

## CONFIRMATION OF PERSONAL COUNSELING

Completion of 10 hours of personal counseling with a licensed therapist, focusing on your own process and personal/emotional growth. A minimum of 4 of the 10 hours must be completed prior to started practicum. This is to be completed prior to graduation and submitted to the Counseling Program Administrative Coordinator.

Student Name \_\_\_\_\_  
*Print name*

<b>Week of</b>											<b>Total Hours</b>
<b>Hours of therapy or counseling received</b>											
<b>Psychotherapist' s Signature</b>											

Student: \_\_\_\_\_ Date \_\_\_\_\_  
*Sign name*

Counselor: \_\_\_\_\_  
*Print name & license number* *Sign name*

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