



# PRACTICUM MANUAL

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Counseling Department

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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. 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](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](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. 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 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:

- i. 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
- ii. 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 (PCC)

### **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 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. LPCC 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 prerequisites (see Section II) and sees clients as an LPCC Trainee under licensed supervision.
2. PCCI: 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

### A. What is Practicum/ Internship?

CNS 530 Practicum is the name of 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 practicum supervisor. For the sake of brevity, though, we will use the word practicum as an all-inclusive term in this manual, unless specific designation is needed. 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 course in order to work with clients. Once students complete the required practicum courses (CNS 530, 531, and 532) they must enroll in a one-unit Advanced Practicum (CNS 539) in order to continue working with clients. On occasion a student will be hired by a practicum 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. Practicum Prerequisites

Before finding a practicum 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 PsyD. 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.

### C. Practicum Hour Requirements

All practicum hours must be earned at a site that is either on Western's approved site list or cleared through the practicum 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 ours 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 site(s). However, the BBS does not count practicum 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. 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

## **D. 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 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

## PRACTICUM CHECKLIST

Name: \_\_\_\_\_

Site: \_\_\_\_\_

Date: \_\_\_\_\_

**Prior to registering for Practicum I** – submit the following *copies* to your MFT Administrative Assistant)

\_\_\_\_\_ Practicum Site Approval form (if the site is not on the Approved Sites list)

\_\_\_\_\_ Proof of CAMFT Membership ([www.camft.org](http://www.camft.org)) (AAMFT, AACC, and SVC-CAMFT optional)

\_\_\_\_\_ Proof of Malpractice Liability Insurance (a free benefit of the CAMFT student membership)

\_\_\_\_\_ Proof of a Track Your Hours account ([www.trackyourhours.com](http://www.trackyourhours.com))

\_\_\_\_\_ Verification that at least 10 hours of psychotherapy have been completed

\_\_\_\_\_ Practicum Agreement Form (with a copy of the Site Supervisor's license, supervision certification, and verification of the agency's 501(c)(3) status)

\_\_\_\_\_ Responsibility Statement for Supervisor (BBS Form)

\_\_\_\_\_ Practicum Confidentiality Agreement

**At the end of Practicum I, II, III, and Advanced Practicum (CNS 530, 531, 532, 539)** – submit the following copies the MFT Administrative Assistant and your Practicum Faculty)

CNS 530   CNS 531   CNS 532   CNS 539

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ Weekly Summary Hours of Experience (BBS Form)

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ Trainee Performance Evaluations

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ Practicum Site Evaluations

**At your Exit Interview with the MFT Program Director** submit the following copies and verify that your file contains the copies listed above

\_\_\_\_\_ MFT Experience Verification Form (FAQ's about this BBS form

([http://www.bbs.ca.gov/pdf/forms/mft/faq\\_mft\\_expver\\_summary.pdf](http://www.bbs.ca.gov/pdf/forms/mft/faq_mft_expver_summary.pdf))

\_\_\_\_\_ Record of 30+ Personal Psychotherapy Hours (If you use another form please include the number of hours, therapist license number, and the therapist signature)



## **SECTION III: PRACTICUM SITE INFORMATION**

### **A. Requirements for a Qualified Practicum Site**

1. Practicum 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. Occasional 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 Site: The Process**

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

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

1. Attend the Practicum Orientation in the spring semester or communicate with the MFT Student Advisor if a group orientation is not available.
2. Review the Practicum Site List. Contact the Program Advisor about pursuing a practicum site that is not on this list.
3. Contact prospective practicum 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 MFT Student Advisor, and register for Practicum I
7. Review the Practicum Paperwork Checklist.

# Practicum Site List March 2018

| Site Name  | City          | Contact Name    | Phone         | Website   | Description of Opportunity   | Current Students at Site  |
|--|---------------|-----------------|---------------|---|--|---|
| <b>Phoenix House Foundation Mental Health Program</b>  | Bakersfield   | Michael Joseph  | (661)391-2220 | <a href="https://www.phoenixhouse.org/">https://www.phoenixhouse.org/</a>                                 | Provides: psychological evaluation of Minors, psychotropic medication management, welligent electronic health record, referrals for aftercare services   | Rebecca Briscoe   |
| <b>Golden Hills Community Counseling</b>               | Brentwood     | Denise Olson    | (925)519-0653 | <a href="http://www.goldenhills.org/ministries/counseling">www.goldenhills.org/ministries/counseling</a>  | Counsel children/families who want relief from emotional/spiritual difficulties  | Sarah Byron   |
| <b>Process Therapy Institute</b>                       | Campbell      | Karla Brown     | (408)963-6694 | <a href="http://www.processes.org">www.processes.org</a>  |  | Sarah Kang  |
| <b>Christian Counseling Center Fremont</b>             | Fremont       | Sharon Campbell | (510)794-8581 | <a href="http://www.christiancounselingcenter.org/fremont">www.christiancounselingcenter.org/fremont</a>  |  | Kathryn Ocampo  |
| <b>Community Solutions</b>                             | Gilroy        | Melissa Santos  |               | <a href="http://www.communitysolutions.org/">http://www.communitysolutions.org/</a>                       |  | Aidee Durham  |
| <b>Discovery Counseling Center</b>                     | Morgan Hill   | Larry McElvain  | 408-778-5120  | <a href="http://www.mydiscoverycc.com">www.mydiscoverycc.com</a>  | Provides counseling to community in both private practice venue and all the schools in Morgan Hill. Expanding into Gilroy and possibly South San Jose. Supervision provided. Marketing encouraged. | Morgan Hancock, Lorren Penner, Peggy Wong, Carol Crawley, Sarah Byron, Stephanie Iles, Christine Chen |
| <b>Christian Counseling Center Mtn. View/Los Altos</b> | Mountain View | Debbie Marshall | 650-961-5798  | <a href="http://www.christiancounseling.net/offices">www.christiancounseling.net/offices</a>              | Two sites: Mountain View and Los Altos. Treat eating disorders, physical/sexual trauma, codependency, anxiety, depression, and religious abuse.  | Joyce Liu   |
| <b>Bay Area Community Services</b>                     | Oakland       | Bethany Nance   | 510-658-9480  | <a href="http://www.bayareacs.org">http://www.bayareacs.org</a>   | Target Population: transitional age youth with diagnosed psychiatric disorders   | Allison Kendrick  |
| <b>One Life Counseling Center</b>                      | San Carlos    | Suzanne Hughes  | 650-394-5155  | <a href="http://onelifecounselingservices.com/mission/">http://onelifecounselingservices.com/mission/</a> | Provides counseling and wellness programs to individuals, schools and the community.   | Hannah Dawley   |
| <b>First Resort/Support Circle</b>                     | San Francisco | Albert Lee      | 510-569-1200  | <a href="http://www.supportcircle.org/">http://www.supportcircle.org/</a>                                 |  | Hannah Dawley   |

|   |               |                                |                    |   |   |   |
|---|---------------|--------------------------------|--------------------|---|---|---|
| <b>Donaldina Cameron House</b>                  | San Francisco | Diana To                       | 415- 781-0401 x125 | <a href="http://www.cameronhouse.org">www.cameronhouse.org</a>  | Work with monolingual Chinese immigrants, age 3+. Emotional, behavioral and relational problems, domestic violence, acculturation, adjustment. Bilingual English-Chinese required, Cantonese preferred. |   |
| <b>Advent Group Ministries</b>                  | San Jose      | Bruce Pickett                  | 408-281-0708       | <a href="http://www.adventgm.org">www.adventgm.org</a>  | Work with individual, group & families from group homes & low-cost counseling center. Group supervision, as well as weekly training opportunities.  | Michelle Kwon, Devin Nelson, Alex Ly, Stephanie Iles, Leanne Oberst |
| <b>Christian Counseling Center San Jose</b>     | San Jose      | Jeremy Easton, MaryJean Walton | 408-486-9310       | <a href="http://www.cccsanjose.com">www.cccsanjose.com</a>  | Provides comprehensive and effective services integrated with Christian beliefs and values to the general population.   | Sarah Kang, Grace Kim, Russell Ja, Devin Nelson                     |
| <b>Evergreen School District</b>                | San Jose      | Bich Nguyen-Hamilton           | 408-373-2250       | <a href="http://www.eesd.org">www.eesd.org</a>  | School-based counseling for diverse student population (K-8). August through June. Paid.  | Kimberly Hsu  |
| <b>Starlight Community Services</b>             | San Jose      |                                |                    | <a href="http://www.starsinc.com/santa-clara-county/">http://www.starsinc.com/santa-clara-county/</a>                         |   | John Mark Kane  |
| <b>Unity Care</b>                               | San Jose      | Randall Ramirez                |                    | <a href="https://www.unitycare.org/socialworkinternships/">https://www.unitycare.org/socialworkinternships/</a>               |   | Victoria Valencia   |
| <b>Year Up Bay Area</b>                         | San Jose      | Tameko Jones                   |                    | <a href="https://www.yearup.org/about-us/our-locations/bay-area/">https://www.yearup.org/about-us/our-locations/bay-area/</a> |   | Grace Kim   |
| <b>DreamPower Horsemanship</b>                  | San Martin    | Martha McNeil                  | 408-686-0535       | <a href="http://www.dreampowerhorsemanship.com">www.dreampowerhorsemanship.com</a>  | Therapeutic use of miniature horses in therapy and other animals to assist in therapy processes (chickens, goats, horses, etc.)   | Morgan Hancock, Lorren Penner, Victoria Valencia                    |
| <b>Community Presbyterian Counseling Center</b> | San Ramon     | David Rohrbach                 | 925-820-1467 x612  | <a href="http://www.cpccounseling.com">www.cpccounseling.com</a>  | Christian counseling offering therapy & classes to community. Also offers a Sexual Recovery Program for addicts and partners  | Peggy Wong  |
| <b>Wisdom Training Center</b>                   | Sunnyvale     | Stacy Brittain                 | 650-793-4966       | <a href="http://www.thewisdomtrainingcenter.org/">http://www.thewisdomtrainingcenter.org/</a>                                 | Counseling, school programs, therapist training, support groups, and faith-based classes in the Silicon Valley; <b>Looking For Male Therapist</b>   | Lauren Paz, Angela Li   |

Student Name \_\_\_\_\_

Date: \_\_\_\_\_

## SITE INFORMATION

- Prospective Site Name \_\_\_\_\_
- Site Address \_\_\_\_\_
- Site Phone \_\_\_\_\_ Website/Email: \_\_\_\_\_

☐ 501(c)(3) Status – IRS Determination Letter (**Attach Proof**)

- **Type of Supervision Provided at Site**

☐ Individual    ☐ Group    ☐ Audio    ☐ Video    ☐ Direct Observation    ☐ Co-Therapy

Sites that offer direct observation, co-therapy with the supervisor, and/or video recording of sessions for training purposes in addition to individual, group, and audio recordings will be considered for the approved site list.

## SUPERVISOR INFORMATION

- Prospective Supervisor Name \_\_\_\_\_
- Supervisor Address & Phone (If different from site) \_\_\_\_\_
- Supervisor Email \_\_\_\_\_
- Graduate Degree: \_\_\_\_\_ Institution: \_\_\_\_\_
- Year of License Issuance: \_\_\_\_\_ Weekly Case Load (in hours) \_\_\_\_\_

| Primary Identity   | Time devoted to Therapy:  | Primary Client Type(s):  | Predominant Age Served   | LICENSE/EDUCATION INFORMATION   |
|--|---|--|--|---|
| <input type="checkbox"/> Therapist<br><input type="checkbox"/> Educator<br><input type="checkbox"/> Administrator<br><input type="checkbox"/> Pastoral Counselor | <input type="checkbox"/> 0-35%<br><input type="checkbox"/> 36-69%<br><input type="checkbox"/> 70-100% | <input type="checkbox"/> Individuals<br><input type="checkbox"/> Couples<br><input type="checkbox"/> Families<br><input type="checkbox"/> Groups | <input type="checkbox"/> Children<br><input type="checkbox"/> Adolescents<br><input type="checkbox"/> Adults | <input type="checkbox"/> At least two years of licensed experience<br><input type="checkbox"/> Practiced psychotherapy or supervised MFT/PCC Trainees/ Associates for 2 of the last 5 years<br><input type="checkbox"/> Mandatory supervision course ( <b>attach proof</b> )<br><input type="checkbox"/> License is current and valid ( <b>attach proof</b> ) |

## ADDITIONAL REQUIREMENTS

- Western site visit required (if not on Practicum site list)? \_\_\_\_\_
  - Site visit scheduled with MFT Director: \_\_\_\_\_
- Western Seminary MFT Director: Approval / Denial (circle) Signature \_\_\_\_\_ Date: \_\_\_\_\_
- Practicum Site Representative: Signature (title): \_\_\_\_\_

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 you Practicum professor before graduation.

- ## WEEKLY SUMMARY OF PSYCHOTHERAPY RECEIVED

YEAR: \_\_\_\_\_

Name of Intern/ Trainee: \_\_\_\_\_

Name of Psychotherapist: \_\_\_\_\_ License Number: \_\_\_\_\_

[illegible]

**SAN JOSE CAMPUS**  
1000 S. Park Victoria Drive  
Milpitas, CA 95035  
1(877) 900- 6889 or (408)356-6889  
(408) 668-2800 Fax

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 MFT Assistant Program Director and MFT 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 MFT 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 MFT 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.

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Trainee Signature

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Phone Number

---

Date

---

On-Site Director/ Supervisor Signature

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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 MFT administrative Assistant.

---

### SAN JOSE CAMPUS

MFT Administrative Assistant  
1000 S Park Victoria Drive.  
Milpitas, CA 95035  
1(877) 900 -6889 or (408) 356 -6889



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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

Licensed Clinical Social Worker

\*Psychologist

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

\_\_\_\_\_  
License #

\_\_\_\_\_  
Issue Date

\_\_\_\_\_  
License #

\_\_\_\_\_  
Issue Date

\_\_\_\_\_  
License #

\_\_\_\_\_  
Issue Date

\_\_\_\_\_  
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))



- 8) I shall monitor and evaluate the extent, kind, and quality of counseling performed by the trainee or intern by direct observation, review of audio or video tapes of therapy, review of progress and process notes and other treatment records, or by any other means deemed appropriate. (16 CCR § 1833.1(a)(9))
- 9) I shall address with the trainee or intern the manner in which emergencies will be handled. (16 CCR § 1833.1(a)(10))
- 10) I agree not to provide supervision to a TRAINEE unless the trainee is a volunteer or employed in a setting that meets all of the following: (A) lawfully and regularly provides mental health counseling or psychotherapy; (B) provides oversight to ensure that the trainee's work at the setting meets the experience and supervision requirements and is within the scope of practice for the profession as defined in BPC Section 4980.02; (C) is not a private practice owned by a licensed marriage and family therapist, a licensed psychologist, a licensed clinical social worker, a licensed physician and surgeon, or a professional corporation of any of those licensed professions. (BPC § 4980.43(d)(1))
- 11) I agree not to provide supervision to an INTERN unless the intern is a volunteer or employed in a setting that meets both of the following: (A) lawfully and regularly provides mental health counseling or psychotherapy; (B) provides oversight to ensure that the intern's work at the setting meets the experience and supervision requirements and is within the scope of practice for the profession as defined in BPC Section 4980.02. (BPC § 4980.43(e)(1))
- 12) If I am to provide supervision on a voluntary basis in a setting which is not a private practice, a written agreement will be executed between myself and the organization in which the employer acknowledges that they are aware of the licensing requirements that must be met by the intern or trainee, they agree not to interfere with my legal and ethical obligations to ensure compliance with these requirements, and they agree to provide me with access to clinical records of the clients counseled by the intern or trainee. (16 CCR § 1833(b)(4))
- 13) I shall give at least (1) one week's prior written notice to a trainee or intern of my intent not to sign for any further hours of experience for such person. If I have not provided such notice, I shall sign for hours of experience obtained in good faith where I actually provided the required supervision. (16 CCR § 1833.1(c))
- 14) I shall obtain from each trainee or intern for whom supervision will be provided, the name, address, and telephone number of the trainee's or intern's most recent supervisor and employer. (16 CCR § 1833.1(d))
- 15) In any setting that is not a private practice, I shall evaluate the site(s) where a trainee or intern will be gaining hours of experience toward licensure and shall determine that: (1) the site(s) provides experience which is within the scope of practice of a marriage and family therapist; and (2) the experience is in compliance with the requirements set forth in 16 CCR Section 1833 and Section 4980.43 of the Code. (16 CCR § 1833.1(e))
- 16) Upon written request of the Board, I shall provide to the board any documentation which verifies my compliance with the requirements set forth in 16 CCR Section 1833.1. (16 CCR § 1833.1(f))
- 17) I shall provide the intern or trainee with the original of this signed statement prior to the commencement of any counseling or supervision. (16 CCR § 1833.1(b))

***I declare under penalty of perjury under the laws of the State of California that I have read and understand the foregoing and that I meet all criteria stated herein and that the information submitted on this form is true and correct.***

\_\_\_\_\_  
Printed Name of Qualified Supervisor

\_\_\_\_\_  
Signature of Qualified Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mailing Address: Number and Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

***The supervisor shall provide the intern or trainee being supervised with the original of this signed statement prior to the commencement of any counseling or supervision.***

***The trainee or intern shall submit this form to the board upon application for examination eligibility.***

\* Psychologists and Physicians certified in psychiatry are not required to comply with #5.

\*\* Applies only to supervisors NOT licensed as a Marriage and Family Therapist.



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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<br><input type="checkbox"/> Post-Degree / Associate Application Pending - BBS File No (if known): _____<br><input type="checkbox"/> Registered Associate - AMF Number: _____ |                         |  |
| YEAR _____  | WEEK OF:                |  |
|   |                         | <b>Total Hours</b>                       |
| <b>A. Direct Counseling with Individuals, Groups, Couples or Families</b>   |                         |  |
| <i>A1. Diagnosis and Treatment of Couples, Families, Children*</i>  |                         |  |
| <b>B. Non-Clinical Experience**</b>   |                         |  |
| <i>B1. Supervision, Individual*</i>   |                         |  |
| <i>B2. Supervision, Group*</i>  |                         |  |
| <b>C. Total Hours Per Week</b><br>(A + B = C) (Maximum 40 hours / week)   |                         |  |
| <b>Supervisor Signature</b>   |                         |  |

\* 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 MARRIAGE AND FAMILY THERAPIST OR TRAINEE WEEKLY SUMMARY OF EXPERIENCE HOURS OPTION 2 – PRE-EXISTING MULTIPLE CATEGORY METHOD

Use a separate log for each setting. For hours to qualify under Option 2, your *Application for Licensure and Examination* MUST be postmarked by December 31, 2020.

|   |  |                    |
|---|--|--------------------|
| Name of Trainee/Associate: Last   | First                                    | Middle             |
| Supervisor Name   | Date enrolled in graduate degree program |                    |
| Name of Work Setting  | Address of Work Setting                  |                    |
| Indicate your status when the hours below are logged: <input type="checkbox"/> Trainee<br><input type="checkbox"/> Post-Degree / Associate Application Pending - BBS File No (if known): _____<br><input type="checkbox"/> Registered Associate - AMF Number: _____ |  |                    |
| <b>YEAR</b> _____ <b>WEEK OF:</b>   |  | <b>TOTAL HOURS</b> |
| A. Individual Psychotherapy*  |  |                    |
| B. Diagnosis / Treatment of Couples, Families, Children   |  |                    |
| B1. Conjoint Couple/Family Therapy**  |  |                    |
| C. Group Therapy  |  |                    |
| D. Telehealth Counseling  |  |                    |
| E. Workshops, Seminars, Training or Conferences   |  |                    |
| F. Psych Testing, Report Writing, Progress/Process Notes  |  |                    |
| G. Client Centered Advocacy   |  |                    |
| H. Supervision, Individual  |  |                    |
| I. Supervision, Group   |  |                    |
| <b>TOTAL HOURS PER WEEK</b>   |  |                    |
| <b>Supervisor Signature</b>   |  |                    |

\* Performed by you    \*\* B1 is a sub-category of "B." When totaling weekly hours do not include the sub-category.

Last revised: December 19, 2017

**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                                    |  |

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

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**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

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---

**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

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**I rate the overall quality of my practicum experiences this term as:**☐ None      ☐ Poor      ☐ Adequate      ☐ Good      ☐ ExcellentAdditional Comments: 

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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?**

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

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**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<br>Clearly Deficient | 2 | 3<br>Adequate | 4 | 5<br>Clearly Excellent | NA |
|----|------------------------|---|---------------|---|------------------------|----|
|----|------------------------|---|---------------|---|------------------------|----|

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?

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Suggestions for further professional development:

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Other Comments?

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## 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

---

### SAN JOSE CAMPUS

1000 S Park Victoria Drive  
Milpitas, CA 95035  
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e-Fax (408) 669-2800



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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.<br>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)*:

1. Was this experience gained in a setting that lawfully and regularly provides mental health counseling or psychotherapy? ☐ Yes ☐ No
2. Was this experience gained in a private practice setting? ☐ Yes ☐ No
3. 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
4. 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: _____<br>mm/dd/yyyy | To: _____<br>mm/dd/yyyy |
| 2. How many weeks of supervised experience are being claimed? _____ weeks   |                           |                         |
| 3. Hours of Experience:   | <b>Logged Hours</b>       |                         |
| a. Total Direct Counseling Experience <i>(Minimum 1,750 hours)</i>  |                           |                         |
| • Of the above hours, how many were gained diagnosing and treating Couples, Families and Children? <i>(Minimum 500 of the 1,750 hours)</i>  |                           |                         |
| b. Total Non-Clinical Experience <i>(Maximum 1,250 hours)</i>   |                           |                         |
| • Of the above hours, how many were Face-to-Face Supervision?   | <b>Hours Per Week</b>     | <b>Logged Hours</b>     |
| Individual  |                           |                         |
| Group (group contained no more than 8 persons)  |                           |                         |
| <p><b>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.</b></p> <p>Signature of Supervisor: _____ Date: _____</p> |                           |                         |



**Board of Behavioral Sciences**  
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 Telephone: (916) 574-7830 TTY: (800) 326-2297  
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## LICENSED MARRIAGE AND FAMILY THERAPIST IN-STATE EXPERIENCE VERIFICATION OPTION 2 – PRE-EXISTING MULTIPLE CATEGORY 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 2" form for reporting hours under the PRE-EXISTING method (multiple categories)
- 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 Last Name          |  | First          |          | Middle         |                     |
| Address:      Number and Street |  |                |          |                |                     |
| City                            |  | State          | Zip Code | Business Phone |                     |
| 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 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: _____<br>mm/dd/yyyy | To: _____<br>mm/dd/yyyy |
| 2. How many weeks of supervised experience are being claimed? _____ weeks  |                           |                         |
| 3. Show only those hours of experience logged on the <i>Weekly Summary of Hours of Experience</i> form*:                     | <b>Logged Hours</b>       |                         |
| 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***:  | <b>Hours Per Week</b>     | <b>Logged Hours</b>     |
| a. Individual  |                           |                         |
| b. Group (group contained no more than 8 persons)  |                           |                         |

**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.**

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

\* Do not submit your "Weekly Summary" forms unless specifically requested by the Board

\*\* 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



## 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.