

PACIFICA GRADUATE INSTITUTE

PERSONAL THERAPY DOCUMENTATION

Student Name: _____ Track: MA-C MA-D MA-L

Include Day, Month, and Year of each session of Personal Therapy

<u>Date</u>	<u>Hrs</u>	<u>Date</u>	<u>Hrs</u>	<u>Date</u>	<u>Hrs</u>	<u>Date</u>	<u>Hrs</u>
1 _____	_____	16 _____	_____	31 _____	_____	46 _____	_____
2 _____	_____	17 _____	_____	32 _____	_____	47 _____	_____
3 _____	_____	18 _____	_____	33 _____	_____	48 _____	_____
4 _____	_____	19 _____	_____	34 _____	_____	49 _____	_____
5 _____	_____	20 _____	_____	35 _____	_____	50 _____	_____
6 _____	_____	21 _____	_____	36 _____	_____	51 _____	_____
7 _____	_____	22 _____	_____	37 _____	_____	52 _____	_____
8 _____	_____	23 _____	_____	38 _____	_____	53 _____	_____
9 _____	_____	24 _____	_____	39 _____	_____	54 _____	_____
10 _____	_____	25 _____	_____	40 _____	_____	55 _____	_____
11 _____	_____	26 _____	_____	41 _____	_____	56 _____	_____
12 _____	_____	27 _____	_____	42 _____	_____	57 _____	_____
13 _____	_____	28 _____	_____	43 _____	_____	58 _____	_____
14 _____	_____	29 _____	_____	44 _____	_____	59 _____	_____
15 _____	_____	30 _____	_____	45 _____	_____	60 _____	_____

Total hours: _____

Name of Therapist: _____ License # _____

Address: _____

Therapist Signature: _____ Date of Signature _____

Note: M.A. Counseling Psychology students must complete 50 hours of personal therapy.

**Please submit this original form to the Counseling Psychology Traineeship Office
Pacifica Graduate Institute 249 Lambert Rd Carpinteria, CA 93013**