

Master of Arts in Counseling Saint Martin's University

VERIFICATION OF PERSONAL COUNSELING

Name: _____ Email: _____

Cell phone: _____ Alternate phone: _____

Counseling modality you received:

Individual Counseling [] Marital (Conjoint) Counseling [] Family Counseling []
Group Counseling [] Extended Family Counseling [] Other (Specify) []

Number of sessions: _____ Start Date: _____ End Date: _____

Counselor Name and Organization (if part of an agency): _____

Address: _____ Phone: _____

Counselor Title: _____

Counselor Primary Credential(s): _____

Counselor License Number: _____

Counselor Highest Education Earned: _____

Without revealing anything sensitive, what did you gain from your counseling experience?

Write in terms of skills/techniques you observed, insights gained, what it was like to be a client, or anything else you would like to share.

Student Signature: _____ Date: _____

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Signature of MAC Chair: _____ Date: _____