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

## PERSONAL PSYCHOTHERAPY COMPLETION FORM

Each student in the M.A. Counseling Psychology program is required to complete a minimum of ten (10) hours of individual, group, family or marital psychotherapy prior to beginning PSY 611B. The therapist shall sign this form after 25+ hours of therapy have been completed.

I, Therapist:	, here	by certify that	Student:
	C' 1	£ 11	
			al psychotherapy, beginning
on:	and completed a	as of	e
date:		date:	
Student I. D. #			Therapist's signature & title:
			incrapist's signature & the.
			License Number:
Date:			
			Date Licensed :
		2/	
Please return to :	to: YOUR REGIONAL FACULTY ADVISOR		
¥.\$			
	13	OR	
**			
YOUR REGIONAL PSYCHOLOGY DEPARTMENT			
REPRESENTATIVE			TIVE
й. Эл			
The student i	s advised to keep a	copy of the comp	leted form for their records.
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