



Verification of Psychotherapy

STUDENT NAME: _____ DATE: _____

I have provided the individual named above with _____ hours of psychotherapy as a licensed psychotherapist, from the period _____ to _____. (Required: Total of 45 hours, minimum 30 hours while enrolled in the program; up to 15 hours may be counted if done within the two years immediately preceding enrollment).

Psychotherapist's Signature

Psychotherapist's Name: _____ Degree: _____

Type of License: _____ License Number: _____

Date Issued: _____

Address: _____

Address

City

State

Zip

Day Phone: _____ Evening Phone: _____

Chairperson's Signature

Date