



Sacramento State University  
College of Education  
Graduate and Professional Studies in Education  
Counselor Education Program  
6000 J Street  
Sacramento, CA 95819

---

## COMPLETION OF PERSONAL COUNSELING FORM

### Instructions:

1. Complete a minimum of 20 fifty-minute counseling sessions with a licensed therapist or intern under supervision by a licensed therapist
  - a. Minimum of 10 individual sessions
  - b. Maximum of 10 group sessions
2. Provide this form to your licensed therapist or supervised intern for their signature
3. Submit this form to your faculty advisor prior to advancing to candidacy

Student Name: \_\_\_\_\_

Specialization: \_\_\_\_\_

---

**I certify that the student named above completed a total of \_\_\_\_\_ fifty-minute counseling sessions with me during the following time period: \_\_\_\_\_ (list duration dates).**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Licensed Therapist or Intern)

Printed Name \_\_\_\_\_

License or Intern Number: \_\_\_\_\_

Name of Supervisor if Intern and License Number:  
\_\_\_\_\_