

Licentio

Sample board packet

This is a filled sample of the official California BBS Experience Verification form 37A-301 (LMFT), pre-filled from demo hours. Every name, number, date and phone number on the following pages is invented, and every one of them is watermarked. It is not a valid Board submission.

What Licentio pre-fills for you

37A-201 Experience Verification, LCSW

37A-301 Experience Verification, LMFT

37A-675 Experience Verification, LPCC

37M-300 Supervision Agreement (supervisor and supervisee)

Alongside these, Licentio generates a Detailed Hours Log and a Weekly Log in its own layout. Those are records you retain, not Board forms.

licent.io



Board of Behavioral Sciences
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www.bbs.ca.gov



MARRIAGE AND FAMILY THERAPIST IN-STATE Experience Verification

This form is to be completed by the applicant's California supervisor and submitted by the applicant with their *Application for Licensure*. All information on this form is subject to verification.

- 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.
- Supervisor must initial any changes.
- Do not submit *Weekly Log* forms unless specifically requested.
- Please see the [Notice on Collection of Personal Information](#)

(access at www.bbs.ca.gov>About Us>About the Board>Other Information>Policies).

The hours reported on this form were earned (mark one):

- ☐ Pre-Degree
☐ Post-Degree

APPLICANT NAME:

Last	First	Middle	Associate Number
Rivera	Jamie	A	AMF AMFT000000

Dates of experience being claimed (mm/dd/yyyy):	From: 01/06/2025	To: 06/22/2026
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SUPERVISOR INFORMATION:

Supervisor's Name		Email Address (if supervisor has one)	
Morgan Ellis		supervisor@example.com	
Business Phone	License Type	License Number	Date First Licensed*
(555) 555-0142	LMFT	MFC000000	06/15/2015

- 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: _____
Certification Number: _____

**If licensed in California for less than two years on the first date of experience claimed by the applicant, attach your out-of-state license information*

Were you (the supervisor) employed by the supervisee's employer? ☐ Yes ☐ No

If NO, did you and the supervisee's employer sign a written agreement pertaining to oversight of the supervisee? ☐ Yes ☐ No *If YES, applicant must submit a copy of this agreement.*

Applicant: Last Rivera	First Jamie	Middle A
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APPLICANT'S EMPLOYER INFORMATION:

Name of Applicant's Employer Example Community Counseling Center		Business Phone (555) 555-0100	
Address Number and Street 100 Example Way	City Visalia	State CA	Zip Code 93291
1. Was this experience gained in a private practice or professional corporation setting?		☐ Yes ☐ No	
2. <u>For hours gained as an Associate ONLY</u> : Was the applicant receiving pay? <i>If YES, applicant must submit a copy of their W-2 statement for each year experience is claimed (if a W-2 has not yet been issued for this year, submit a copy of the current paystub).</i> <i>If NO (applicant volunteered), applicant must submit a letter from the employer verifying volunteer status.</i>		☐ Yes ☐ No ☐ N/A (pre-degree experience)	

EXPERIENCE INFORMATION:

1. Dates of experience (mm/dd/yyyy):	From: 01/06/2025	To: 06/22/2026
2. Number of weeks of supervised experience:	76	
3. Hours of Experience:	Logged Hours	
a. Total Direct Clinical Counseling Experience:	1780.5	
• Of the above hours, how many were gained diagnosing and treating Couples, Families and Children?	612.0	
b. Total Non-Clinical Experience:	1219.5	
• Of the above hours, how many were Face-to-Face Supervision?	Logged Hours	
Individual or Triadic Supervision:	104.0	
Group Supervision:	52.0	

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.

Supervisor Signature: /s/ Morgan Ellis Date: 06/29/2026
ORIGINAL OR ELECTRONIC SIGNATURE REQUIRED