

# College of Psychotherapy: Personal Psychotherapy Verification Form



<b>Applicant Name:</b>			
<b>Reporting Period:</b>	<b>Start date:</b>		<b>End date:</b>

## PERSONAL PSYCHOTHERAPIST DETAILS *(Please use a separate form for each psychotherapist)*

<b>Psychotherapist's Name:</b>		<b>Email:</b>	
<b>Practice Address:</b>		<b>Phone Number:</b>	
<b>Qualification/s:</b>			

## PERSONAL PSYCHOTHERAPY HOURS

<b>Start Date:</b>	<b>End Date:</b>	<b>Psychotherapy Type:</b> <i>Individual / Group</i>	<b>Number in Group:</b> <i>Maximum of 6 participants and no more than 30 hours in total</i>	<b>Psychotherapy Modality:</b>	<b>Time (in hours):</b>
				<b>TOTAL THIS PERIOD:</b>	

*I verify that my personal psychotherapy hours reported in this document meet the requirements of the College of Psychotherapy's Membership Eligibility Criteria.*

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*I confirm the type and hours of psychotherapy have been provided to the applicant as outlined above.*

**Psychotherapist's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_