there are two options for categorizing supervised experience:

Option 1: (New streamlined categories, **most students fall in this category** –

log hours on BBS form: http://www.bbs.ca.gov/pdf/forms/mft/mfwkylog_37a-525_option1.pdf

Hardcopy example in manual page 17 entitled Associate Marriage and Family Therapist or Trainee Weekly Summary of Experience Hours Option 1”):

1. Minimum 1,750 hours of **direct counseling experience** including at least 500 hours gained through diagnosing and treating couples, families and children.
2. Maximum 1,250 hours of **non-clinical experience** including a combination of: direct supervisor experience, administering and evaluating psychological tests, writing clinical reports, writing progress or process notes, client centered advocacy, and workshops, seminars, training sessions, or conferences.

Option 2: (Pre-existing multiple categories – log hours on BBS form

http://www.bbs.ca.gov/pdf/forms/mft/mfwkylog_37a-527_option2.pdf. (*Note: Individuals who wish to qualify under Option 2 must submit an Application for Licensure and Examination postmarked no later than December 31, 2020. Otherwise the applicant must qualify under Option 1*):

- i. Individual Psychotherapy (No minimum or maximum hours required)
- ii. Couples, Families and Children (Minimum 500 hours – up to 150 hours may be double-counted)
- iii. Group Therapy or Counseling (Maximum 500 hours)
- iv. Telehealth Counseling (Maximum 375 hours)

- v. Workshops, seminars, training sessions, or conferences directly related to marriage, family and child counseling. (Maximum 250 hours)
- vi. Administering and evaluating psychological tests of counselees, writing clinical reports and progress or process notes (Maximum 500 combined between vi. and vii.)
- vii. Client-Centered Advocacy (Maximum 500 combined hours between vi. and vii.)
- viii. Direct Supervisor Contact (Maximum 1,000 hours)

3. Pass Written Exams

- a. There are two MFT licensing exams:
 1. California Law and Ethics Exam
 2. California Clinical Exam

B. General Requirements for LPCC Licensure

1. Complete an Accredited Degree Program

- a. Western Seminary is accredited through the Northwest Commission on Colleges and Universities and is recognized by the BBS as an accredited school.
- b. For a complete listing of accredited schools, view “Accredited Schools with MFT Programs” on the BBS website.

2. Complete 3,000 Hours of Experience

- a. Hours must be completed under a qualified supervisor over the span of at least 104 weeks.
- b. A student pursuing the LPCC must earn at least **280 direct client contact hours** during Practicum/Internship. These hours may be earned at the same site(s) as the MFT hours. However, the BBS does not allow LPCC candidates to count Practicum/Internship experience towards licensure.

Option 1 – LPCC: (New streamlined categories, most students fall in this category)

Under the new option, the supervised work experience categories break down into two overall types:

1. Minimum 1,750 hours of **direct counseling experience**. Must include minimum of 150 hours of clinical experience in a hospital or community mental health setting
2. Maximum 1,250 hours of **non-clinical experience**. May consist of direct supervisor contact, administering and evaluating psychological tests, writing clinical reports, writing progress or process notes, client centered advocacy, and workshops, seminars, training sessions, or conferences

Option 2 – LPCC: (Pre-existing multiple categories)

- i. Direct Counseling with Individuals, Groups, Couples or Families (Maximum 1,750 hours)
- ii. Group Therapy or Counseling (Maximum 500 hours)
- iii. Telehealth Counseling (Maximum 375 hours)
- iv. Maximum 1,250 hours that include all of the following:
 - a. Workshops, seminars, training sessions, or conferences directly related to marriage, family, and child counseling (Maximum 250 hours)
 - b. Administering and evaluating psychological tests of counselees, writing clinical reports and progress or process notes (Maximum 250 hours)
 - c. Client-Centered Advocacy
 - d. Direct Supervisor Contact

3. Pass written exams

- a. There are two LPCC licensing exams:
 - 1. California Law and Ethics Exam
 - 2. National Clinical Mental Health Counselor Examination

C. Job Titles throughout the MFT Licensing Process

Throughout the licensing process, a candidate will have several different titles. According to the BBS, these titles each have unique “job descriptions”:

1. **MFT Trainee:** A Marriage and Family Therapist Trainee is a student who is currently enrolled in an accredited MFT graduate program, is unlicensed, has completed at least one year of course work including Practicum/Internship prerequisites (see Section II) and sees clients as an MFT Trainee under licensed supervision.
2. **MFT Associate:** An MFT Associate is an unlicensed person who holds a degree from an accredited graduate program, is registered with the BBS, and sees clients as an MFT Associate under licensed supervision.
3. **LMFT:** An LMFT is a Licensed Marital and Family Therapist who holds a degree from an accredited graduate program, has fulfilled the experiential requirements (3,000 hours), has passed both written exams, and has received a license from the BBS. An MFT is required to meet Continuing Education (CE) requirements each licensing period.

D. Job Titles throughout the LPCC Licensing Process

Throughout the licensing process, a candidate will have several different titles. According to the BBS, these titles each have unique “job descriptions”.

1. **PCC Trainee:** A Licensed Professional Clinical Counselor Trainee is a student who is currently enrolled in an accredited LPCC graduate program, is unlicensed, has completed at least one year of coursework including Practicum/Internship prerequisites (see Section II) and sees clients as an LPCC Trainee under licensed supervision.
2. **APCC:** A Professional Clinical Counselor Associate is an unlicensed person who holds a degree from an accredited graduate program, is registered with the BBS, and sees clients as a Registered Associate PCC under licensed supervision.
3. **LPCC:** A Licensed Professional Clinical Counselor holds a degree from an accredited graduate program, has fulfilled the experiential requirements (3,000 hours), has passed both written exams, and has received a license from the BBS. An LPCC is required to meet Continuing Education (CE) requirements each licensing period.

SECTION II: UNDERSTANDING PRACTICUM/INTERNSHIP

Purpose

An emphasis in Western's Counseling Program is to learn while doing -- the Practicum and Internship experience. During the program, each student will complete one semester of Practicum and a minimum of two semesters of Internship. Clinical experience allows the student to apply their classroom learning to the practical world of actual counseling.

After completing the foundational coursework necessary, students have the opportunity to develop their skills while still involved in the classroom experience. Combining practical and academic experience provides a rich learning environment. Students have increased motivation to learn and better retention because they have a place to apply the material immediately. They ask effective and tougher questions in class motivating the faculty to be on the cutting edge in their own professional lives.

Practicum and Internships are under the close direction of both a site supervisor and an on-campus supervisor. In Practicum and Internship classes (consisting of 4-7 student peers and one faculty member) student peers and supervising faculty review audio and video recordings of the intern's work. Feedback is provided in an encouraging atmosphere assisting in the student's personal and professional growth.

A. What is Practicum/Internship?

CNS 530 Practicum is your first field experience. It is designated differently than the Internship series (CNS 531, 532, & 539) in that it requires closer supervision from the faculty Practicum supervisors – who are to make contact with the site supervisor every 2 weeks to assess the progress of the trainee. Once the student begins the Internship sequence, these frequent check-ins are not required of the faculty Internship supervisor. These courses are designed to support and educate students who are on the road to become an MFT and/or LPCC.

The BBS requires students to be enrolled in a Practicum/Internship course in order to work with clients. Students will present clinical samples in class using the Case Presentation Form (see page 9) Once students complete the required Practicum/Internship courses (CNS 530, 531, and 532) they must enroll in a one-unit Advanced Internship (CNS 539) in order to continue working with clients. On occasion a student will be hired by a Practicum/Internship site before CNS 530 begins. In that case, the BBS will allow a student to begin training but those hours will not count towards licensure requirements.

The BBS permits students to accrue hours during the break between semesters but not if they take a semester off from school.

B. Confidentiality of Client Information in Clinical Training Experience

For counseling students in training, including Practicum/Internship students and counseling interns, all original counseling records must always remain the property of the agency with whom the student in training is contracted. Students may not be permitted to remove original client records from the premises of the agency. For the purposes of student training, only copies of client records, with both agency and client authorization, may be transported by the student to supervision--both individual and group, on and off-campus. The identifying information of clients should be removed or altered to protect client confidentiality in any manner that is reasonably possible. Further, copies of any recordings (video and/or audio) of counseling sessions must be protected in a HIPAA compliant manner, including storage on a secure encrypted device and transported in a locked bag. All copies of records, whether on paper or electronic, should be

completely destroyed as soon as possible and within the timeframe specified in the authorization from the client.

C. Practicum/Internship Prerequisites

Before finding a Practicum/Internship site or registering for CNS 530 a student must:

1. Complete at least one year of coursework including...
 - CNS 501: Clinical Foundations
 - CNS 502: Psychological Theory and Techniques
 - CNS 504: Psychotherapeutic Systems
 - CNS 505: Psychopathology
 - CNS 506: Legal and Ethical Issues
 - CNS507: Human Life Span Development
2. Complete at least 10 hours of personal psychotherapy with a licensed MFT, LCSW, or Psy.D. or an advanced associate (with 2,000+ hours logged toward licensure).
3. Have at least a 3.0 GPA
4. Receive approval from staff and faculty through the Professional Assessment of Candidates (PAC) review process.

D. Practicum/Internship Hour Requirements

All Practicum/Internship hours must be earned at a site that is either on Western's approved site list or cleared through the Practicum/Internship site approval process. Students are permitted to work at more than one site.

1. Whether pursuing their MFT and/or LPCC license, every student must earn at least 325 hours, including:
 - 225 Direct, face-to-face client contact
 - 45 Clinical supervision
 - 30 Personal psychotherapy – 10 hours of personal psychotherapy must be completed before entering Practicum. The remaining 20 hours (30 hours total) must be completed before graduation.
 - 25 Misc. category of client-centered advocacy, workshops, trainings, etc. (Students who entered the program before August 2012 have different hour requirements)

Students pursuing the LPCC must earn a minimum of 280 direct, face-to-face client contact hours. The MFT and LPCC hours may be earned at the same Practicum/Internship site(s). However, the BBS does not count Practicum/Internship hours towards the total number of hours required for the LPCC. Thus, PCC students are advised to collect hours beyond the graduation requirements post-graduation.

2. Maximum Hours Accepted

MFT students may receive a maximum of 1300 hours during Practicum/Internship. These hours will be counted by the BBS toward MFT licensure and may include the following:

- 750 Counseling and Supervision

- 250 Administering and Evaluating Psychological Tests, Report Writing, Progress Notes, Process Notes, or Client-Centered Advocacy
- 250 Workshops, Seminars, Training Sessions or Conferences

E. TRAINEE PERFORMANCE EVALUATION PROCESS

Your site supervisor will be asked to evaluate you each semester and to meet with you to review their evaluation. Your faculty Practicum/Internship supervisor will also review the evaluation in order to gain knowledge of your clinical strengths and to plan supportive instruction in any growth areas indicated. This form asks for assessment of your skills in the following areas:

Competency in:

- Clinical Evaluation
- Crisis Management
- Treatment Planning
- Rapport Building
- Treatment
- Human Diversity
- Law
- Ethics
- Personal Qualities
- Professional Documentation
- Professionalism
- Supervision

SECTION III: PRACTICUM/INTERNSHIP SITE INFORMATION

A. Requirements for a Qualified Practicum/Internship Site

1. Practicum/Internship Site Requirements
 - a. Trainees may not see clients in private practice settings, even as a volunteer.
 - b. Trainees may receive a salary but may not be paid directly by clients.
 - c. Trainees may work in a non-profit or charitable corporation, school, college or university, government entity, licensed health facility, non-profit, church-based counseling center, or other non-private practice sites that provide mental-health counseling or psychotherapy and qualified supervision.
 - d. Video, audio, supervision observation and/or co-therapy supervision will be required of all authorized sites (FERPA and HIPAA compliant).
2. Supervision Requirements
 - a. Trainees must receive “one unit” of qualified supervision for every five hours of psychotherapy or counseling performed. (One unit equals one hour of individual or two hours of group supervision)
 - b. Group supervision sessions shall not include more than eight persons receiving supervision.
3. Supervisor Requirements
 - a. Supervisor must be a licensed mental health professional (Marriage and Family Therapist, Licensed Professional Counselor, Clinical Social Worker, Psychologist or Physician certified in psychiatry by the American Board of Psychiatry and Neurology)
 - b. Supervisor must maintain a valid California license
 - c. Supervisor must have held that license for at least two years and practiced psychotherapy or directly supervised as part of their clinical practice for at least two years within the last five-year period immediately preceding supervision
 - d. Supervisor must complete a minimum of six hours of supervision training or coursework within two years immediately preceding supervision (or within 60 days of the commencement of supervision) and every renewal period thereafter (Psychologists and Physicians certified in psychiatry are exempt from supervision training)
 - e. Placement must be in a setting that is not a private practice. The supervisor may be employed by the registrant’s employer on either a paid or voluntary basis. An off-site supervisor must sign a letter of agreement with the agency employing the applicant.

B. Finding a Practicum/Internship Site: The Process

It is the student’s responsibility to find a Practicum/Internship placement. However, we are continuously expanding our resources to better assist students in this process.

The Counseling Program Advisor is the Practicum/Internship point person until a student finds a Practicum/Internship placement and begins CNS 530. Once a Practicum/Internship placement has been found, the Clinical Supervisor is the point person for case questions, the Practicum/Internship faculty is the point person for legal/ethical questions, and the Program Advisor is the point person for BBS questions. Students preparing for Practicum/Internship should:

1. Attend the Practicum/Internship Orientation in the spring semester or communicate with the Counseling Student Advisor if a group orientation is not available.
2. Review the Practicum/Internship Site List. Contact the Program Advisor about pursuing a Practicum/Internship site that is not on this list.
3. Contact prospective Practicum/Internship sites. Investigate whether the site takes Trainees and if they have openings. (Note: It is important to treat this like a professional job search)
4. Prepare a professional resume and cover letter, personalized for each site.
5. Prepare for an interview.
6. Accept a site placement, notify the Counseling Student Advisor, and register for Practicum/Internship

7. Review the Practicum/Internship Paperwork Checklist.

PRACTICUM CHECKLIST

SUBMIT COPIES OF ALL PRACTICUM PAPERWORK TO MFT Program Assistant

Trainee Name _____ MFT Entry Date _____

Site Name/Address _____

Contact/Phone _____

Practicum Semester Dates				
CNS 530	CNS 531	CNS 532	CNS 539	CNS 539

PRIOR TO REGISTERING FOR PRACTICUM I:

- Documentation of Approved Site (*Site Approval Form, Non Profit Status Documentation, Site Visit by MFT Director*)
- Proof of CAMFT Membership (*www.camft.org*) (*AAMFT, AACC, and SVC-CAMFT optional*)
- Proof of Malpractice Liability Insurance (*a free benefit of the CAMFT student membership*) → Expiration Date: _____
- Proof of a Track Your Hours account (*www.trackyourhours.com*)
- Verification that at least 10 hours of personal psychotherapy have been completed

DURING THE FIRST SESSION OF PRACTICUM I:

- Practicum Agreement Form
- Responsibility Statement for Supervisor (*BBS Form, one per supervisor*)
- Copy of Supervisor's current license (*one per supervisor*) → Expiration Date: _____
- Copy of Supervisor's current Supervision Certification CEU (*one per supervisor*) → Expiration Date: _____
- Confidentiality Agreement (*signed in class*)

AT THE END OF PRACTICUM I, II, III, AND ADV PRACTICUM (CNS 530, 531, 532, 539)

	CNS 530	CNS 531	CNS 532	CNS 539	CNS 539
Weekly Summary Hours of Experience (BBS Form)	<input type="checkbox"/>				
Trainee Performance Evaluation	<input type="checkbox"/>				
Practicum Site Evaluation	<input type="checkbox"/>				

AT THE END OF YOUR PRACTICUM EXPERIENCE:

Submit the following copies and verify that your own file contains these originals along with those listed above:

- MFT/PCC Experience Verification Forms (*one per site **and** per supervisor*)
- Record of 30+ Personal Psychotherapy Hours (*Use Western form, or please include the number of hours, therapist license number, and therapist signature*)

Site	Location	Clinical Director	Contact	Website
Aldar Academy	Sacramento		(916) 698-1042	Aldaracademy.com
Adolfo Center	Sacramento		(916) 879-1784	Voa-ncnn.org
Anew Day	Nevada City	Barbara Coffman	(530) 470-9111	Anew-day.com
Aspiranet	Modesto	Andrew McClure	(209)576-1780	Aspiranet.org
Bayside Church	Roseville	Julie Black	(916) 791-1244	Baysideonline.com
California Relationship Center	Auburn	Kim Sanders	(530) 889-0178	
Capital Counseling Center	Sacramento	Bob Bohling	(916) 856-5955	Capitalcounselingcenter.com
Children's Receiving Home	Sacramento		(916) 482-2370	Crhkids.org
Christian Counseling Center	Fairfield	Lilia Salazar	(707) 474-2391	Christiancounseling.net
Community Counseling Associates	Sacramento	Tim Dakin	(916) 764-6997	Cccnow.com/ministries (Note: referral-based site)
Emmaus Road Christian Counseling	Roseville	Dave Dillman	(916) 751-6016	Emmausroadcounseling.com
First Baptist of Elk Grove	Elk Grove	Michael Beckner	(916) 685-4821	Fbceg.org/counseling
Harvest Community Church	Roseville	Lisa Charlebois		
Heartstrings	Loomis	Darla Gale	(916) 397-9039	Heartstrings.org
Hearts and Hands	Roseville			Heartsandhandscounseling.org
HOPE Counseling	Roseville, Midtown	Darlene Davis	(916) 444-2170	Hope-counselingcenter.org
Kids First Counseling & Family Resource Center	Auburn Roseville			
Life Practice	Stockton, Sacramento	Carisa Sherwood	(916) 300-6576	Lifeppractice.org
My Dream Ranch	Placerville	Julie Stass	(805) 704-3626	
One Eighty Adolescent Family Services	Lodi	Kevin Brown	(209)712-0466	kevin@horizonweb.org
Parent Cooperative Community		Carla DeRose	(916) 947-0371	
Prison Families	Sacramento	Dave Dillman		
Roseville Homestart	Roseville	Erin Ambrose		
Sierra Forever Families		Pamela Camino	(916)368-5114	pcamino@sierraff.org
Soul Care at Bridgeway Church	Rocklin	Melissa Bergen	(916) 205-9845	Mysoulcare.net

Stand Up Placer	Auburn and Roseville	Sherry Douden	(530) 887-1300	Standupplacer.org
Therapeutic Solutions		Nancy Weddell		
UC Davis CAARE Diagnostic and Treatment Center		Kim Lundquist	(916) 734-6639	Ucdmc.ucdavis.edu
WEAVE	Sacramento	Megan Raiamondi-Musser	(916)319-4930	Mraimondi-musser@weaveinc.org
Wellness Together-Roseville H.S. District	Roseville	Marlon Morgan	(916) 786-7093 x 1430	Edjoin.org
Yolo Community Care Continuum	Davis and Woodland	Michelle Kellogg	(530) 758-2160	Y3c.org
Youth for Christ Central Valley – Family Concern Counseling	Modesto	Marty Villa	(209) 522-9568 ext. 112	centralvalley.yfc.net

(Site Director and contact information will be updated upon visitation by San Jose faculty)

Site Name	City	Site Rep	Contact	Website
Phoenix House Foundation Mental Health Program	Bakersfield			https://www.phoenixhouse.org/
Golden Hills Community Counseling	Brentwood	Denise Olson	deniseolson@goldenhills.org	www.goldenhills.org/ministries/counseling
Process Therapy Institute	Campbell	Kavita Ramani	(408)963-6994 x 420	www.processes.org
Christian Counseling Center Hayward/ Fremont	Hayward/ Fremont	Keith Hinson		www.christiancounselingcenters.org/fremont
Community Solutions	Gilroy			http://www.communitysolutions.org/
Discovery Counseling Center	Morgan Hill	Larry McElvain	(408)778-5120	www.mydiscoverycc.com
Bay Area Community Services	Oakland			http://www.bayareacs.org
One Life Counseling Center	San Carlos	Suzanne Hughes	(415)860-1475	http://onelifecounselingservices.com/mission/
First Resort/ Support Circle	San Francisco			http://www.supportcircle.org/
Donaldina Cameron House	San Francisco	Diana To	(415)781-0401 x125	www.cameronhouse.org
Advent Group Ministries	San Jose	Bruce Pickett	(408) 281-0708	www.adventgm.org
Christian Counseling Center San Jose	San Jose	Mary Jean Walton	(408) 235-9790	www.cccsanjose.com
Evergreen School District	San Jose	Bich Hamilton-Nguyen	bhamilton@eesd.org	www.eesd.org
Starlight Community Services	San Jose			http://www.starsinc.com/santa-clara-county/
Unity Care	San Jose			https://www.unitycare.org
Year Up Bay Area	San Jose			https://www.yearup.org/about-us/our-locations/bay-area/
DreamPower Horsemanship	San Martin			www.dreampowerhorsemanship.com
Community Presbyterian Counseling Center	San Ramon			www.cpccounseling.com
Wisdom Training Center	Sunnyvale	Stacy Brittain	(650)793-4966	http://www.thewisdomtrainingcenter.org/

SUGGESTED LOG FOR PERSONAL PSYCHOTHERAPY

Unofficial Record (not required by the Board of Behavioral Sciences)

The BBS currently has no official log for collecting hours of personal psychotherapy received by interns and trainees. Please use this form to keep track of the hours of personal therapy you receive and turn it into your Academic Advisor one week prior to the last week of your last Practicum semester. 10 hours of psychotherapy is required before an individual is eligible for practicum and must be submitted to the MAC Academic advisor in order for practicum registration approval.

- **Personal Psychotherapy Requirements for Graduation:** 30 hours total, 10 of which must be done in a group therapy setting and 20 hours individual (10 of these individual hours can be done as marital/family counseling). Please use the "Group Counseling Hours Log" to record group hours.
- **Appropriate psychotherapists:** Advanced Associates (with 2000+ logged hours toward licensure), Licensed Marriage and Family Therapists, Licensed Clinical Social Workers, Licenses Psychologists and Licensed Physicians certified in psychiatry by the American Board of Psychiatry and Neurology.

WEEKLY SUMMARY OF PSYCHOTHERAPY RECEIVED

YEAR: _____

Name of Intern/ Trainee: _____

Name of Psychotherapist: _____ License Number: _____

Week of														Total Hours
Hours of therapy or counseling received														
Psychotherapist's Signature														

Concept borrowed from a form which appeared in the November/ December 1993 issue of *The California Therapist*.

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Rocklin, CA 95765
Phone: 916.488.3720

SAN JOSE CAMPUS
1000 S. Park Victoria Drive
Milpitas, CA 95035
Phone: 408.356.6889

THIS IS THE PRACTICUM AGREEMENT FOR:

Trainee Name – please print

This agreement is made on _____ by and between
Date

Field Site Name, Address, & Phone Number

and **Western Seminary San Jose**. This agreement will be effective for a period from:

_____ to _____

PURPOSE

The purpose of this agreement is to provide a qualified graduate student with a Practicum experience in the field of counseling.

WESTERN SEMINARY AGREES:

1. That the Trainee has completed: CNS501 (Clinical Foundations), CNS 502 (Psychological Theory and Techniques), CNS 504 (Psychotherapeutic Systems), CNS 505 (Psychopathology), CNS 506 (Legal and Ethical Issues), and CNS507 (Human Life Span Development).
2. To assign a Faculty Practicum Supervisor to communicate with the Site Supervisor.
3. To notify the Trainee that he/she must adhere to the administrative policies, rules, standards, schedules and practices of the site.
4. That the Faculty Practicum Supervisor is responsible for the assignment of a Practicum grade based, in part, on the recommendation of the Practicum Site Supervisor.
5. That the MAC Assistant Program Director and MA Counseling Program Director will provide support and oversight.

THE PRACTICUM SITE AGREES:

1. To assign a Site Supervisor who has appropriate credentials, experience, time and interest for training the student.
2. To provide opportunities for the Trainee to engage in a variety of counseling activities under supervision in sufficient amounts to allow an adequate evaluation of competence in each activity.
3. To provide the Trainee with adequate work space and supplies.
4. To provide supervisory contact which involves examination of the Trainee's work using audio/visual tapes, observation and/or live supervision.
5. To not hold Western Seminary liable for any injury or malpractice caused to or by the Trainee.

THE SITE SUPERVISOR AGREES:

1. To submit copies of a professional license and certification to supervise
2. To provide the adequate number of units of group or individual supervision per week to meet the client/supervision ratio set by the BBS for Trainees.
3. To complete the Trainee Performance Evaluation Form at the end of each semester and review this form with the Trainee.

THE FACULTY PRACTICUM SUPERVISOR AGREES:

1. To be the faculty liaison with both the Trainee and Site Supervisor regarding progress, problems and performance evaluations.
2. To meet with the Trainee as outlined in the practicum course description.
3. To review the Practicum Site Evaluation Form, Trainee Performance Evaluation Form, and the Weekly Summary of Hours at the end of each semester.
4. To be available to advise pre-practicum students regarding placement.

THE MA COUNSELING PROGRAM ADMINISTRATIVE ASSISTANT AGREES:

1. To assist pre-practicum students with practicum site placement, new practicum site approvals, and placement readiness.
2. To support Trainees, Faculty Practicum Supervisors, and Site Supervisors as needed.
3. To develop and strengthen relationships with practicum sites.
4. To store each student's practicum paperwork in preparation for the Exit Interview.

THE MA COUNSELING PROGRAM DIRECTOR AGREES:

1. To ensure that the practicum program meets BBS requirements.
2. To develop and strengthen relationships with practicum sites.
3. To ensure that the practicum program remains competitive.
4. To conduct the Exit Interview.

THE TRAINEE AGREES:

1. To spend _____ hours per week at the Practicum site. At least 50% of the hours spent will involve direct client contact.
2. To participate in the adequate number of units of group or individual supervision per week to meet the client/supervision ratio (5:1) set by the BBS for Trainees.
3. To participate in no less than 80% of the practicum class sessions.
4. To follow the Practicum Paperwork Checklist
5. To accept responsibility for his/her own actions during counseling practicum and not hold Western Seminary liable for any injury or malpractice caused to or by the Trainee.

Trainee Signature_____
Phone Number_____
Date_____
On-Site Director/ Supervisor Signature_____
Phone Number_____
Date_____
Faculty Practicum Supervisor Signature_____
Phone Number_____
Date

This form must be submitted to the Practicum Faculty before or during the first session of class. Upon review this form will be forwarded to the MAC Administrative Assistant.

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**RESPONSIBILITY STATEMENT FOR SUPERVISORS
 OF A MARRIAGE AND FAMILY THERAPIST TRAINEE OR INTERN**

Title 16, California Code of Regulations (16 CCR) Section 1833.1 requires any qualified licensed mental health professional who assumes responsibility for providing supervision to those working toward a Marriage and Family Therapist license to complete and sign, under penalty of perjury, the following statement prior to the commencement of any counseling or supervision. NOTE: All references to "Intern" are equivalent to "Associate."

Name of MFT Trainee/Intern:	Last	First	Middle
Name of Qualified Supervisor:		Qualified Supervisor's Daytime Telephone Number:	

As the supervisor:

1) I am licensed in California and have been so licensed for at least two years prior to commencing this supervision. (16 CCR § 1833.1(a)(1) and Business and Professions Code (BPC) § 4980.03(g)(1))

A. The license I hold is:

Marriage and Family Therapist

_____ License # _____ Issue Date

Licensed Clinical Social Worker

_____ License # _____ Issue Date

*Psychologist

_____ License # _____ Issue Date

*Physician certified in psychiatry by the American Board of Psychiatry and Neurology

_____ License # _____ Issue Date

**B. I have had sufficient experience, training, and education in marriage and family therapy to competently practice marriage and family therapy in California. (16 CCR § 1833.1(a)(2))

C. I will keep myself informed about developments in marriage and family therapy and in California law governing the practice of marriage and family therapy. (16 CCR § 1833.1(a)(3))

- 2) I have and maintain a current and valid license in good standing and will immediately notify any trainee or intern under my supervision of any disciplinary action taken against my license, including revocation or suspension, even if stayed, probation terms, inactive license status, or any lapse in licensure, that affects my ability or right to supervise. (16 CCR § 1833.1(a)(1), (a)(4))
- 3) I have practiced psychotherapy or provided direct supervision of trainees, interns, or associate clinical social workers who perform psychotherapy for at least two (2) years within the five (5) year period immediately preceding this supervision. (16 CCR § 1833.1(a)(5))
- 4) I have had sufficient experience, training, and education in the area of clinical supervision to competently supervise trainees or interns. (16 CCR § 1833.1(a)(6))
- 5) I have completed six (6) hours of supervision training or coursework within the renewal period immediately preceding this supervision, and must complete such coursework in each renewal period while supervising. If I have not completed such training or coursework, I will complete a minimum of six (6) hours of supervision training or coursework within sixty (60) days of the commencement of this supervision, and in each renewal period while providing supervision. (16 CCR § 1833.1(a)(6)(A)&(B))
- 6) I know and understand the laws and regulations pertaining to both the supervision of trainees and interns and the experience required for licensure as a marriage and family therapist. (16 CCR § 1833.1(a)(7))
- 7) I shall ensure that the extent, kind, and quality of counseling performed is consistent with the education, training, and experience of the trainee or intern. (16 CCR § 1833.1(a)(8))



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ASSOCIATE MARRIAGE AND FAMILY THERAPIST OR TRAINEE WEEKLY SUMMARY OF EXPERIENCE HOURS OPTION 1 – NEW STREAMLINED METHOD

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 - AMF Number: _____		
YEAR _____	WEEK OF:	Total Hours
A. Direct Counseling with Individuals, Groups, Couples or Families		
<i>A1. Diagnosis and Treatment of Couples, Families, Children*</i>		
B. Non-Clinical Experience**		
<i>B1. Supervision, Individual*</i>		
<i>B2. Supervision, Group*</i>		
C. Total Hours Per Week (A + B = C) (Maximum 40 hours / week)		
Supervisor Signature		

* 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.



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**ASSOCIATE PROFESSIONAL CLINICAL COUNSELOR
 WEEKLY SUMMARY OF EXPERIENCE HOURS
 OPTION 1 – NEW STREAMLINED METHOD**

Use a separate log for each work setting. Do not submit to the Board unless specifically requested.

Name of Associate: Last	First	Middle
Supervisor Name	Name of Work Setting	
Address of Work Setting	Is this a hospital or community mental health setting? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Indicate your status when the hours below are logged:		
<input type="checkbox"/> Associate Application Pending	<input type="checkbox"/> Registered Associate - APC No.: _____	
BBS File No.: _____		
YEAR _____	WEEK OF:	Total Hours
A. Direct Counseling with Individuals, Groups, Couples or Families		
B. Non-Clinical Experience**		
<i>B1. Supervision, Individual*</i>		
<i>B2. Supervision, Group*</i>		
C. Total Hours Per Week (A + B = C) (Maximum 40 hours / week)		
<i>Of the above hours, how many included working with Couples, Families or Children?</i>		
Supervisor Signature		

* Lines B1 and B2 are sub-categories of line "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.

Last revised: October 17, 2018

PRACTICUM SITE EVALUATION FORM (TO BE COMPLETED BY THE TRAINEE AT THE END OF EACH TERM)

Student Name _____

Today's Date _____

Phone number _____

Term Fall Spring Summer _____

Term Year: _____

Term in Practicum Sequence Practicum I Practicum II Practicum III Adv. Practicum _____Final Term at site? Yes No _____

Practicum Site Name _____

Address _____

City _____

State _____

Zip _____

Name of Site Director _____

Name of On-Site Supervisor (if different) _____

Types of Client problems with which you worked this term

- | | |
|--|--|
| <input type="checkbox"/> Academic concerns | <input type="checkbox"/> Legal problems |
| <input type="checkbox"/> Adjustment disorders | <input type="checkbox"/> Physical abuse problems |
| <input type="checkbox"/> Adult-child conflicts | <input type="checkbox"/> Psychoactive substance use disorders |
| <input type="checkbox"/> Anger/conflict management and resolution problems | <input type="checkbox"/> Psychotic disorders |
| <input type="checkbox"/> Anxiety disorders of adulthood | <input type="checkbox"/> Religion related issues |
| <input type="checkbox"/> Anxiety disorders of childhood and adolescence | <input type="checkbox"/> Self-esteem/ Self-worth issues |
| <input type="checkbox"/> Depressive disorders of childhood and adolescence | <input type="checkbox"/> Sexual abuse |
| <input type="checkbox"/> Depressive disorders of adulthood | <input type="checkbox"/> Sexual dysfunctions |
| <input type="checkbox"/> Developmental disorders | <input type="checkbox"/> Sleep disorders |
| <input type="checkbox"/> Disruptive behavior | <input type="checkbox"/> Special needs populations |
| <input type="checkbox"/> Dissociative behavior | <input type="checkbox"/> Social relationship problems with peers |
| <input type="checkbox"/> Eating disorders | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Emotional abuse | <input type="checkbox"/> Unwanted pregnancy |
| <input type="checkbox"/> Gang-related problems | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Grief and loss | |

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Formats in which you provided a MAJOR portion of counseling this term

 Individual Group Couple Family Other _____

Formats in which you provided a MINOR portion of counseling this term

 Individual Group Couple Family Other _____

Age group(s) to whom you provided a MAJOR portion of counseling this term

 0-15 16-20 21-35 36-45 46-64 65+

Age group(s) to whom you provided a MINOR portion of counseling this term

 0-15 16-20 21-35 36-45 46-64 65+**USE THE SCALE BELOW TO COMPLETE THE FOLLOWING QUESTIONS**

0 = Not applicable 1 = Seldom True 2 = Sometimes True 3 = Often True

- _____ This site has a professional atmosphere.
- _____ The staff is supportive & respectful of the Trainee's work.
- _____ The Trainee is treated respectfully by the staff.
- _____ The general atmosphere of the site provides a climate of trust and openness.
- _____ The Trainee is treated respectfully by the clients.
- _____ Physical facilities are available for Trainee use (e.g., office, supplies, etc.)
- _____ The Trainee receives clerical support.
- _____ Staff members act professionally and ethically toward clients.
- _____ Staff members act professionally and ethically toward the Trainee.
- _____ Staff members act professionally and ethically toward each other.

Comments or Recommendations

SUPERVISION

- Were the BBS standards for supervision met at this site? (I.e. one unit of supervision of every five hours of direct counseling each week)
 Yes No
 - Overall quality of supervision with the Site Supervisor PRIMARILY responsible for providing you with one-to-one or group supervision:
 None Poor Adequate Good Excellent
 - Overall Quality of supervision with the Site Supervisor PARTIALLY responsible for providing you with one-to-one or group supervision:
 None Poor Adequate Good Excellent
 - Assessment of number of seminars or other professional development experiences available through my placement site during this term:
 None Poor Adequate Good Excellent
-

USE THE SCALE BELOW TO COMPLETE THE FOLLOWING QUESTIONS

0 = Not applicable 1 = Seldom True 2 = Sometimes True 3 = Often True

- _____ The site provides appropriate references, books, & materials
- _____ The site gives students adequate guidance on ethical issues
- _____ There are sufficient clients for trainees
- _____ The site appropriately uses various therapeutic approaches
- _____ The professional staff is readily accessible to the Trainee

Trainee's Comments or Recommendations on Supervision

USE THE SCALE BELOW TO COMPLETE THE FOLLOWING QUESTIONS

0 = Not applicable 1 = Seldom True 2 = Sometimes True 3 = Often True

- _____ The staff provides opportunities for relevant feedback in a positive manner.
- _____ The staff is sensitive to the Trainee's personal and professional development.
- _____ Staff conflicts are discussed in an open, non-threatening manner

Trainee's Comments or Recommendations on Communication

I rate the overall quality of my practicum experiences this term as:

-
- None
-
- Poor
-
- Adequate
-
- Good
-
- Excellent

Additional Comments: _____

I am willing to talk with other students about this practicum placement: Yes No**I rate my preparation for this practicum experience as:**

-
- None
-
- Poor
-
- Adequate
-
- Good
-
- Excellent

To what courses or experiences do you attribute your preparedness?

What courses or experiences are needed to improve your professional preparedness for practicum placement?

TRAINEE PERFORMANCE EVALUATION (TO BE COMPLETED BY THE SITE SUPERVISOR AT THE END OF EACH TERM)

Trainee Name

Site Name

Today's Date

Supervisor Name

Email

Term Fall Spring Summer

Term Year: _____

Term in Practicum Sequence Practicum I Practicum II Practicum III Adv. Practicum

Final Term at site? Yes No

Five domains of trainee competence are listed below which include specific items in each domain. Using the scale provided, circle the number that best describes your perceptions of the Trainee's skills compared to all other people you have trained at the same level of professional development (the term "client" used herein refers to any person receiving services including students, parents, teachers or patients)

SIGNATURES (INDICATES THAT THE INFORMATION BELOW HAS BEEN DISCUSSED BY TRAINEE AND SUPERVISOR)

Student Signature

Date

Contact Information

Supervisor Signature

Date

Contact Information

EVALUATION OF TRAINEE

Please rate each statement below on the following scale

IO	1	2	3	4	5	NA
	Clearly Deficient		Adequate		Clearly Excellent	

IO = Inadequate Opportunity of Observe

NA = Not Applicable to the Setting

Counseling Skill Competency

1. Establishes a working relationship with clients.

IO	1	2	3	4	5	NA
----	---	---	---	---	---	----

2. Gathers client historical information

IO	1	2	3	4	5	NA
----	---	---	---	---	---	----

3. Specifies the client problems and goals in concrete terms.

IO	1	2	3	4	5	NA
----	---	---	---	---	---	----

Assessment Skill Competency

1. Uses current sources of information.

IO	1	2	3	4	5	NA
----	---	---	---	---	---	----

2. Appropriately utilizes methods of assessment to determine client concerns, problems, or characteristics

IO	1	2	3	4	5	NA
----	---	---	---	---	---	----

3. Appropriately interprets and uses assessments with clients and others

IO	1	2	3	4	5	NA
----	---	---	---	---	---	----

Supervision Skill Competency

1. Meets with supervisor as scheduled.

IO	1	2	3	4	5	NA
----	---	---	---	---	---	----

2. Forms working relationship with supervisor

IO	1	2	3	4	5	NA
----	---	---	---	---	---	----

3. Handles feedback well

IO	1	2	3	4	5	NA
----	---	---	---	---	---	----

Professional Skill Competency

1. Establishes and maintains facilitative working relationship with staff.	IO	1	2	3	4	5	NA
2. Knows legal and ethical aspects of counseling	IO	1	2	3	4	5	NA
3. Participates in staff in-service training	IO	1	2	3	4	5	NA

Case Management Skill Competence

1. Appropriately uses referral within and outside the site	IO	1	2	3	4	5	NA
2. Responsibly schedules and meets with clients	IO	1	2	3	4	5	NA
3. Keeps adequate and timely client records	IO	1	2	3	4	5	NA

Based on your knowledge, what would you consider the Trainee's major strengths?

Suggestions for further professional development:

Other Comments?

WORKSHOPS, SEMINARS, AND TRAINING SESSIONS

Training/ Workshop Name	Provider	Location	Dates	Total Hours

I authorize the applicant's attendance at the following, directly relating to his/her training as a Marital and Family Therapist. These hours were NOT used to fulfill the applicant's educational requirements.

Trainee Name – please print

Site Supervisor Name

License Number

Site Supervisor Signature

Date of Signature

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LICENSED MARRIAGE AND FAMILY THERAPIST IN-STATE EXPERIENCE VERIFICATION OPTION 1 – NEW STREAMLINED METHOD

This form is to be completed by the applicant's California 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 1" form to report hours under the NEW streamlined method
- 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
- Do not submit *Weekly Summary* forms unless specifically requested

The hours reported on this form were earned (mark one):
 Pre-Degree
 Post-Degree

APPLICANT NAME:

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

SUPERVISOR INFORMATION:

Supervisor's Last Name		First		Middle
Business Phone		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: _____ Cert. #: _____
- LPCCs: Did you meet the qualifications to treat couples and families during the entire period of supervision, as specified in California law? N/A No Yes: Date you met the qualifications: _____

APPLICANT'S EMPLOYER INFORMATION:

Name of Applicant's Employer			Business Phone	
Address	Number and Street	City	State	Zip Code

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

EMPLOYER INFORMATION (continued):

- Was this experience gained in a setting that lawfully and regularly provides mental health counseling or psychotherapy? Yes No
- Was this experience gained in a private practice setting? Yes No
- Was this experience 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? Yes No
- For hours gained as an Associate ONLY: Was the applicant receiving pay? Yes No
If YES, attach a copy of the applicant's W-2 statement for each year experience is claimed. If a W-2 has not yet been issued for this year, attach a copy of the current paystub. If applicant volunteered, submit a letter from the employer verifying volunteer status. N/A (pre-degree experience)

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:	Logged Hours	
a. Total Direct Counseling Experience (Minimum 1,750 hours)		
• Of the above hours, how many were gained diagnosing and treating Couples, Families and Children? (Minimum 500 of the 1,750 hours)		
b. Total Non-Clinical Experience (Maximum 1,250 hours)		
• Of the above hours, how many were Face-to-Face Supervision?	Hours Per Week	Logged Hours
Individual		
Group (group contained no more than 8 persons)		
<p>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.</p>		
Signature of Supervisor: _____		Date: _____



FAQ's for Weekly Summary of Hours of Experience & MFT Experience Verification Form

When completing these forms, be sure to complete all necessary fields. The *Weekly Summary of Hours of Experience* and the *MFT Experience Verification* form are the two forms used to document supervised work experience requirements.

1. How do I log/get credit for the conjoint couples and family incentive hours?

When completing the *Weekly Summary of Hours of Experience* form and the *MFT Experience Verification* form, you will document the total couples, families and children hours gained on or after 1/1/2010 on the form item titled "Couples, families, and children." In the subsection below, record the amount of actual conjoint couples and families hours. This subsection is only for recording purposes and will not affect your supervision requirements or increase your weekly totals. Please only document actual hours. **Do not double count the hours on your forms.** Once your application is received by the Board, those hours will be evaluated, and up to the first 150 hours of conjoint couples and family hours will be double counted to a maximum of 300 hours.

For example: If Allison completed 10 couples, families and children hours, and 6 of those hours were conjoint couples and family, Allison would record 10 hours in the couples, families and children category and 6 hours below in the conjoint couples and family subsection.

2. If I have already gained conjoint couples and family hours before 1/1/2010, can I count those prior hours towards the incentive?

No. Only the first 150 hours of conjoint couples and family hours gained on or after 1/1/2010 will be double counted.

3. How do I know when to stop using the old forms and start using the new forms?

For any hours gained on or after 1/1/2010 the Board of Behavioral Sciences (BBS) encourages all Trainees and Interns to start using the new *Weekly Summary of Hours of Experience* form and *MFT Experience Verification* form. Any hours gained prior to 1/1/2010 should be documented on the previous versions of the forms. The current version and prior version of the *Weekly Summary of Hours of Experience* and the *MFT Experience Verification* are available on the "Forms and Publications" section of the BBS Web site (<http://www.bbs.ca.gov/forms.shtml>).

4. Can I combine pre-degree and post-degree work experience on the same form?

The BBS advises separating pre- and post-degree experience on separate *Weekly Summary of Hours of Experience* and *MFT Experience Verification* forms. As long as your application for Intern registration is submitted within 90 days of your degree conferral date, you may count experience gained during this time and log these as post-degree hours. If you do not submit your application within 90 days, you will not be able to count hours until your Intern registration number is issued.

5. Now that W-2s or a letter verifying volunteer status are required for MFT Interns, do I have to locate all past employers when I was employed before 1/1/2010 to get documentation?

No. Only Interns must submit a W-2 or letter from the employer verifying voluntary status for hours gained on or after 1/1/2010. This is not required for any hours gained before this date or for Trainees.

6. How do I fill out the forms if I have more than one supervisor in the same work setting?

If you are receiving supervision from two individuals in an employment setting, you can document this on separate forms. As long as the time periods on the two forms overlap and the employment setting is the same, the BBS will lump the experience and supervision together upon evaluation of the forms.

7. As a Trainee, can I count administering and evaluating psychological tests of counselees, writing clinical reports and progress and process notes?

Yes. Starting 1/1/2010 Trainees can now count these hours up to the maximum of 250 hours. Any hours gained as a Trainee in this category prior to 1/1/2010 will not be able to count.