California State University
Northridge
Counselor Education Program
Department of Educational Psychology & Counseling
18111 Nordhoff Street
Northridge, CA 91330-8265
818/677-2599

VERIFICATION OF PERSONAL COUNSELING

The signing of this form certifies that the student listed below has completed a minimum of six hours of individual counseling/therapy with the counselor/ therapist listed below during the time period in which s/he has been registered in EPC 659A/B – Practicum at California State University, Northridge.

Name of Student (please print): _____

Name of Counselor/Therapist (please print):_____

Address _____

Phone(s) _____

Is counselor an advanced (second or later) year Master's student?
____ Yes ____ No

If not a Master's student, please list professional title, type of license, and/or license number below:

_____

Date counseling/therapy began: _____

Date counseling/therapy ended: _____

Total number of sessions in this time period: _____

_____
Signature of Student

_____
Signature of Counselor/Therapist