

WEEKLY SUMMARY OF HOURS OF EXPERIENCE

1800 37A-524(REV. 7/99)

400 R ST., SUITE 3150, SACRAMENTO, CA 95814-6240

TELEPHONE: (916)445-4933 TDD: (916)322-1700

WEBSITE ADDRESS: <http://www.bbs.ca.gov>*** Note: Child Counseling can be logged in any appropriate category as specified by your supervisor.****THIS FORM SHALL BE COMPLETED PURSUANT TO TITLE 16, CALIFORNIA CODE OF REGULATIONS SECTION 1833(e).**

(Use a separate log for each supervised work setting and for each status indicated below.)

YEAR _____

Name of MFT Intern/Trainee _____ BBS File No. (if known) _____

Work Setting: _____

Name and Address of Employer

Date enrolled in graduate degree program _____

Indicate the status of the MFT Intern for the hours logged:

☐ Trainee☐ Post-Degree with Application Pending for Intern Registration

[B & P Code Section 4980.43(h)]

☐ Trainee in Practicum☐ Registered Intern (MFT Intern No. _____)

WEEK OF:															Total Hours
Individual Psychotherapy (performed by you)															
Couples, Families, and Children (min. 500 hrs.)															
Group Therapy or Counseling (performed by you)															
Telephone Counseling (actual counseling time performed by you)															
Administering & Evaluating Psych. Tests, Writing Clinical Reports, writing progress or process notes															
Supervision, Individual Face-to-Face															
Supervision, Group															
Workshops, Seminars, Training Sessions or Conferences															
Total Per Week															
Signature of Supervisor															

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