

Acknowledgement of Required

Counseling Experience

Our professional counseling program requires students to participate in a clinical experience as part of your training. This learning opportunity is intended to provide a safe, reflective experience to assist in your ability to become the best possible counselor you can be. **This is a program requirement to be completed prior to the counseling practicum application deadline of June 1st for Fall Practicum. The counseling experience completion form has to be submitted with your counseling practicum application.**

We have worked cooperatively with CSU’s Counseling Center, led by Dr. Dan Rose, to provide, free of charge, an individual psychotherapy experience lasting at least one semester while enrolled in our program. Your responsibility will be to call and schedule an appointment at the beginning of the full term prior to starting practicum. You may choose to go off campus for this experience, but your reporting requirements remain the same.

**\*\* Note: You can NOT apply for practicum/internship placement at the same facility you receive individual counseling services. Please keep this in mind when pursuing the completion of your required counseling experience.\*\***

To register for an individual Counseling Experience here at CSU, you must contact the CSU Counseling Center at (706) 507-8740. **Please Note: It is your responsibility to verbally inform the office attendant that you are in CSU’s Counseling Program to protect your privacy.** Those students who have participated in or are currently participating in personal counseling outside of the university will need to document your experience for a minimum of 8 sessions, as well. If you wish to attend group sessions as your counseling experience please get the group approved by the Practicum Coordinator prior to attending first session. You cannot start your counseling practicum until you have completed this requirement. Please see the attached counseling experience completion form.

Sincerely,

Dr. Stella Michael-Makri



Counseling Experience Completion Form

# PREREQUISITE COUNSELING EXPERIENCE VERIFICATION

**Students must complete a minimum of 8 individual (outside) sessions prior to submitting practicum and internship application, which is due by June 1st for Fall Practicum start date.**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List the date and semester you attended counseling experience along with therapist or group leader initials:

 **Date/Semester**

Counseling Experience Session #1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Therapist/Group Leader Initials \_\_\_\_\_\_\_\_\_\_\_\_\_

Counseling Experience Session #2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Therapist/Group Leader Initials \_\_\_\_\_\_\_\_\_\_\_\_\_

Counseling Experience Session #3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Therapist/Group Leader Initials \_\_\_\_\_\_\_\_\_\_\_\_\_

Counseling Experience Session #4 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Therapist/Group Leader Initials \_\_\_\_\_\_\_\_\_\_\_\_\_

Counseling Experience Session #5 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Therapist/Group Leader Initials \_\_\_\_\_\_\_\_\_\_\_\_\_

Counseling Experience Session #6 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Therapist/Group Leader Initials \_\_\_\_\_\_\_\_\_\_\_\_\_

Counseling Experience Session #7 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Therapist/Group Leader Initials \_\_\_\_\_\_\_\_\_\_\_\_\_

Counseling Experience Session #8 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Therapist/Group Leader Initials \_\_\_\_\_\_\_\_\_\_\_\_\_

Counseling Experience Session #9 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Therapist/Group Leader Initials \_\_\_\_\_\_\_\_\_\_\_\_\_

Counseling Experience Session #10 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Therapist/Group Leader Initials \_\_\_\_\_\_\_\_\_\_\_\_\_

# \*\*\*\* Completed at the End \*\*\*\*

**Therapist/Group Leader Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Therapist/Group Leader Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Credentials / License#** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Place of Counseling Experience:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note: This form should accompany your practicum/internship application.**