

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 twenty (10) hours of individual, group, family or marital psychotherapy prior to beginning PSY 631A. The therapist shall sign this form after 25+ hours of therapy have been completed.

I, \_\_\_\_\_, hereby certify that \_\_\_\_\_  
Therapist: Student:  
has completed 25+ hours of individual, group, family or marital psychotherapy, beginning  
on: \_\_\_\_\_ and completed as of \_\_\_\_\_ .  
date: \_\_\_\_\_ date: \_\_\_\_\_

Student I. D. # \_\_\_\_\_

Date: \_\_\_\_\_

Therapist's signature & title: \_\_\_\_\_

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.