



**Board of Behavioral Sciences**  
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## ASSOCIATE CLINICAL SOCIAL WORKER WEEKLY TRACKING LOG

This form is only for the purposes of tracking supervised work experience and is not official documentation. Experience must be submitted on the [Experience Verification](#) form when you apply for licensure. Note: The letters “A,” “A1,” “B,” and “C” correspond directly to the lettering system used on the *Experience Verification* form. *Use a separate log for each work setting.*

Name of Associate: Last	First	Middle
Supervisor Name	Name of Work Setting	
Address of Work Setting		
Indicate your status when the hours below are logged: <span style="float: right;">BBS File No. (if known): _____</span>		
<input type="checkbox"/> Associate Application Pending		<input type="checkbox"/> Registered Associate - ASW No.: _____

YEAR: _____	Supervision, Individual or Triadic*	Supervision, Group*	A. Clinical Psychosocial Diagnosis, Assessment, and Treatment, including Individual or Group Psychotherapy or Counseling	A1. Individual or Group Psychotherapy**	B. Client-centered advocacy, consultation, evaluation, research, workshops, seminars, training sessions or conferences, and direct supervisor contact	C. Total Hours Per Week (A + B = C) <i>Maximum 40 hours/week</i>	Supervisor Signature
Week of:							
Week of:							
Week of:							
Week of:							
Week of:							
<b>Total Hours:</b>							

\* 104 supervised weeks are required for licensure.

\*\* Line A1 is a sub-category of line “A.” This line tells you how much of “A” was Individual or Group Psychotherapy. When totaling hours of experience do not double count these hours. Use the formula found in box “C” to total your hours of supervised experience for the week.