



HIS University

Marriage & Family Therapy Student Practicum

330 E Lambert Rd., #228
Brea CA 92821 – 4112
714-784-6210

Revised Jan 2025

HIS University
330 E Lambert Rd, #228
Brea, CA 92821
Website: hisuniversity.edu
PH: (714) 784-6210
FX: (714) 784-6216

Masters - Marriage and Family Therapy

Dear Students,

Congratulations on reaching this point in your degree program. Counseling is a field which requires academic study and personal experience in how to counsel families and individuals. Students will gain this experience through a supervised Practicum.

The MFT Practicum of 250 hours provides supervised, direct, in-person contact Clinical Experience at an approved site in counseling and therapy. The finishing of these hours is required to complete the MA, MFT Degree. As a Trainee, your responsibility is to choose a Practicum Site and a Field Supervisor. This information must be turned in to HIS University's Practicum Training Coordinator (PTC) and approved before you start your Practicum experience.

The instructions and forms required for completing the reporting on your training are contained in this manual. Extra copies of all forms are available through the Registrar's Office. The faculty and administration are available to assist you in your next step. If there are any questions or you need further information, please do not hesitate to contact your PTC.

May the Lord bless you in these endeavors,

Kay Kim Ph.D., LMFT
MFT Director

Boo Un Oh
Field Practicum Training Coordinator
Home International

TABLE OF CONTENTS

	Page
ORGANIZATIONS AND REGULATORY AGENCIES	3
MALPRACTICE INSURANCE	5
STUDENT PRACTICUM PROGRAM OVERVIEW	6
RESPONSIBILITIES OF PARTICIPATING PARTIES	7
FREQUENTLY ASKED QUESTIONS for Associate Marriage & Family Therapist & MFT Trainees	32

FORMS - HIS UNIVERSITY

	Form #
TRAINEE CERTIFICATION REQUEST	MFT500-001
PRACTICUM INFORMATION & REGISTRATION	MFT500-002
FOUR WAY AGREEMENT	MFT500-003
MFT TRAINEE EVALUATION FORM	MFT500-004

FORMS - U.S. GOVERNMENT

	Form #
MFT EXPERIENCE VERIFICATION	37A-301, 37A-302
RESPONSIBILITY STATEMENT FOR SUPERVISORS OF A MFT TRAINEE OR INTERN	37A-523
WEEKLY SUMMARY OF HOURS OF EXPERIENCE	37A-525, 37A-527

ORGANIZATIONS AND REGULATORY AGENCIES

AACC (American Association of Christian Counselors)

P.O. Box 739 Phone: (800) 526-8673 (5 COUNSEL)
 Forest, VA 24551 (434) 525-9470
 Website: www.aacc.net Fax: (434) 525-9480
 E/Mail: contactmemberservices@AACC.net

AAMFT (American Association for Marriage and Family Therapy)

112 South Alfred Street Phone: (703) 838-9808
 Alexandria, VA 223 14-3061 Fax: (703) 838-9805
 Website: www.aamft.org E/Mail: central@aamft.org

ABC (Association of Biblical Counselors)

P.O. Box 1322 Phone: (877) ABC-4551 (222-4551)
 Rowlett, TX 75030-1322 Fax: (972) 202-1232
 Website: www.christiancounseling.com
 E/Mail: See website

AAPC (American Association of Pastoral Counselors)

9504 A Lee Highway Phone: (703) 385-6967
 Fairfax, VA 22031 Fax: (703) 352-7725
 E/Mail: info@aapc.org Website: www.aapc.org

ACT (Association of Christian Therapists)

6728 Old McLean Village Drive Phone: (703) 556-9222
 McLean, VA 22101 Fax: (703) 556-8729
 E/Mail: ACTheals@degnon.org Website: www.actheals.org

Associates in Christian Counseling

8025 North Point Boulevard Phone: (336) 896-0065
 Winston-Salem, NC 27106 Fax: (336) 896-0710
 E/Mail: info@christiancounseling.org
 Website: www.christiancounseling.org

ASCT (American Society of Christian Therapists)

P.O. Box 306 Attn: Dr. Paul Jarrard
 Lawrenceville, GA 30046 Phone: (770) 972-4204
 E/Mail: drdjarrard@aol.com Website: www.asct.net

BBS (Board of Behavioral Science)

1625 North Market Blvd. Phone: (916) 574-7830
 Sacramento, CA 95834 Fax: (916) 574-8625
 Website: www.bbs.ca.gov E/Mail: See website.

CAMFT (California Association of Marriage and Family Therapists)

7901 Raytheon Road
 San Diego, CA 92111-1606
 Website: www.camft.org

Phone: (619) 292-2638 (29-CAMFT)
 Fax: (619) 292-2666
 E/Mail: See website.

CAPS (Christian Association for Psychological Studies)**CAPS International**

P.O. Box 365
 Batavia, IL 60510-0365
 E/Mail: info@caps.net
 Website: www.caps.net
 Voicemail: (630) 639-9478
 Fax: (630) 454-3799

CAPS West

P.O. Box 17843
 Anaheim, CA 92817
 E/Mail: dsmithcapswest.org
 Website: www.capswest.org

NCCA (National Christian Counselors Association)

5260 Paylor Lane
 Sarasota, FL 34240
 Website: www.ncca.org

Phone: (941) 388-6868 Option 8
 Fax: (941) 388-6869
 E/Mail: sales@NCCA.org

MALPRACTICE INSURANCE

Professional practice within the State of California at any level should be covered by malpractice insurance in case of a suit against you.

HIS University highly recommends that Pre-licensed Professional Liability Insurance cover all practicum hours during the trainee and intern segment o practice. Agencies will usually cover their total staff. The Pre-Licensed form is in addition to the Agency coverage.

As a student, there is malpractice insurance at a lower rate of cost during the training period.

Some companies that offer malpractice insurance are:

American Professional Agency, Inc

95 Broadway
Amityville, NY 11701

Phone: (800) 421-6696 or (631) 691-6400
Website: www.americanprofessional.com

CPH and Associates

711 South Dearborn Street
Suite 205
Chicago, IL 60605

Phone: (800) 875-1911
Fax: (312) 987-0902
Website: www.cphins.com

National Professional Group

875 North Michigan Ave.
19th Floor
Chicago, IL 60611

Phone: (800) 253-5486

Revised Jan 2025

HIS UNIVERSITY - MFT Student Practicum Program Overview

The following is a brief overview of the process for completing your student Practicum requirement for the MA-MFT Degree. Two modules consisting of 125 hours each for a total of 250 hours of supervised, direct, in-person contact Clinical Field Experience at an approved site in counseling and therapy are required to complete the MA-MFT Degree.

THE PROCESS

Practicum information sessions take place during your Law and Ethics class. Individual appointments may be scheduled directly with the Clinical Training Coordinator (CTC). Check with the office for scheduling hours of the Clinical Training Coordinator. All practicum forms are available through the school office and in this packet.

1. Initiate your Practicum experience by completing a *Trainee Certification Request Form* (HIS University Form #MFT500-001). Return this form to the Clinical Training Coordinator when you have completed twelve semester units in the program.
2. Select an available Agency placement and notify your Clinical Training Coordinator. A Practicum referral list is available in the office. However, the student has complete responsibility for selecting and negotiating with their Supervisor and their Agency. If HIS University has not already approved the site you select, review the Agency with your Clinical Training Coordinator.
3. Complete and submit (1) the *Practicum Information and Registration Form*, (2) the *Four-Way Agreement Form*, and a copy of (3) the *Responsibility Statement for Supervisors of a MFT Trainee Form* with the person who will be your placement Agency Supervisor. Return ALL forms to the Clinical Training Coordinator.
4. Keep a *Personal Record File* of your Practicum experience. You should retain all originals of Board of Behavioral Science forms for your license application process. Copies of all completed documents and forms should be given to the school for your Practicum files.

RESPONSIBILITIES OF PARTICIPATING PARTIES

THE CLINICAL SUPERVISOR:

1. Shall be responsible for assuring that all clinical experience gained by the Trainee is within the parameters of Marriage and Family Therapy.
2. Shall sign and abide by the *Responsibility Statement for Supervisors of a MFT Trainee or Intern* (Government Form #37A-523) as described in Section 1833.1 of the California Code of Regulations (CCR).
3. Shall complete the *MFT Experience Verification* (Government Form #37A-301) required for licensure.
4. Shall describe in writing on Section 11(2) of the Four-Way Agreement (HIS University Form #MFT500-003) the methods by which supervision will be provided.
5. Shall abide by the ethical standards promulgated by the professional association to which the Supervisor belongs (e.g., AAMFT, CAMFT, APA, NASW, AMA, etc.)
6. Shall review and sign the *Weekly Summary of Hours of Experience* (Government Form #37A-524, #37A-527) required by Section 1833(e) of the CCR on a weekly basis.
7. Shall provide the agency with a current copy of his/her current license and resume.
8. Shall be familiar with the laws and regulations that govern the practice of Marriage and Family Therapy in the state of California, and in particular, those that directly affect the LMFT Trainee.
9. Shall provide the Trainee with one (1) hour of individual or two (2) hours of group supervision for each five (5) hours of client contact provided by the Trainee. This may be averaged twice a year.
10. Shall provide the Trainee with a policy and procedure for crisis intervention and other client/clinical emergencies, in particular those that are mandated by law (e.g., child abuse, danger to self, others, etc.)
11. Shall, if providing supervision on a voluntary basis attach the original written agreement between you, the Supervisor, and the Trainee's employer required by Title 16, CCR Section 1833(b)(4).

SITE OR AGENCY — THE SUPERVISED FIELDWORK SETTING

1. Shall provide the Trainee and the Supervisor with the documentation necessary to verify to HIS University that the placement is one that is named in law as appropriate for an LMFT Trainee, and that the Trainee is employed in the manner required by law. Such documentation is specified by the LMFT Experience Verification Form and may include the agency's 501(c)3, 1250, 1250.2 or 1250.3. A copy of the documentation must be attached to the Trainee's LMFT Experience Verification (Government Form #37A-301).
2. Shall evaluate the qualifications and credentials of any employee who provides supervision to LMFT Trainees.
3. Shall provide adequate resources to the Trainee and the Supervisor in order that they may, provide clinically appropriate services to clients.
4. Shall orient the Trainee to the policies and practices of the Agency.
5. Shall provide the Qualifying Degree Program in a timely manner of any difficulties in the work performance of the Trainee.
6. Shall provide the Trainee and the Supervisor with an emergency response plan which assures the personal safety and security of Trainee, Supervisor and clients in the event of a fire, earthquake or other disaster.
7. Shall provide the Trainee with a minimum of five (5) hours per week of supervised fieldwork experience within the scope of practice of a Licensed Marriage Family Therapist.
8. Shall be familiar with the laws and regulations that govern the practice of Marriage and Family Therapy in the state of California, and in particular, those that directly affect the LMFT Trainee.
9. Shall provide the qualifying degree program with a photocopy of the current license of each Supervisor who will be supervising the degree program's Trainees.
10. Shall provide the qualifying degree program with whatever documents necessary to assure that the Trainee's performance of duties conforms to BBS laws and regulations.
11. Shall notify the qualifying degree program and the Trainee of change of address, phone, ownership, or any other status that may affect the ability of the Trainee to count hours gained at the fieldwork setting.

PRACTICUM COORDINATOR/SCHOOL THE QUALIFYING DEGREE PROGRAM

1. Shall approve the placement of each Trainee at the supervised fieldwork setting.
2. Shall have this written agreement with the supervised field work setting, Supervisor Trainee that details each party's responsibility, including the methods by which supervision will be provided.
3. Shall provide forms for regular process reports and evaluation of the student's performance at each supervised fieldwork setting.
4. Shall coordinate the terms of this agreement with each of the named parties.
5. Shall evaluate the appropriateness of the supervised fieldwork experience for each Trainee in terms of the educational objectives, clinical appropriateness and scope of the license of a Licensed Marriage Family Therapist (LMFT) described in Section 4980.02 of the California Business and Professions Code.
6. Shall register each student who states intent to pursue the LMFT license as a LMFT Trainee, after the student has completed 18 semester units of core courses at HIS University.
7. Shall recommend that each student gaining clinical hours in a supervised fieldwork setting procure professional liability insurance.
8. Shall have a designated liaison to the fieldwork setting and Clinical Supervisors called the Clinical Training Coordinator, who shall assume responsibility for the coordination of this arrangement between students and clinical sites.

THE TRAINEE (MFT STUDENT)

1. Shall have each Supervisor complete and sign the *Responsibility Statement for Supervisors of a MFT Trainee or AMFT* (Government Form #37A-523) before gaining supervised experience, and shall file a copy with HIS University within 30 days of the date signed.
2. Shall maintain a weekly log of all hours of expedience gained toward licensure, as required by Section 1833(e) of the CCR.
3. Shall be responsible, along with his or her Supervisor, for providing complete and accurate documentation to the Board of Behavioral Sciences in order to gain hours of experience toward licensure.
4. Shall be responsible for learning those policies of the supervised fieldwork setting which govern the conduct of regular employees and Trainees, and for complying with such policies.

5. Shall be responsible for participating in the periodic evaluation of his or her supervised fieldwork experience and delivering it to the qualifying degree program.
6. Shall be responsible for notifying the qualifying degree program in a timely manner of any professional or personal difficulties which may affect the performance of his or her professional duties and responsibilities.
7. Shall abide by the ethical standards of the California Association of Marriage and Family Therapists and of HIS University.
8. Shall have completed all prerequisite courses for MFT580 and MFT581, Clinical Practice, before providing supervised psychotherapeutic services to clients. If the student has not completed all prerequisite courses, he or she shall obtain a letter from the supervisor in which the supervisor acknowledges this fact and states that it will not be a problem in the student's clinical work. This letter must be filed with the Clinical Training Coordinator.
9. Shall be aware that the qualifying degree program strongly recommends that he or she obtain professional liability insurance while working in a clinical placement.

HIS University - MFT Trainee Certification Request (Form #MFT500-001)

STUDENT:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: () _____
Other Phone: () _____
Director: _____
Social Security Number: _____ - _____ - _____

FIELD PLACEMENT AGENCY:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Agency Phone: _____
Agency Fax: () _____
Program Units Completed: _____ Date Completed: _____

This Placement Information is provided for school records and will be supported by an agreement and supervisory responsibility form.

No Placement currently: _____

AGENCY TYPE:

() Government Entity () Licensed Health Facility
() School, College or University
() Non-Profit/Charitable Corporation
Description: _____

PLACEMENT:

Duration:
Date Started: _____
Date Finished: _____

Approximate Experience Hours Per Week: _____
Face to Face: Individual _____ Families _____
Children _____ Couples _____

SUPERVISOR:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Office Phone: () _____

SUPERVISION:

Type: Hrs/wk Group: _____
Hrs/wk Individual: _____
Other Phone: () _____

Type of License:

() MFT () Clinical Psychologist
() LCSW () Psychiatrist

Date License Issued: _____
State Issuing License: _____
Expiration Date: _____

CLASS COMPLETION LIST:

Title	Units	Date	Title	Units	Date
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

School Entry Date: _____ Date Completed 12 Semester Units: _____

This request for Trainee Certification is made to qualify me for enrollment in the Practicum Experience portion of my MFT Masters Degree at HIS University. I have located or will locate an approved site for this experience.

Student Signature: _____ Date: _____

HIS University - MFT Practicum Information & Registration Form

(Form #MFT500-002)

STUDENT:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: () _____
Other Phone: () _____
Social Security Number: _____ - _____ - _____

FIELD PLACEMENT AGENCY:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: () _____ Fax: () _____
Agency Contact Person: _____

Program Units Completed: _____ Date Completed: _____

Choose one Practicum/Field Class Registration:

_____ MFT Clinical Placement I _____ MFT Clinical Placement II

This placement information is provided for school records and will be supported by an agreement and supervisory responsibility form.

AGENCY:

- () Government Agency
- () School/College/University
- () Licensed Health Facility
- () Non-Profit/Charitable Organization

PLACEMENT:

Duration: _____
From: _____
To: _____

Description:

Approximate Experience Hours/Week:

- Face to Face: () Individual () Families
- () Children () Couples
- () Groups

Attach appropriate verification document copy.

SUPERVISOR:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Office Phone: () _____ Other Phone: () _____

SUPERVISION:

Type: Hrs/Wk () Individual () Group
Date License Issued: _____
Date License Issued: _____

Type of License:

- _____ LMFT
- _____ LCSW
- _____ Clinical Psychologist
- _____ Psychiatrist

Date License Issued: _____
Date License Issued: _____

State Issuing: _____

Date Expires: _____

General Information:

School Entry Date:

Other Agencies you have or would consider:

HIS University – MFT Four-Way Agreement

(Form #MFT500-003)

This is the *Four-Way Agreement* between the Qualifying Degree Program of HIS University, the Supervised Fieldwork setting, the Supervisor, and the LMFT Trainee.

Trainee Name: _____ Date: _____

LMFT Law: The California legislature asks the educators and Supervisors of LMFT students to work cooperatively in training their student/Trainee. Section 4980.42 Assembly Bill 1855 states that, “On and after January 1, 1995, all hours of experience gained as a Trainee shall be coordinated between the school and the site where the hours are being accrued. The school shall approve each site and shall have a written agreement with each site that details each party’s responsibilities, including the methods by which supervision shall be provided. The agreement shall provide for regular progress reports and evaluations of the **LMFT Trainee.**”

This agreement should be read carefully, signed and brought to our clinical site and to your Clinical Supervisor to read and sign. Finally, take it to the Clinical Training Coordinator (CTC) for HIS University. The completed “4-Way Agreement” must be on file before supervised clinical hours are begun.

SECTION I – RESPONSIBILITIES OF THE PARTIES
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1ST PARTY; Qualifying Degree Program (HIS University)

- a. Shall approve the placement of each Trainee at the supervised field work setting.
- b. Shall have this written agreement with the supervised field work setting, Supervisor Trainee that details each party’s responsibility, including the methods by which supervision will be provided.
- c. Shall provide forms for regular process reports and evaluation of the student’s performance at each supervised fieldwork setting.
- d. Shall coordinate the terms of this agreement with each of the named parties.
- e. Shall evaluate the appropriateness of the supervised fieldwork experience for each Trainee in terms of the educational objectives, clinical appropriateness and scope of the license of a Licensed Marriage & Family Therapist (LMFT) described in Section 4980.02 of the California Business and Professions Code.
- f. Shall register each student who states intent to pursue the LMFT license as a LMFT Trainee, after the student has completed 12 semester units of core courses at HIS University.
- g. Shall recommend that each student gaining clinical hours in a supervised fieldwork setting procure professional liability insurance.
- h. Shall have a designated liaison to the fieldwork setting and Clinical Supervisors called the Clinical Training Coordinator (CTC). The CTC shall assume responsibility for the coordination of this arrangement between students and clinical sites.

_____ Initials of the Clinical Training Coordinator (CTC) of HIS University

2ND PARTY; The Supervised Fieldwork Setting

- a. Shall provide the Trainee and the Supervisor with the documentation necessary to verify to the Board of Behavioral Sciences (BBS) that the placement is one that is named in law as appropriate for a LMFT Trainee, and that the Trainee is employed in the manner required by law. Such documentation is specified by

the LMFT Experience Verification Form and may include the agency's 501(c)3, 1250, 1250.2 or 1250.3. A copy of the documentation must be attached to Trainee's LMFT Experience Verification Form.

- b. Shall evaluate the qualifications and credentials of any employee who provides supervision to LMFT Trainees.
- c. Shall provide adequate resources to the Trainee and the Supervisor in order that they may, provide clinically appropriate services to clients.
- d. Shall orient the Trainee to the policies and practices of the Agency.
- e. Shall provide the Qualifying Degree Program in a timely manner of any difficulties in the work performance of the Trainee.
- f. Shall provide the Trainee and the Supervisor with an emergency response plan which assures the personal safety and security of Trainee, Supervisor and clients in the event of a fire, earthquake or other disaster.
- g. Shall provide the Trainee with a minimum of five (5) hours per week of supervised fieldwork experience within the scope of practice of a Licensed Marriage Family Therapist.
- h. Shall be familiar with the laws and regulations that govern the practice of Marriage and Family Therapy in the State of California, and in particular, those that directly affect the LMFT Trainee.
- i. Shall provide the qualifying degree program with a photocopy of the current license of each Supervisor who will be supervising the degree program's Trainees.
- j. Shall provide the qualifying degree program with whatever documents necessary to assure that the Trainee's performance of duties conforms to BBS laws and regulations.
- k. Shall notify the qualifying degree program and the Trainee of change of address, phone, ownership, or any other status that may affect the ability of the Trainee to count hours gained at the fieldwork setting.

_____Initials of the Representative of the Fieldwork Setting

3rd PARTY: The Clinical Supervisor

- a. Shall be responsible for assuring that all clinical experience gained by the Trainee is within the parameters of Marriage and Family Therapy.
- b. Shall sign and abide by the *Responsibility Statement for Supervisors of a Marriage and Family Therapist Trainee or Intern* form as described in Section 1833.1 of the California Code of Regulations (CCR).
- c. Shall complete the *LMFT Experience Verification* form required for licensure.
- d. Shall describe in writing on Section II of this document the methods by which supervision will be provided.
- e. Shall provide regular *Progress Reports* and *Evaluations* of the student's performance at the site to the qualifying degree program twice annually.
- f. Shall abide by the ethical standards promulgated by the professional association to which the Supervisor belongs (e.g., AAMFT, CAMFT, APA, NASW, AMA, etc.)
- g. Shall review and sign the *weekly summary of Hours of Experience* form required by Section 1833(e) of the CCR on a weekly basis.
- h. Shall provide the agency with a current copy of his/her current license and resume.
- i. Shall be familiar with the laws and regulations that govern the practice of Marriage and Family Therapy in the State of California, and in particular, those that directly effect the LMFT Trainee.
- j. Shall provide the Trainee with one (1) hour of individual or two (2) hours of group supervision for each five (5) hours of client contact provided by the Trainee. This may be averaged twice a year.
- k. Shall provide the Trainee with a policy and procedure for crisis intervention and other client/clinical emergencies, in particular those that are mandated by law (e.g., child abuse, danger to self, others, etc.)
- l. Shall, if providing supervision on a voluntary basis attach the original written agreement between you, the Supervisor, and the Trainee's employer required by Title 16, CCR Section 1833(b)(4).

_____Initials of Clinical Supervisor

4th PARTY: The Trainee

- a. Shall have each Supervisor complete and sign the *Responsibility Statement for Supervisors of Those Training for the LMFT License* form before gaining supervised experience, and shall file a copy with HIS University within 30 days of the date signed.
- b. Shall maintain a weekly log of all hours of expedience gained toward licensure, as required by Section 1833(e) of the CCR.
- c. Shall be responsible, along with his or her Supervisor, for providing complete and accurate documentation to the Board of Behavioral Sciences in order to gain hours of experience toward licensure.
- d. Shall be responsible for learning those policies of the supervised fieldwork setting which govern the conduct of regular employees and Trainees, and for complying with such policies.
- e. Shall be responsible for participating in the periodic evaluation of his or her supervised fieldwork experience and delivering it to the qualifying degree program.
- f. Shall be responsible for notifying the qualifying degree program in a timely manner of any professional or personal difficulties which may affect the performance of his or her professional duties and responsibilities.
- g. Shall abide by the ethical standards of the California Association of Marriage and Family Therapists and of HIS University.
- h. Shall have completed all prerequisite courses for MFT580, Clinical Practice, before providing supervised psychotherapeutic services to clients. If the student has not completed all prerequisite courses, he or she shall obtain a letter from the supervisor in which the supervisor acknowledges this fact and states that it will not be a problem in the student’s clinical work. This letter must be filed with the Clinical Training Coordinator (CTC).
- i. Shall be aware that the qualifying degree program strongly recommends that he or she obtain professional liability insurance while working in a clinical placement.

_____ Initials of the Trainee

SECTION II – METHODS OF SUPERVISION

Section 1833.1(a)(6) requires that the Supervisor monitor the quality of counseling or psychotherapy performed by the Trainee by direct observation, audio or video recording, review of progress and process notes or records or by any other means deemed appropriate by the Supervisor, and furthermore that the Supervisor shall inform the Trainee prior to the commencement of supervision of the methods by which the Supervisor will monitor the quality of counseling of psychotherapy being performed.

Check all that apply:

- _____ Direct Observation
- _____ Audio Tape
- _____ Video Tape
- _____ Process and Progress Notes
- _____ Student Verbal Report
- _____ Role play
- _____ Other (Describe) _____

SECTION III - ADDITIONS

A. TERMINATION

The expectation of all parties is that this agreement will be honored mutually. Termination of this agreement with cause shall be in accordance with the academic policies of the qualifying degree program or the employment or volunteer policies of the supervised fieldwork setting. Any party may terminate this agreement without cause by giving all other parties 30 days notice of the intention to terminate.

Termination of the trainee’s or Supervisor’s employment or this agreement must take into account the clinical necessity of an appropriate termination or transfer of psychotherapeutic clients. In any case, it is assumed that before there is any early termination of this agreement on the part of the Trainee, the supervised fieldwork setting or the Supervisor, such a decision must include prior consultation with the Qualifying Degree Program.

B. CHANGES IN THE AGREEMENT

This agreement may be amended in writing signed by each party.

C. INDEMNIFICATION

The Qualifying Degree Program strongly recommends to each student trainee that he or she procure professional liability insurance before working with clients in a supervised fieldwork setting. The supervised fieldwork setting assumes all risk and liability for the student’s performance of services while at the supervised fieldwork setting.

SECTION IV – TERM OF THE AGREEMENT

From ____/____/____ To ____/____/____ (to be filled in by Agency)

SECTION V - SIGNATURES

For the Fieldwork Placement Setting:

Name (please print)	Title
Signature	Date

For the Supervisor:

Name (please print)	Title	Check License(s) held: <input type="checkbox"/> LMFT <input type="checkbox"/> Psychologist <input type="checkbox"/> LCSW <input type="checkbox"/> Psychiatrist
Signature	Date	

For the **Qualified Degree Program** – HIS University:

Name (please print) _____ Clinical Training Coordinator _____
Title

Signature _____ Date _____

For the **Trainee:**

Name (please print) _____

Signature _____ Date _____

REMINDER to the Trainee: Please distribute signed copies to those who sign above, filing the original with the Clinical Training Coordinator. The 4-Way Agreement must be on file with the CTC before hours may be used to meet LMFT license requirements.

HIS University MFT Trainee Evaluation Form (Form #MFT500-004)

Student Name: _____ Academic Program: _____

Evaluation Period: Fall 20__ Winter 20__ Spring 20__ Summer 20__ Other _____

Agency Name: _____ City: _____

Clinical Supervisor's Name: _____ Phone: _____

<p>How Competency was Assessed. Check all that apply.</p> <table style="width: 100%;"> <tr> <td style="width: 50%;">A. <input type="checkbox"/> Direct Observation</td> <td style="width: 50%;">B. <input type="checkbox"/> Video</td> </tr> <tr> <td>C. <input type="checkbox"/> Audio</td> <td>D. <input type="checkbox"/> Supervisory Discussion</td> </tr> <tr> <td>E. <input type="checkbox"/> Review of Written Reports</td> <td>F. <input type="checkbox"/> Feedback from others</td> </tr> <tr> <td colspan="2">G. <input type="checkbox"/> Other (specify): _____</td> </tr> </table>	A. <input type="checkbox"/> Direct Observation	B. <input type="checkbox"/> Video	C. <input type="checkbox"/> Audio	D. <input type="checkbox"/> Supervisory Discussion	E. <input type="checkbox"/> Review of Written Reports	F. <input type="checkbox"/> Feedback from others	G. <input type="checkbox"/> Other (specify): _____		<p>Competency Expectations: (For school use)</p> <p>Note: If student Fails to Meet Standard or Needs Improvement, provide explanation in the Comment box for that Competency.</p>
A. <input type="checkbox"/> Direct Observation	B. <input type="checkbox"/> Video								
C. <input type="checkbox"/> Audio	D. <input type="checkbox"/> Supervisory Discussion								
E. <input type="checkbox"/> Review of Written Reports	F. <input type="checkbox"/> Feedback from others								
G. <input type="checkbox"/> Other (specify): _____									
<p>Performance Levels: Check all boxes that apply within each Competency area and rank student where majority of boxes are checked. 0 - 1: Fails to meet standard, requires further training 2 - 3: Meets minimum standard, would benefit from further training 4 - 5: Meets standard appropriate to current level of training and experience 6: Exceeds performance standard</p>									

COMPETENCY 1: Clinical Evaluation			
<p>Needs much guidance in identifying presenting problems, identifying client strengths, and identifying possible substance abuse, and in connecting presenting problem to DSM diagnoses.</p> <p>Requires Comment.</p>	<p><input type="checkbox"/> Can identify treatment unit, presenting problems, and patterns of behavior with guidance. <input type="checkbox"/> Does not always identify risks and self-destructive behaviors. <input type="checkbox"/> Sometimes misses client strengths and needs to be reminded to identify such strengths. <input type="checkbox"/> Does not always assess for substance abuse. <input type="checkbox"/> Needs help connecting DSM criteria to presenting problems. <input type="checkbox"/> Has little understanding of prognostic indicators.</p>	<p><input type="checkbox"/> Generally good at identifying unit of treatment, presenting problems, and patterns of behavior. <input type="checkbox"/> Identifies risks and self-destructive behaviors and implements prevention techniques and identifies appropriate intervention resources. <input type="checkbox"/> Routinely assesses client strengths and coping skills, and possible substance use. <input type="checkbox"/> Generally sufficient in using the DSM but sometimes needs help in identifying appropriate diagnoses. <input type="checkbox"/> Beginning to understand prognostic indicators.</p>	<p><input type="checkbox"/> Consistently good at identifying unit of treatment, presenting problems, and patterns of behavior. <input type="checkbox"/> Identifies risks and self-destructive behaviors and implements prevention techniques and identifies appropriate intervention resources. <input type="checkbox"/> Routinely assesses client strengths and coping skills, and possible substance use. <input type="checkbox"/> Connects presenting problem with DSM diagnosis and identifies possible comorbid disorders. <input type="checkbox"/> Can identify elements relevant to making proper prognosis.</p>
<p>0 1 Fails to Meet Standard</p>	<p>2 3 Needs Improvement</p>	<p>4 5 Meets Standard</p>	<p>6 Exceeds Standard</p>
<p>Comments:</p>			

COMPETENCY 2: Crisis Management			
<p><input type="checkbox"/> Is inadequate in identifying indicators of abuse, danger to self, or danger to others. <input type="checkbox"/> Sometimes disputes supervisor's identifications of such indicators. <input type="checkbox"/> Inadequate in issues dealing with trauma. <input type="checkbox"/> Completely relies upon supervisor to develop and implement a plan to reduce the potential for danger and to report these incidents. Requires Comment.</p>	<p><input type="checkbox"/> Sometimes misses indicators of abuse, danger to self, or danger to others, but understands these signs after discussion with supervisor. <input type="checkbox"/> Mostly relies upon supervisor to develop and implement a plan to reduce the potential for danger. <input type="checkbox"/> Is uncertain in identifying and treating trauma. <input type="checkbox"/> Feels less confident in reporting such crises and defers to supervisor to complete reporting requirements.</p>	<p><input type="checkbox"/> Generally good at observing and assessing for indicators of abuse, danger to self, or danger to others with support from supervisor. <input type="checkbox"/> Helps in the development and implementation of a plan to reduce the potential for danger. <input type="checkbox"/> Generally good at identifying and treating trauma with assistance from supervisor. <input type="checkbox"/> Manages reporting requirements with assistance from supervisor.</p>	<p><input type="checkbox"/> Consistently observes and assesses for indications of abuse, danger to self, or danger to others. <input type="checkbox"/> Develops/implements a plan to reduce the potential for danger with appropriate input from supervisor. <input type="checkbox"/> Excellent at identifying and treating trauma. <input type="checkbox"/> Manages reporting requirements appropriately.</p>
<p>0 1</p>	<p>2 3</p>	<p>4 5</p>	<p>6</p>

Fails to Meet Standard	Needs Improvement	Meets Standard	Exceeds Standard
Comments:			
COMPETENCY 3: Treatment Planning			
<input type="checkbox"/> Inadequate knowledge of principles of systems theory and/or a clinically appropriate theory. <input type="checkbox"/> Difficulty in identifying stages of treatment and imposes treatment goals. <input type="checkbox"/> Does not understand the differences between short- and long-term treatment goals. <input type="checkbox"/> Does not recognize the need for referral and is not aware of appropriate referrals. Requires Comment.	<input type="checkbox"/> Often needs help demonstrating knowledge of principles of systems theory and/or a clinically appropriate theory. <input type="checkbox"/> Needs help in identifying stages of treatment and developing mutually agreed upon, appropriate short- and long-term goals. <input type="checkbox"/> Often needs help recognizing the need for referral for appropriate services and resources.	<input type="checkbox"/> Generally good demonstration of awareness of principles of systems theory and/or a clinically appropriate theory. <input type="checkbox"/> Acceptable identification of stages of treatment and mutually agreed upon, appropriate short- and long-term treatment goals. <input type="checkbox"/> Sometimes needs guidance on recognizing the need for referral for appropriate services and resources.	<input type="checkbox"/> Consistent demonstration of awareness of principles of systems theory and/or a clinically appropriate theory. <input type="checkbox"/> Identifies stages of treatment and sets mutually agreed upon, appropriate short- and long-term goals for treatment. <input type="checkbox"/> Recognizes the need for referral and identifies appropriate services and resources.
0 1 Fails to Meet Standard	2 3 Needs Improvement	4 5 Meets Standard	6 Exceeds Standard
Comments:			

COMPETENCY 4: Rapport Building			
<input type="checkbox"/> Inadequate in developing empathy and sometimes is not aware of empathy's importance. <input type="checkbox"/> Does not create a safe environment. <input type="checkbox"/> Is unaware of how one's own biases affect treatment outcomes. Requires Comment.	<input type="checkbox"/> Often does not develop empathy. <input type="checkbox"/> Needs help in creating a safe environment and understanding the problem from the client's perspective. <input type="checkbox"/> Difficulty developing trust with clients and often imposes one's own biases. <input type="checkbox"/> Is not always aware of one's emotions and imposes treatment without much regard to therapeutic working alliance. <input type="checkbox"/> Is not aware of impact of self on clients.	<input type="checkbox"/> Generally good at developing empathy. <input type="checkbox"/> Is adequate in creating a safe environment and attempts to understand the problem from the client's perspective. <input type="checkbox"/> Is adequate in developing trust with clients but sometimes needs to keep biases in check. <input type="checkbox"/> Is developing the ability to control one's emotions. <input type="checkbox"/> Sometimes proceeds to treatment before trust is fully developed. <input type="checkbox"/> Is appropriately aware of impact of self on clients.	<input type="checkbox"/> Consistent demonstration of empathy. <input type="checkbox"/> Creates a safe environment by understanding the problem from the client's perspective. <input type="checkbox"/> Consistently in control of one's emotions and assesses for trust. <input type="checkbox"/> Is aware and uses impact of self on clients in treatment.
0 1 Fails to Meet Standard	2 3 Needs Improvement	4 5 Meets Standard	6 Exceeds Standard
Comments:			

COMPETENCY 5: Treatment			
<input type="checkbox"/> Unable to apply any therapeutic principles. Requires Comment.	<input type="checkbox"/> Poor knowledge of theoretically appropriate, evidence based treatment, and client-specific clinical interventions. <input type="checkbox"/> Needs help in evaluating client's coping skills to determine timing of interventions. <input type="checkbox"/> Needs guidance in modifying the treatment process based upon therapeutic progress. <input type="checkbox"/> Needs assistance in understanding transference and countertransference issues. <input type="checkbox"/> Poor at case management-related issues. <input type="checkbox"/> Needs help in identifying appropriate termination and transition from treatment.	<input type="checkbox"/> Generally good knowledge of theoretically appropriate, evidence based treatment, and client-specific clinical interventions. <input type="checkbox"/> Is adequate at explaining treatments to clients. <input type="checkbox"/> Good in evaluating client's coping skills to determine timing of interventions. <input type="checkbox"/> Good in modifying the treatment process by monitoring therapeutic progress. <input type="checkbox"/> Is gaining awareness of transference and countertransference issues. <input type="checkbox"/> Adequate at case management-related issues. <input type="checkbox"/> Good in developing a plan for termination with client to provide a transition from treatment.	<input type="checkbox"/> Demonstrates consistent knowledge of theoretically appropriate, evidence based treatment, and client-specific clinical interventions. <input type="checkbox"/> Very good skills in explaining treatments in ways clients can understand. <input type="checkbox"/> Consistent in evaluating client's coping skills to determine timing of interventions. <input type="checkbox"/> Consistent in modifying the treatment process by monitoring therapeutic progress. <input type="checkbox"/> Has good awareness of transference and countertransference issues. <input type="checkbox"/> Good at case management-related issues. <input type="checkbox"/> Consistent in developing a plan for termination with client to provide a transition from treatment.
0 1 Fails to Meet Standard	2 3 Needs Improvement	4 5 Meets Standard	6 Exceeds Standard

Comments:

COMPETENCY 6: Human Diversity			
<input type="checkbox"/> Unable to understand the importance of issues of diversity. Requires Comment.	<input type="checkbox"/> Needs help in identifying issues of diversity which impact the therapeutic environment. <input type="checkbox"/> Sometimes is unable to disentangle one's own values from client's values, which sometimes interferes with treatment strategies.	<input type="checkbox"/> Generally good at identifying issues of diversity which impact the therapeutic environment. <input type="checkbox"/> Is able to provide an unbiased therapeutic environment when client's values or beliefs are different from one's own views. <input type="checkbox"/> Can apply treatment strategies consistent with client's values, beliefs, and/or worldviews.	<input type="checkbox"/> Consistent at identifying issues of diversity which impact the therapeutic environment, including issues of gender, sexual orientation, culture, ethnicity, age, disability, and religious/faith beliefs on the therapeutic process. <input type="checkbox"/> Consistent at providing an unbiased therapeutic environment when client's values, beliefs, and/or worldviews are different from one's own views.
0 1 Fails to Meet Standard	2 3 Needs Improvement	4 5 Meets Standard	6 Exceeds Standard
Comments:			

COMPETENCY 7: Law			
<input type="checkbox"/> Poor understanding of legal issues relevant to this clinical setting. Requires Comment.	<input type="checkbox"/> Needs help in recognizing legal issues, managing mandated reporting requirements, and obtaining client's (or legal guardian's) authorization for release to disclose or obtain confidential information. <input type="checkbox"/> Does not always understand the reasoning behind the need for legal requirements. <input type="checkbox"/> Needs to be reminded of issues surrounding security of therapy records. <input type="checkbox"/> Is not very knowledgeable of laws relevant to practice.	<input type="checkbox"/> Adequately knowledgeable of legal issues relevant to this clinical setting. <input type="checkbox"/> Adheres to legal statutes, and generally understands and appropriately manages mandated reporting requirements with some assistance from supervisor. <input type="checkbox"/> Obtains client's (or legal guardian's) authorization for release to disclose or obtain confidential information. <input type="checkbox"/> Maintains security of clinical records. <input type="checkbox"/> Is developing knowledge of and follows law in clinical practice.	<input type="checkbox"/> Consistent knowledge of legal issues relevant to this clinical setting. <input type="checkbox"/> Adheres to legal statutes, and understands and appropriately manages mandated reporting requirements. <input type="checkbox"/> Obtains and understands the need for client's (or legal guardian's) authorization for release to disclose or obtain confidential information. <input type="checkbox"/> Maintains security of client therapy records. <input type="checkbox"/> Aware of and follows law in clinical practice.
0 1 Fails to Meet Standard	2 3 Needs Improvement	4 5 Meets Standard	6 Exceeds Standard
Comments:			

COMPETENCY 8: Ethics			
<input type="checkbox"/> Poor understanding of ethical issues relevant to this clinical setting. Requires Comment.	<input type="checkbox"/> Needs help in recognizing ethical issues arising in this clinical setting. <input type="checkbox"/> Needs reminders to inform clients of parameters of confidentiality and conditions of mandated reporting. <input type="checkbox"/> Is not aware of one's scope of practice and attempts to treat all problems. <input type="checkbox"/> Needs reminders of appropriate therapeutic boundaries. <input type="checkbox"/> Has difficulty in identifying personal reactions/countertransference issues that could interfere with the therapeutic process and sometimes denies or disputes these issues when pointed out by supervisor.	<input type="checkbox"/> Generally good knowledge of ethical issues arising in this clinical setting. <input type="checkbox"/> Is able to inform clients of parameters of confidentiality and conditions of mandated reporting. <input type="checkbox"/> Maintains appropriate therapeutic boundaries. <input type="checkbox"/> Is not always aware of one's scope of practice. <input type="checkbox"/> Sometimes needs help in identifying personal reactions/countertransference issues that could interfere with the therapeutic process, but can easily correct oversights in this area. <input type="checkbox"/> Together with supervisor, identifies personal limitations that require outside consultation.	<input type="checkbox"/> Demonstrates excellent knowledge of ethical issues arising in this clinical setting. <input type="checkbox"/> Consistently informs clients of parameters of confidentiality and conditions of mandated reporting. <input type="checkbox"/> Maintains appropriate therapeutic boundaries. <input type="checkbox"/> Consistent at staying within scope of practice. <input type="checkbox"/> Consistent ability to identify personal reactions/countertransference issues that could interfere with the therapeutic process, and identifies personal limitations that require outside consultation.
0 1 Fails to Meet Standard	2 3 Needs Improvement	4 5 Meets Standard	6 Exceeds Standard

COMPETENCY 9: Personal Qualities			
<input type="checkbox"/> Has demonstrated lapses in integrity, initiative, motivation, attitude, self-awareness. <input type="checkbox"/> Has demonstrated lapses in oral and written communication skills. Requires Comment.	<input type="checkbox"/> Needs improvement in demonstrating integrity, initiative, motivation, attitude, self-awareness. <input type="checkbox"/> Needs improvement in oral and written communication skills.	<input type="checkbox"/> Generally acceptable demonstration of integrity, initiative, motivation, attitude, self-awareness. <input type="checkbox"/> Generally acceptable oral and written communication skills.	<input type="checkbox"/> Consistent demonstration of integrity, initiative, motivation, attitude, self-awareness. <input type="checkbox"/> Consistently demonstrated good oral and written communication skills.
0 Fails to Meet Standard	1 Needs Improvement	2 Meets Standard	3 Exceeds Standard
Comments:			
Comments:			

COMPETENCY 10: Professional Documentation			
<input type="checkbox"/> Does not adhere to deadlines and professional documentation standards. Requires Comment.	<input type="checkbox"/> Does not always maintain timely and orderly paperwork and sometimes skirts agency policies.	<input type="checkbox"/> Maintains timely and orderly paperwork and adheres to agency policies.	<input type="checkbox"/> Consistent maintenance of timely and orderly paperwork, and adherence to agency policies.
0 Fails to Meet Standard	1 Needs Improvement	2 Meets Standard	3 Exceeds Standard
Comments:			

COMPETENCY 11: Professionalism			
<input type="checkbox"/> Does not demonstrate professionalism in the work setting. Requires Comment.	<input type="checkbox"/> Appearance and attire is frequently inappropriate for agency setting. <input type="checkbox"/> Is inconsistent in punctuality and in meeting responsibilities to agency and to relationships with professional colleagues. <input type="checkbox"/> Is not very aware of the need for self care.	<input type="checkbox"/> Appearance appropriate to agency setting. <input type="checkbox"/> Acceptable demonstration of punctuality and in meeting responsibilities to agency and to relationships with professional colleagues. <input type="checkbox"/> Is developing the understanding of the importance of self care.	<input type="checkbox"/> Consistently demonstrates proper appearance appropriate to agency setting. <input type="checkbox"/> Consistently demonstrates punctuality and responsibilities to agency and to relationships with professional colleagues. <input type="checkbox"/> Has the ability to understand the need for self care as it relates to effective clinical practice.
0 Fails to Meet Standard	1 Needs Improvement	2 Meets Standard	3 Exceeds Standard
Comments:			

COMPETENCY 12: Supervision			
<input type="checkbox"/> Resistant to supervision and does not make improvements after repeated input from supervisor. Requires Comment.	<input type="checkbox"/> Needs to make better use of supervision. <input type="checkbox"/> Does not always come prepared to discuss cases or issues of concern. <input type="checkbox"/> Has difficulty in presenting full case conceptualizations. <input type="checkbox"/> Is somewhat resistant to supervisory input, and sometimes openly argues with supervisor's observations and/or suggestions.	<input type="checkbox"/> Does not always seek supervision when needed, preferring to wait until regularly scheduled supervisory sessions. <input type="checkbox"/> Comes prepared to supervision sessions, but sometimes needs prompting by supervisor to share concerns. <input type="checkbox"/> Is generally good at presenting full case conceptualizations but sometimes leaves relevant details out of presentation. <input type="checkbox"/> Is generally open to supervision and makes improvements when needed.	<input type="checkbox"/> Seeks supervision when needed, comes prepared for supervision sessions, and openly shares concerns and ideas with supervisor. <input type="checkbox"/> Can present full case conceptualizations. <input type="checkbox"/> Consistently demonstrates openness to feedback and uses supervisory suggestions to make improvements when needed.

COMPETENCY 13: (Optional for School Designation)			
0 Fails to Meet Standard	1 Needs Improvement	2 Needs Improvement	3 Needs Improvement
4 Meets Standard	5 Meets Standard	6 Exceeds Standard	6 Exceeds Standard
Comments:			
0 Fails to Meet Standard	1 Needs Improvement	2 Needs Improvement	3 Needs Improvement
4 Meets Standard	5 Meets Standard	6 Exceeds Standard	6 Exceeds Standard
Comments:			

OVERALL ASSESSMENT			
0 Fails to Meet Standard	1 Needs Improvement	2 Needs Improvement	3 Needs Improvement
4 Meets Standard	5 Meets Standard	6 Exceeds Standard	6 Exceeds Standard
Comments:			

<p>Areas of Strength:</p>
<p>Areas in Need of Further Development:</p>
<p>Plans for Development or Remediation:</p>
<p>Consultation with school requested by clinical supervisor: No <input type="checkbox"/> Yes <input type="checkbox"/> Best day/time: _____</p> <p>_____</p>

Signatures:

Student's Signature

Date

Supervisor's Signature

Date

[Your Campus' Name] Director of Clinical Training

Date



Board of Behavioral Sciences
 1625 North Market Blvd., Suite S200, Sacramento, CA 95834
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 www.bbs.ca.gov



**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
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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
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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 Intern 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: _____ mm/dd/yyyy	To: _____ 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*:	Logged Hours	
a. Individual Psychotherapy (No minimum or maximum hours required)		
b. Couples, families, and children (Minimum 500 hours**)		
<ul style="list-style-type: none"> • 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 (Maximum 500 hours)		
d. Telehealth Counseling (Maximum 375 hours)		
e. Workshops, seminars, training sessions, or conferences*** (Maximum 250 hours)		
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***:	Hours Per Week	Logged Hours
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



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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): <input type="checkbox"/> Pre-Degree <input type="checkbox"/> Post-Degree

APPLICANT NAME:

Last	First	Middle	Associate/Intern No.
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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):

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 Intern 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: _____ mm/dd/yyyy	To: _____ 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*:	Logged Hours	
a. Individual Psychotherapy (No minimum or maximum hours required)		
b. Couples, families, and children (Minimum 500 hours**)		
<ul style="list-style-type: none"> • 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 (Maximum 500 hours)		
d. Telehealth Counseling (Maximum 375 hours)		
e. Workshops, seminars, training sessions, or conferences*** (Maximum 250 hours)		
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***:	Hours Per Week	Logged Hours
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



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

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 licensure as a Licensed Marriage and Family Therapist to complete and sign, under penalty of perjury, the following statement prior to the commencement of any counseling or supervision, and to provide the associate or trainee with the original.

Form with fields for Name of MFT Trainee/Associate (Last, First, Middle), Name of Qualified Supervisor, and 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))

A. The license I hold is:

Form for listing licenses: Licensed Marriage and Family Therapist, Licensed Clinical Social Worker, *Licensed Professional Clinical Counselor, **Licensed Psychologist, and **Physician certified in psychiatry by the American Board of Psychiatry and Neurology. Includes fields for License # and 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 associate 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, associates, associate clinical social workers, or associate professional clinical counselors 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 associates. (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))

* LPCCs must meet the requirements to assess and treat couples and families per BPC § 4999.20(a)(3) and 16 CCR § 1820.7

** 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.

- 6) I know and understand the laws and regulations pertaining to both the supervision of trainees and associates 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 associate. (16 CCR § 1833.1(a)(8))
- 8) I shall monitor and evaluate the extent, kind, and quality of counseling performed by the trainee or associate 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 associate 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 professional clinical counselor, 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(e)(1))
- 11) I agree not to provide supervision to an ASSOCIATE unless the associate 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 associate'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(f)(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 associate 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 associate or trainee. (16 CCR § 1833(b)(4))
- 13) I shall give at least (1) one week's prior written notice to a trainee or associate 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 associate for whom supervision will be provided, the name, address, and telephone number of the trainee's or associate'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 associate 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 associate 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, 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 ASSOCIATE OR TRAINEE BEING SUPERVISED WITH THE ORIGINAL OF THIS SIGNED STATEMENT PRIOR TO THE COMMENCEMENT OF ANY COUNSELING OR SUPERVISION.

THE TRAINEE OR ASSOCIATE SHALL SUBMIT THIS FORM TO THE BOARD UPON APPLICATION FOR LICENSURE.



Board of Behavioral Sciences
 1625 North Market Blvd., Suite S200, Sacramento, CA 95834
 Telephone: (916) 574-7830 TTY: (800) 326-2297
www.bbs.ca.gov



**MARRIAGE AND FAMILY THERAPIST TRAINEE / ASSOCIATE
 WEEKLY SUMMARY OF HOURS OF EXPERIENCE
 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 - AMFT 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										

* Includes telehealth counseling.

** 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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**MARRIAGE AND FAMILY THERAPIST TRAINEE / ASSOCIATE
 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 <input type="checkbox"/> Trainee in Practicum <input type="checkbox"/> Post-Degree / Associate Application Pending - BBS File Number (if known): _____ <input type="checkbox"/> Registered Associate - AMFT Number: _____										
YEAR _____	WEEK OF:									TOTAL HOURS
A. Individual Psychotherapy*										
B. Diagnosis / Treatment of Couples, Families, Children										
<i>B1. Conjoint Couple/Family Therapy**</i>										
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										
TOTAL HOURS PER WEEK										
Supervisor Signature										

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

Important
Answers to

Frequently Asked Questions

*for Associate
Marriage
& Family
Therapists
& MFT Trainees*



Board of Behavioral Sciences
1625 N Market Blvd Suite S-200
Sacramento CA 95834
(916) 574-7830
TDD: (800) 326-2297
<http://www.bbs.ca.gov>
(Revised 04/2018)



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Marriage and Family Therapist
Trainee and Associate
Frequently Asked Questions



The information provided in this publication is supplemental and is intended to serve as a quick answer guide for common questions for those pursuing licensure as a Licensed Marriage and Family Therapist. The Board's Statutes and Regulations contain the official legal code sections and language. The BBS encourages you to thoroughly read the Statutes and Regulations pertaining to the marriage and family therapy profession.

For information about the examination process and requirements for registered Associates, see the Board's website.

A. TRAINEE FAQs

- 1. Am I required to register as a Trainee with the Board? 4
2. What types of settings are Trainees allowed to work in? 4
3. As a Trainee, when can I begin counting pre-degree hours of work experience?.. 4
4. What types of hours can I count as a Trainee? 4
5. Are Trainees required to be enrolled in practicum in order to counsel clients? 5

B. INTERN REGISTRATION; LAW AND ETHICS EXAM

- 6. Can I count hours of experience after I graduate but before I receive an Associate registration number? What is the "90-day rule"? 5
7. When can I begin working in a private practice setting? 6
8. Are there any limitations on working in a private practice? 6

- 9. Now that my Associate registration has been issued, can I start practicing independently or open my own office?..... 6
- 10. When am I required to renew my Associate registration?..... 6
- 11. Are Associates required to take an exam to renew?..... 6
- 12. What happens if I don't pass the California Law and Ethics Exam? 6
- 13. Where can I take the 12-hour California Law and Ethics course?..... 7
- 14. What happens if I haven't passed the Law and Ethics Exam by my registration's 6-year time limit?..... 7
- 15. How do I obtain a second or third Associate registration number? 7
- 16. Can I work in a private practice under a subsequent Associate registration number?..... 7
- 17. What happens once I pass the Law and Ethics Exam? 7

C. EXPERIENCE HOURS, SUPERVISION & EMPLOYMENT

- 18. What is the breakdown for the required hours of experience to become a Licensed Marriage and Family Therapist (LMFT)?..... 8
- 19. I'm gaining hours under Option 2. How do I log or get credit for the conjoint couples and family incentive hours? 9
- 20. What is the definition of "telehealth counseling"?..... 10
- 21. How many telehealth hours can I gain? 10
- 22. How far back can experience hours be counted? What is the 6-year rule? 10
- 23. How do I determine the amount of supervision I need each week? 11
- 24. What is the difference between the supervision requirements for MFT Trainees and Associates?..... 11
- 25. What is the required ratio of supervision to client contact hours? 11
- 26. Can I be paid as a 1099 / independent contractor while a Trainee or Associate? 12
- 27. Can I be employed as a volunteer? 12
- 28. Who can supervise MFT Trainees or Associates?..... 12
- 29. How many supervisees can participate in a session of group supervision? 13
- 30. Can group supervision be broken into one-hour increments?..... 13

31. Can I receive supervision via videoconferencing or over the telephone? 13

32. Do my supervisor and I have to be employed by the same employer? 13

33. Does my supervisor need to be on site? 13

34. Where can I find more information about supervision? 14

35. What forms will I need to use to record my experience hours and supervision?.. 14

36. Where do I record Personal Psychotherapy hours received under Option 2? ... 15

37. Must I be under supervision while receiving Personal Psychotherapy? 15

38. Do I need to report hours gained pre-degree separately from hours gained postdegree? 15

39. How do I fill out Experience Verification forms or Weekly Logs if I have more than one supervisor in the same work setting? 15

40. When do I need to send in supervision-related forms? 15

D. APPLYING FOR LICENSURE

41. Should I be concerned about abandonment of my Application for Licensure and Examination? 16

42. What type of employment documentation does the Board require with my Application for Licensure and Examination? 16

43. Do I need to send in originals of my W-2s or most recent pay stub? 17

44. What additional coursework do I need to complete?..... 17

45. How can I provide verification of my experience if my supervisor is deceased or incapacitated?..... 19

46. Do I need to resubmit fingerprints with my Application for Licensure and Examination? 19

47. What happens once I submit my Application for Licensure and Examination? .. 20

48. Do I need to maintain a current Associate registration number to participate in the clinical exam?..... 20

49. Must I continue to have supervision after my experience hours have been approved? 20

50. Once I pass my exams, can I start practicing independently? 20

A. TRAINEE FAQs

(See section C for more information on supervised experience requirements for Trainees)

1. Am I required to register as a Trainee with the Board?

No, the Board does not register MFT Trainees.

2. What types of settings are Trainees allowed to work in?

Trainees are prohibited from working in a private practice setting. All other settings must comply with all of the following:

- The school in which the Trainee is enrolled must approve the site and have a written agreement with the site that details each party's responsibilities.
- The setting must lawfully and regularly provide mental health counseling or psychotherapy.
- The setting must provide 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.

Statutes cited: Business and Professions Code (BPC) sections 4980.42 and 4980.43.

3. As a Trainee, when can I begin counting pre-degree hours of work experience?

Trainees can only begin counting hours of experience if the student has completed a minimum of 12 semester or 18 quarter units of coursework in a qualifying MFT degree program, and is enrolled in a practicum course.

However, there is one exception for individuals who plan to gain their experience under "Option 2" (see page 8 for information on the two options). Personal psychotherapy hours may be counted beginning on the date you begin your degree program.

Statutes cited: BPC sections 4980.03 and 4980.43

4. What types of hours can I count as a Trainee?

A Trainee is permitted to earn a maximum of 1,300 hours of experience overall prior to the degree being awarded. Up to 750 hours of counseling (including diagnosing and treating couples, families and children, and individual or group psychotherapy) and supervision are permitted within the 1,300-hour maximum. The remaining 550 hours may only consist of non-clinical experience. For more information about supervised experience types and requirements, see section C.

Statute cited: BPC section 4980.43

5. Are Trainees required to be enrolled in practicum in order to counsel clients?

A Trainee may provide counseling while not enrolled in practicum if BOTH of the following are met:

- The period of time is less than 90 calendar days AND
- The 90-day (or shorter) period is immediately preceded by enrollment in practicum and immediately followed by enrollment in practicum (or completion of the degree program).

For example, if your practicum course ended on May 29, and you are not taking a summer practicum course, you may see clients for the next 90 days PROVIDED you are enrolled in another practicum course that starts by August 27, or you graduate by August 27.

If a Trainee's practicum break is 90 days or greater, the Trainee cannot count any hours gained during that time period.

Statutes cited: BPC sections 4980.36 and 4980.42

B. ASSOCIATE REGISTRATION; LAW AND ETHICS EXAM

6. Can I count hours of experience after I graduate but before I receive an Associate registration number? What is the "90-day rule"?

If you apply for an Associate registration within 90 days of your degree award date, and are thereafter issued an Associate registration, all postdegree hours of experience may be credited. Hours gained under the "90-day rule" must comply with all experience and supervision rules for Associate MFTs. However, you will not be permitted to work in a private practice setting until your Associate registration number is issued by the Board.

Statute cited: BPC section 4980.43

7. When can I begin working in a private practice setting?

8. Are there any limitations on working in a private practice?

You may not work in a private practice until your Associate registration number has been issued by the Board. You may work in private practice for a maximum of six (6) years, until your first Associate registration has met its maximum length. There are no exceptions.

Statutes cited: BPC sections 4980.43 and 4984.01; Regulation cited: Title 16, California Code of Regulations (CCR) section 1833

9. Now that my Associate registration has been issued, can I start practicing independently or open my own office?

No. Independent practice cannot begin until you have completed all licensure requirements and the Board issues you a license as a LMFT. Independent practice by an Associate MFT or MFT Trainee is considered unlicensed practice and is subject to disciplinary action by the Board. Additionally, Associates and Trainees cannot bill clients directly.

Statutes cited: BPC sections 4980, 4980.10 and 4982

10. When am I required to renew my Associate registration?

Registrations expire annually and have a total six (6)-year time limit. Your registration's expiration date will be printed on your registration certificate. You will be mailed a courtesy renewal application 100 days prior to your expiration date. You can also renew online.

Statute cited: BPC section 4984.01

11. Are Associates required to take an exam to renew?

Yes. Associates who have not yet passed the California Law and Ethics Exam **MUST** take this exam in order to renew. There are no exceptions. To apply for the exam, download the exam application from the Board's website.

Statute cited: BPC section 4980.399

12. What happens if I don't pass the California Law and Ethics Exam?

You do not need to pass the exam in order to renew your registration; you just need to have taken it. You may retake the exam after at least 90 days have passed from the date you last took the exam. The *Application for Re-Examination* is available on the Board's website.

If you don't pass the exam prior to your registration's expiration date, you must complete a 12-hour course in California Law and Ethics before you will be allowed to retake the exam during your NEXT renewal cycle. You will not be allowed to retake the exam after your registration expires until you submit proof of completion.

Statute cited: BPC section 4980.399; Regulation cited: Title 16, CCR section 1805.05

13. Where can I take the 12-hour California Law and Ethics course?

The course must be taken through a continuing education (CE) provider, a county, state or other governmental entity, or a college or university.

Statute cited: BPC section 4980.399

14. What happens if I haven't passed the Law and Ethics Exam by my registration's 6-year time limit?

California law permits a registration to be renewed a maximum of five (5) times before being cancelled. Associates may then apply for a subsequent (second or third) registration number. You cannot be issued a subsequent number unless you have passed the Law and Ethics Exam. There are no exceptions.

Statute cited: BPC section 4984.01

15. How do I obtain a second or third Associate registration number?

16. Can I work in a private practice under a subsequent Associate registration number?

Download the *Associate LMFT Subsequent Registration* application from the Board's website and submit it with the required fee. Be sure to submit it in advance of your registration's expiration date to allow time for processing.

Only those who have been issued a first Associate registration number may work in a private practice. Associates issued a subsequent registration may NOT work in a private practice setting. There are no exceptions. All other work settings are permissible.

Statute cited: BPC section 4984.01

17. What happens once I pass the Law and Ethics Exam?

If you are still earning your hours of supervised experience, you will continue as a registrant until you have completed your hours. No further exams are required until you apply for licensure. You may submit your *Application for Licensure and Examination* once you have met all education and experience requirements. Upon approval of your *Application for Licensure and Examination*, you will be required to take and pass the California Clinical LMFT Exam.

Statutes cited: BPC sections 4980.397 and 4980.399

C. EXPERIENCE HOURS, SUPERVISION AND EMPLOYMENT

18. What is the breakdown for the required hours of experience to become a Licensed Marriage and Family Therapist (LMFT)?

California law currently requires 3,000 hours of supervised professional experience, including 104 supervised weeks, in order to qualify for LMFT licensure.

Applicants have two different options for gaining supervised experience. Hours can qualify under either Option 1 (new streamlined categories) or Option 2 (pre-existing multiple categories) as described below.

Applicants must fully qualify under either Option 1 OR Option 2. There is no “mixing and matching” between the two categories. 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 fully qualify under Option 1.

OPTION 1 – NEW STREAMLINED CATEGORIES

Under Option 1, the supervised work experience categories break down into just two overall types:

- Direct counseling experience (*Minimum 1,750 hours*)
 - A minimum of 500 of the above hours must be gained diagnosing and treating couples, families and children.
- Non-clinical experience (*Maximum 1,250 hours*)
 - May consist of administering and evaluating psychological tests, writing clinical reports, writing progress or process notes, client centered advocacy, workshops, seminars, training sessions, or conferences directly related to marriage, family, and child counseling, and direct supervisor contact,.

OPTION 2 – PRE-EXISTING MULTIPLE CATEGORIES

This option expires on December 31, 2020

- A. Individual Psychotherapy (*No minimum or maximum hours required*)
- B. Couples, Families, and Children (*Minimum 500 hours - up to 150 may be double-counted*)
- C. Group Therapy or Counseling (*Maximum 500 hours*)
- D. Telehealth Counseling (*Maximum 375 hours*)
- E. Administering and evaluating psychological tests of counselees, writing clinical reports and progress or process notes; Client-centered advocacy (*Maximum 500 hours*)
- F. Workshops, seminars, training sessions, or conferences directly related to marriage, family, and child counseling (*Maximum 250 hours**)
- G. Personal Psychotherapy Received (*Maximum 100 hours, triple counted**)
- H. Individual and Group Supervision*

*Hours earned in categories F, G and H are limited to a total combined maximum of 1,000 hours

IMPORTANT INFORMATION APPLICABLE TO BOTH OPTIONS

Limitations on Experience Hours:

- Maximum 1,300 hours gained pre-degree
- Maximum 750 hours of counseling and direct supervisor contact gained pre-degree
- Maximum 40 hours of experience earned in any week between all settings
- Maximum six (6) hours of individual or group supervision in any week

104 Supervised Weeks Required:

These 104 weeks must contain:

- One (1) hour of individual or two (2) hours of group supervision during **any** week in which experience is claimed
- 52 weeks in which the applicant received at least one (1) hour of **individual** supervision

An applicant for licensure cannot be approved to sit for the clinical exam without completing both the 3,000 hours of experience AND 104 supervised weeks.

Statute cited: BPC section 4980.43; Regulation cited: Title 16 CCR section 1833

19. I'm gaining hours under Option 2. How do I log or get credit for the conjoint couples and family incentive hours?
--

When completing Weekly Logs and *Experience Verification* forms, document the total couples, families and children hours on the category 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.

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 150 hours of conjoint couples and family hours will be double counted to a maximum of 300 hours.

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

20. What is the definition of “telehealth counseling”?

21. How many telehealth hours can I gain?

Telehealth refers to the mode of delivering health care services and public health via information and communication technologies to facilitate the diagnosis, consultation, treatment, education, care management, and self-management of a patient’s health care while the patient is at the originating site and the health care provider is at a distant site. Trainees and Associates are encouraged to familiarize themselves with the “Standards of Practice for Telehealth,” available in the Board’s Statutes and Regulations.

Experience Option 1: There is no limit on the number of telehealth hours.

Experience Option 2: Up to 375 hours of supervised experience may be gained providing personal psychotherapy, crisis counseling, or other counseling services via telehealth. This may include telephone counseling.

Statutes cited: BPC sections 2290.5 and 4980.43; Regulation cited: Title 16, CCR section 1815.5

22. How far back can experience hours be counted? What is the 6-year rule?

The Board cannot accept hours of experience (including personal psychotherapy and workshops, training or conferences) that are older than six (6) years from the date the Board receives your *Application for Licensure and Examination*. The only exception is up to 500 hours of supervised clinical experience obtained as a Trainee while enrolled in practicum - these 500 hours can be older than six (6) years.

For example, the Board receives an *Application for Licensure and Examination* on 03/24/2018. The Board can only accept hours earned by this applicant between 03/24/2012 and 03/24/2018 (except that up to 500 counseling and supervision hours obtained while a Trainee will be accepted even if they are older than 03/24/2012).

It is important to note that if your *Application for Licensure and Examination* is abandoned, you will be required to re-apply. Your six-year period will be recalculated to six years back from the date your new application is received. For more information on abandonment, see question 41.

Statute cited: BPC section 4980.43

- 23. How do I determine the amount of supervision I need each week?**
- 24. What is the difference between the supervision requirements for MFT Trainees and Associates?**
- 25. What is the required ratio of supervision to client contact hours?**

“One unit” of supervision = one (1) hour of individual OR two (2) hours of group.

Trainees and Associates must receive at least one (1) unit of supervision, as defined above, during any week in which experience is gained in each work setting. In addition:

Trainees: One (1) additional unit of supervision is required if the Trainee provides more than five (5) hours of direct counseling in a single week in a work setting. Trainees must receive one (1) additional unit of supervision for every five (5) hours of direct counseling provided in a single week in a work setting.

Associates: If an Associate provides more than 10 hours of direct counseling in a single week in a work setting, the Associate must receive one (1) additional unit of supervision in that setting.

The above supervision ratios only apply to direct counseling/psychotherapy hours (Under Option 2, this includes Individual Psychotherapy; Couples, Family, and Children; Group Psychotherapy; and Telemedicine/Telehealth Counseling).

*Note that Trainees can calculate ratios based on the average number of hours gained over the entire period of time a Trainee works in a particular setting. Supervision ratios cannot be averaged for individuals gaining hours postdegree.

TRAINEE - EXAMPLE #1:

A Trainee works one job and provides 16 hours of psychotherapy during a single week. This Trainee must receive four (4) units of supervision during that week.

TRAINEE - EXAMPLE #2:

A Trainee works two jobs, and provides 4 hours of psychotherapy at Job A, and 7 hours at Job B during a single week. This Trainee must receive three (3) units of supervision during that week (one (1) unit at Job A and two (2) units at Job B).

ASSOCIATE - EXAMPLE #1:

An Associate works one job and provides 25 hours of psychotherapy during a single week. This Associate must receive two (2) units of supervision during that week.

ASSOCIATE - EXAMPLE #2:

An Associate works two jobs, and provides 12 hours of psychotherapy at Job A and nine (9) hours at Job B during the same week. This Associate is required to receive a total of three (3) units of supervision during that week (two (2) units at Job A and one (1) unit at Job B).

Statute cited: BPC section 4980.43

26. Can I be paid as a 1099 / independent contractor while a Trainee or Associate?

27. Can I be employed as a volunteer?

All Associates and Trainees must either be a paid W-2 employee or a volunteer employee. However, there is an exception for individuals who work in a non-private practice setting, and who receive no more than a total of \$500 per month as reimbursement for expenses actually incurred for services rendered. The Board may audit applicants who receive reimbursement for expenses, and applicants must be able to demonstrate that the payments received were for reimbursement of expenses actually incurred.

Trainees and Associates may not bill clients directly.

Statute cited: BPC section 4980.43; Regulation cited: Title 16, CCR section 1833

28. Who can supervise MFT Trainees or Associates?

Only licensed mental health professionals can supervise Trainees, Associates, and Associate applicants. Licensed mental health professionals include any of the following:

- Licensed Marriage and Family Therapists (LMFTs)
- Licensed Clinical Social Workers (LCSWs)
- Licensed Professional Clinical Counselors (LPCCs) (must have met education and experience requirements that allow the LPCC to treat couples and families)
- Licensed Clinical Psychologists
- Licensed Physicians certified in Psychiatry by the American Board of Psychiatry and Neurology

Additionally, the supervisor must meet all of the following:

- Maintain a current valid California license
- Be licensed for at least two (2) years prior to the commencement of supervision
- Have practiced psychotherapy or directly supervised Trainees, Associates, or associate clinical social workers who perform psychotherapy as part of their clinical practice for at least two (2) years within the last five (5) years.
- Complete a minimum of six (6) hours of supervision training or coursework within 60 days of commencement of supervision and every two-year renewal period thereafter (Psychologists and Psychiatrists are exempt from this training requirement).

Statute cited: BPC section 4980.03; Regulation cited: Title 16, CCR section 1833.1

29. How many supervisees can participate in a session of group supervision?

Group supervision sessions shall include no more than eight (8) persons receiving supervision, even if there are two or more supervisors present.

Statute cited: BPC section 4980.43; Regulation cited: Title 16, CCR section 1833

30. Can group supervision be broken into one-hour increments?

Group supervision can be broken into one-hour sessions, as long as both increments (full two hours) are provided in the same week as the experience being claimed.

Statute cited: BPC section 4980.43

31. Can I receive supervision via videoconferencing or over the telephone?

An Associate working for a governmental entity; school, college, or university; or an institution that is both nonprofit and charitable may obtain supervision via live two-way videoconferencing. The supervisor is responsible for ensuring that the client confidentiality is preserved. Trainees are not permitted to receive supervision in this manner.

Individual or group supervision may not be provided over the telephone, as supervision must consist of face-to-face contact.

Statute cited: BPC section 4980.43

32. Do my supervisor and I have to be employed by the same employer?

33. Does my supervisor need to be on site?

Only in a private practice setting does a supervisor need to be employed by, and practice at, the same site as the registrant's employer. In a setting that is not a private practice, the supervisor may be employed by the Trainee's, Associate's, or applicant's employer on either a paid or voluntary basis. If such employment is on a voluntary basis, a written agreement that addresses the supervisor's and employer's legal responsibilities must be signed by the supervisor and the employer prior to commencement of supervision.

The agreement must contain an acknowledgement by the employer that the employer:

- Is aware of the licensing requirements that must be met by the Associate or Trainee and agrees not to interfere with the supervisor's legal and ethical obligations to ensure compliance with those requirements; and
- Agrees to provide the supervisor access to clinical records of the clients counseled by the Associate or Trainee.

Please see the Board's website for a sample "letter of agreement."

In any setting, Trainees, Associates, and applicants may only perform services at the place where their employers regularly conduct business, which may include performing services at other locations, so long as the services are performed under the direction and control of their employer and supervisor, and in compliance with the laws and regulations pertaining to supervision.

Whether a supervisor is required to be on site depends on the situation. Supervisors must consider their responsibilities as defined in the LMFT statutes and regulations, which includes taking responsibility for, and control of, the quality of services being provided. Among other responsibilities, supervisors are required to do all of the following, whether they are on site or off site:

- Ensure that the extent, kind and quality of counseling performed by the Associate or Trainee is consistent with the education, training and experience of the person being supervised.
- Review client/patient records and monitor and evaluate assessment, diagnosis and treatment decisions of the Associate or Trainee.
- Monitor and evaluate the ability of the Associate or Trainee to provide services at the site(s) where he or she will be practicing and to the particular clientele being served.
- Ensure compliance with all laws and regulations governing the practice of marriage and family therapy.

Upon request by the Board, a supervisor is required to provide the Board with documentation that verifies the supervisor's compliance with all requirements.

Statute cited: BPC section 4980.43; Regulations cited: Title 16, CCR sections 1833 and 1833.1

34. Where can I find more information about supervision?

Please see the Board's *Guide to Supervision*, available on our website.

35. What forms will I need to use to record my experience hours and supervision?

While gaining your hours of experience you will use the following forms, available on the Board's website:

Responsibility Statement for Supervisors of an MFT Trainee or Intern (Associate): Your supervisor must sign this form prior to commencing supervision and provide you with the original. Retain for later submission with your *Application for Licensure and Examination*.

Weekly Summary of Experience Hours ("Weekly Log"): Log your hours on this form on a weekly basis and have your supervisor sign weekly. You will retain the original logs. Do not submit *Weekly Logs* to the Board except upon request.

Experience Verification: This form is completed upon the termination of your supervised experience with your supervisor, and must indicate the total hours completed in each category under your supervisor, your supervisor's license information and certain information about your employer. Your supervisor will sign the form and provide you with the original for submission with your *Application for Licensure and Examination*.

Be sure to use the *Experience Verification* and *Weekly Log* forms that are designed for the option under which you are gaining hours (Option 1 or Option 2).

Submission of forms as directed in the application instructions will lessen the possibility that the licensing evaluator will need to request additional information from you, which delays the approval of your application.

36. Where do I record Personal Psychotherapy hours received under Option 2?

37. Must I be under supervision while receiving Personal Psychotherapy?

The Board does not have a specific form for recording Personal Psychotherapy hours, which can only be claimed under Option 2 (see page 8). These hours are logged on the *Application for Licensure and Examination*, available on the Board's website. Personal Psychotherapy received is not classified as "work experience" and therefore does not require supervision.

Statute cited: BPC section 4980.43

38. Do I need to report hours gained pre-degree separately from hours gained postdegree?

The Board strongly recommends that you submit your pre-degree and postdegree hours on separate *Experience Verification* forms, and maintain separate *Weekly Logs*.

39. How do I fill out *Experience Verification* forms or *Weekly Logs* if I have more than one supervisor in the same work setting?

If you are receiving supervision from two individuals in one employment setting, document the hours from each supervisor on separate forms. As long as the time periods on the two forms overlap and the employment setting is the same, the BBS will combine the experience and supervision together when evaluating your experience.

40. When do I need to send in supervision-related forms?

All supervision-related forms (*Supervisor Responsibility Statement* and *Experience Verification* forms) must be submitted with your *Application for Licensure and Examination*. Do not send these forms in with your Associate application. Do not send the *Weekly Summary of Experience Hours* form ("*Weekly Log*") unless the Board requests you to do so.

Regulations cited: Title 16, CCR sections 1833 and 1833.1

D. APPLYING FOR LICENSURE

41. Should I be concerned about abandonment of my *Application for Licensure and Examination*?

Yes – and abandonment could have major consequences. Once an application is abandoned, an applicant may reapply, but must pay a new application fee and meet all current requirements. One of those requirements is that your hours are less than six (6) years old.

If an *Application for Licensure and Examination* is abandoned, you would lose any hours of experience that are more than six (6) years old (exception: see question 22), based on the date the board receives the new *Application for Licensure and Examination*. See question 22 for more information about the six-year rule.

In accordance with Title 16, California Code of Regulations section 1806, an application shall be deemed abandoned in any of the following circumstances:

- Applicant does not submit the remaining documents or information requested in the application deficiency letter within one (1) year from the date of the deficiency letter
- Applicant does not complete the application within one (1) year after it has been filed.
- Applicant who has submitted experience hours does not sit for an examination within one (1) year after being notified of initial eligibility to take the examination.
- Applicant who has submitted experience hours does not take an examination within one (1) year from the date the applicant was notified of failing an examination
- The applicant fails to pay the initial license fee within one (1) year after notification by the board of successful completion of MFT licensing requirements.

Regulation cited: Title 16, CCR section 1806

42. What type of employment documentation does the Board require with my *Application for Licensure and Examination*?

If a Paid Employee: You must provide a W-2 for each year of paid employment with your *Application for Licensure and Examination*. W-2s are required for all tax years during which you gained experience. For the current tax year, include a photocopy of your most recent pay stub. A copy of your 1040 or other tax filing form is not acceptable.

If a Volunteer Employee: You must provide a letter from your employer verifying your status as a volunteer with your *Application for Licensure and Examination*. A sample letter verifying volunteer status is available on the Board's website.

Statute cited: BPC section 4980.43; Regulation cited: Title 16, CCR section 1833

43. Do I need to send in originals of my W-2s or most recent pay stub?

Originals are not required - photocopies are acceptable.

Statute cited: BPC section 4980.43; Regulation cited: Title 16, CCR section 1833

44. What additional coursework do I need to complete?

In addition to holding a qualifying degree, an applicant must complete specific courses prior to submitting an *Application for Licensure and Examination*. The requirements are different depending on the following:

- **Applicants who attended a California school and began graduate study on or AFTER August 1, 2012:**

If your degree was earned in California, ALL “additional coursework” **must be incorporated into your degree program** as specified in Business and Professions Code section 4980.36. There are no exceptions. Please check with your school if you have any concerns.

- **Applicants who earned a degree in another state OR**
- **Applicants who attended a California school and began graduate study PRIOR TO August 1, 2012 (and complete that study prior to December 31, 2018):**

You may apply for an Associate MFT registration without completing all of the required additional coursework listed on the following page. This coursework only needs to be complete at the time you submit your *Application for Licensure and Examination*.

In-State Applicants: Most graduates from in-state programs have already met the additional coursework requirements, which are noted by Board staff when your Associate application is evaluated (though not required at that time). If you have not completed a course, you must submit documentation of completion when submitting your *Application for Licensure and Examination*.

Some schools cover these topics within the degree program. If you are unsure whether a course was part of your degree program, a list of schools and coursework not included is available on the Board’s website.

Out-of-State Applicants: Graduates from out-of-state programs must complete the courses listed in the chart prior to submitting an *Application for Licensure and Examination*.

Statutes cited: BPC sections 4980.39, 4980.395, 4980.41, 4980.80 and 4980.90; Regulations cited: Title 16, CCR sections 1807, 1807.2 and 1810

ADDITIONAL COURSEWORK REQUIRED		
Course	Required of:	Length / Content Required
Child Abuse Assessment and Reporting	Applicants who entered a degree program prior to 08/01/2012*	<ul style="list-style-type: none"> • 7 hours • Must be based on California law • See Title 16, CCR section 1807.2
Human Sexuality	Applicants who entered a degree program prior to 08/01/2012*	<ul style="list-style-type: none"> • 10 hours • See Title 16, CCR section 1807
Alcoholism, Chemical Substance Abuse and Dependency	Applicants who entered a degree program prior to 08/01/2012*	<ul style="list-style-type: none"> • 15 hours • See Title 16, CCR section 1810
Aging, Long Term Care and Elder/Dependent Adult Abuse	Applicants who entered a degree program prior to 08/01/2012*	<ul style="list-style-type: none"> • 10 hours • See BPC section 4980.39
Spousal/Partner Abuse Assessment, Detection and Intervention	IN-STATE APPLICANTS who entered a degree program between 01/01/1995 & 08/01/2012*	<ul style="list-style-type: none"> • No specific number of hours for those who entered a degree program prior to 12/31/03, but must be of sufficient length to cover the topics of assessment, detection and intervention • 15 hours for those who entered a degree program after 1/1/2004 • See BPC section 4980.41
	OUT-OF-STATE APPLICANTS (those with out-of-state education or licensure)	<ul style="list-style-type: none"> • 15 hours • See BPC section 4980.41
Psychological Testing	IN-STATE APPLICANTS who entered a degree program between 01/01/2001 & 08/01/2012*	<ul style="list-style-type: none"> • 2 semester or 3 quarter units • See BPC section 4980.41
	OUT-OF-STATE APPLICANTS (those with out-of-state education or licensure)	<ul style="list-style-type: none"> • 2 semester or 3 quarter units • See BPC sections 4980.80 & 4980.90
Psychopharmacology	IN-STATE APPLICANTS who entered a degree program between 01/01/2001 & 08/01/2012*	<ul style="list-style-type: none"> • 2 semester or 3 quarter units • See BPC section 4980.41
	OUT-OF-STATE APPLICANTS (those with out-of-state education or licensure)	<ul style="list-style-type: none"> • 2 semester or 3 quarter units • See BPC sections 4980.80 & 4980.90

Continued on next page

Course	Required of:	Length / Content Required
California Law and Professional Ethics	IN-STATE APPLICANTS who entered a degree program prior to 08/01/2012*	<ul style="list-style-type: none"> • 2 semester or 3 quarter units • See BPC section 4980.41
	LICENSED OUT-OF-STATE APPLICANTS	<ul style="list-style-type: none"> • If degree contains a 2 semester or 3 quarter unit course on law and ethics, applicant must complete an 18-hour California course. See BPC section 4980.80 • If degree does not contain a 2 semester or 3 quarter unit course on law and ethics, applicant must take 2 semester or 3 quarter unit California course
	UNLICENSED OUT-OF-STATE APPLICANTS	<ul style="list-style-type: none"> • Must take a 2 semester unit or 3 quarter unit California Law and Ethics course. See BPC section 4980.90

*This topic is still required for those who entered a degree program after 08/01/2012, however, it must be incorporated into the degree program.

45. How can I provide verification of my experience if my supervisor is deceased or incapacitated?

The Board will review documentation on a case by case basis in order to make a determination. However, we recommend that you submit all of the following:

- If your supervisor is deceased, documentation such as a copy of the obituary
- The previously signed, original *Supervisor Responsibility Statement*
- The previously signed, original *Weekly Logs*
- Documentation by the employer verifying employment of the supervisor and supervisee
- The letter of agreement for supervision if your supervisor was not employed by your employer

Statute cited: BPC section 4980.43; Regulation cited: Title 16, CCR section 1833

46. Do I need to resubmit fingerprints with my *Application for Licensure and Examination*?

Applicants do not need to resubmit fingerprints if one or more of the following applies at the time the Board receives the application:

- Applicant still possesses a current Associate registration number; or
- Applicant's Associate number has been cancelled for less than 30 days.

Regulation cited: Title 16, CCR section 1815

47. What happens once I submit my *Application for Licensure and Examination*?

The Board will evaluate your application and notify you either that:

- There are one or more deficiencies in your application. You will have one (1) year from the date of the initial deficiency notice to clear all deficiencies
- OR
- You have been found eligible for examination, and will be provided with information on how to register.

Once you pass both required exams: Download the *Request for Initial License Issuance* form from the Board's website, and submit it with the required fee. Your license will be issued within 30 business days from the date of receipt.

Regulation cited: Title 16, CCR section 1806

48. Do I need to maintain a current Associate registration number to participate in the clinical exam?

No. Once your hours have been approved the Board no longer requires you to retain an Associate registration except under certain circumstances. You are required to keep an active and current registration if you are continuing to gain hours of experience, or if you are working in any setting OTHER THAN a school, a government agency, or an institution that is both nonprofit and charitable. Also, you may want to check with your employer to see if they require you to remain registered.

Statutes cited: BPC sections 4980.01 and 4980.43

49. Must I continue to have supervision after my experience hours have been approved?

All applicants, Trainees, and Associates must be under supervision at all times by an acceptable licensed mental health professional.

Statute cited: BPC section 4980.43

50. Once I pass my exams, can I start practicing independently?

No. A successful examinee still must submit a *Request for Initial License Issuance* form and fee before the Board will issue a MFT license. You will need to download and submit this form and fee upon completion of all licensure requirements. Your license will be issued within 30 business days from the date of receipt. Independent practice cannot begin until the Board issues a license. Otherwise it is considered unlicensed practice, which is subject to disciplinary action by the Board.

Statutes cited: BPC sections 4980 and 4982