

The following is to be copied onto the Therapist's letterhead

PERSONAL PSYCHOTHERAPY 10-HOUR FORM

Each student in the M.A. Counseling Psychology program is required to complete a minimum of twenty (10) hours of individual, group, family or marital psychotherapy prior to beginning (PSY 611B) The therapist shall sign this form after 10+ hours of therapy have been completed.

I _____, hereby certify that _____
Therapist: Student
has completed 10 hours of individual, group, family or marital psychotherapy. The psychotherapy began on: _____ and _____ hours have been completed as of _____
Date:

Student I. D. #

Therapist's signature & title:

Date:

License Number:

Date Licensed:

Please return to: YOUR REGIONAL FACULTY ADVISOR
OR
YOUR REGIONAL PSYCHOLOGY DEPARTMENT
REPRESENTATIVE

The student is advised to keep a copy of the completed form for their records.