## BOARD OF BEHAVIORAL SCIENCES

## 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	of MFT Intern/Trainee BBS File No. (if known)													
Work Setting:														
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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