
California State University,
Northridge
Michael D. Eisner College of Education
Department of Educational Psychology and Counseling

Verification of Personal Counseling

The signing of this form certifies that the students listed below has competed a minimum of 10 hours of individual counseling/therapy with the therapist/counselor listed below during the time period in which he/she has been enrolled in EPC 659 A/B Practicum class for the Marriage and Family Therapy program at California State University Northridge.

Student Name (please print) _____

Therapist/counselor Name (please print) _____

License type and number (if applicable) _____

Address: _____

Phone Number: _____

Date therapy/counseling began: _____

Date therapy/counseling ended: _____

Total number of sessions in this time period: _____

Signature of Student

Date

Signature of Therapist/Counselor

Date