

GOLDEN GATE UNIVERSITY

Graduate Psychology Program
536 Mission Street, San Francisco, CA 94105-2968 415-442-6618

Personal Psychotherapy Form

When you complete **50 hours** of personal therapy please submit a copy of this form to the clinical training program for your M.A. Counseling Psychology degree requirements.

Thank you and enjoy the personal exploration.

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Marriage and Family Therapist Psychotherapy Verification

If you are completing the required 50 hours with more than one psychotherapist, use a separate form for each. No erasures or corrections may be made. If any error has been made, complete a new form.

APPLICANT: Complete Part A **PSYCHOTHERAPIST:** Complete Part B

A. Applicant: *Please type or print clearly in ink.*

1. Name: _____			
Last	First	Middle	
Address: _____			
Number and Street	City	State	Zip Code
Business Telephone: _____		Residence Telephone: _____	

B. Psychotherapist: *Please type or print clearly in ink.*

1. Dates the applicant received personal psychotherapy, which includes group, marital or conjoint, family, or individual psychotherapy by an appropriately licensed professional in accordance with Business and Professions Code Section 4980.43(a)(7)(B)(ii).			
From _____ to _____		Therapy Hours _____	
2. Psychotherapist:			
<i>If you are an intern providing psychotherapy under a licensed clinician, please enter your name (and registration, if applicable) here _____</i>			
<i>and provide your supervisor's information below.</i>			
Intern name			
Name: _____		Phone Number: _____	
Address: _____			
Number and Street	City	State	Zip Code
Type of License	License Number	State of License	Date Originally Licensed
<i>I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</i>			
Signature _____		Date _____	