

BBS Weekly Log of Experience Hours (MFT)

Your own weekly record toward the California LMFT. Pages for up to 7 years; you need at least 104 weeks, so print only the pages you need.

Name of Trainee/Associate: Last, First, Middle

AMFT Number

BBS File No (if known)

What the Board counts toward the LMFT (Business and Professions Code 4980.43; 16 CCR 1833)

- 3,000 hours over at least 104 weeks, and no more than 40 hours in any seven consecutive days (B&P 4980.43(c)(1), (2)).
- At least 1,750 hours of direct counseling (A), including at least 500 diagnosing and treating couples, families and children (A1) (4980.43(c)(8)).
- No more than 1,250 non-clinical hours (B), and your supervision counts here (4980.43(c)(10)). At least 1,700 after your degree, no more than 1,300 before it (4980.43(c)(3), (4)).
- Hours count only if gained within 6 years before the Board receives your licensure application; 7 years for an application received from January 1, 2027. Up to 500 hours of practicum clinical experience are exempt (4980.43(c)(7)).
- Your supervisor signs this log every week, and you keep the signed logs until you are licensed (16 CCR 1833(d)). Send it to the Board only if asked.

Supervisor 1

Supervisor Name

License type and number, and the state that issued it

Name of Work Setting, and its address

Supervised me from (date) until (date)

A personal email or phone that still works if they leave

Supervisor 2

Supervisor Name

License type and number, and the state that issued it

Name of Work Setting, and its address

Supervised me from (date) until (date)

A personal email or phone that still works if they leave

When something changes

- ☐ **New supervisor or work setting:** start a new log page. The form says to use a separate log for each supervisor and for each work setting; carry your running total over and add the period to the last page.
- ☐ **Your supervision there ends:** your supervisor completes and signs the Experience Verification for the hours you gained under them, which you send with your Application for Licensure. Keep their personal contact.

Free guide and spreadsheet:

licensurehours.com/bbs-weekly-log-template





Name of Trainee/Associate: Last, First, Middle

Supervisor Name

AMFT Number

YEAR

Name of Work Setting

Address of Work Setting

BBS File No (if known)

Week of	A. Direct Counseling with Individuals, Groups, Couples or Families	A1. Diagnosis and Treatment of Couples, Families, Children*	B. Non-Clinical Experience**	B1. Supervision, Individual or Triadic*	B2. Supervision, Group*	C. Total Hours Per Week (A + B = C)	Supervisor Signature
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* A1 is part of A; B1 and B2 are parts of B. When totaling weekly hours do NOT include the subcategories: $C = A + B$.

** Non-Clinical Experience includes supervision, psychological testing, writing clinical reports and progress or process notes, client-centered advocacy, workshops, seminars, training sessions or conferences. Use a separate log for each supervisor and for each work setting. Do not submit to the Board unless specifically requested. Not the Board's form (37A-525's fields).





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Totals by supervisor and work setting

One line for each supervisor at each work setting: your supervisor completes and signs an Experience Verification for the hours you gained under them, and you send it with your Application for Licensure.

[illegible]

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