

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

## PERSONAL PSYCHOTHERAPY INCEPTION 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 at the inception of therapy. **The therapist must be licensed as a Marriage & Family Therapist (MFCC), Clinical Social Worker (LCSW), Clinical Psychologist, or board-certified Psychiatrist.**

I, \_\_\_\_\_, hereby certify that  
Student

\_\_\_\_\_  
Therapist:

has begun twenty-five hours of group or individual psychotherapy, beginning on:

\_\_\_\_\_  
Start Date

I further certify that I do not teach at the graduate level at National University, nor have I ever been an instructor to this client.

\_\_\_\_\_  
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.