Personal Therapy Documentation

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Quarter/Year/Period: \_\_\_\_\_\_\_\_\_

Specialty/Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Date** | **Hours** | **Therapist’s Initials** |
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Total Hours:

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Name of therapist: Tara Gilmaher License information: LMFT #121152 CA; #4012-R NV

Therapist attests that they are not a faculty member at the student’s graduate institute: \_\_\_\_\_\_

Therapist Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_