



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:
