



## 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 #: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

\_\_\_\_\_  
Chairperson's Signature  
Department of Counseling Psychology

\_\_\_\_\_  
Date