



## VERIFICATION OF PERSONAL COUNSELING

The mission of the Professional Counseling Program is to help students develop essential knowledge, skills, and dispositions to function successfully as trauma-focused professional counselors working in mental health agencies, private practice, or elementary, middle, and high schools. Due to the nature of trauma work, the faculty believe that personal counseling is essential for students to establish effective mental health practices prior to working with clients. Therefore, students are required to complete personal counseling prior to beginning their practicum experience. In order to fulfill this requirement, the student will need to present proof of this experience. Please provide the information below to attest that the requirement has been met.

The signing of this form certifies that the student listed below has completed a minimum of three (3) hours of individual counseling/therapy with the counselor/therapist listed below during the time period in which they have been enrolled in the MTSU Professional Counseling Program.

Name of Student (please print): \_\_\_\_\_

Name of Counselor/Therapist (please print): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone(s): \_\_\_\_\_

Email: \_\_\_\_\_

Please provide the following:

Highest degree completed: \_\_\_\_\_

Highest degree concentration: \_\_\_\_\_

License type/number: \_\_\_\_\_

Dates of counseling/therapy:

\_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Counselor/Therapist Signature

\_\_\_\_\_  
Date