



## 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 1<sup>st</sup> for Fall Practicum or November 1<sup>st</sup> for Spring Practicum start dates. 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, a group psychotherapy experience during at least one (Fall or Spring) semester while enrolled in our program. You may choose to go off campus for this experience, but your reporting requirements remain the same.

**Groups for Fall Semester start September 19<sup>th</sup>. You must register for the experience now. Dates for the upcoming Spring Semester will be released at the end of the Fall Semester. The following days and times are offered: Mondays 6:00 pm and Thursdays 9:00 am.**

**The experience lasts for 10 weeks and you MUST attend a minimum of 8 group sessions or individual (outside) counseling sessions.** (Attending less than 8 sessions will require you to re-take the experience.)

To register for the Counseling Experience here at CSU, you must contact the CSU Counseling Center at (706) 507-8741 to add your name to one of the fall semester counseling process groups for CSU Counseling students or email Ms. Christy Cook, [cook\\_christy@columbusstate.edu](mailto:cook_christy@columbusstate.edu), office administrator at CSU Counseling Center if you have any issues. 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. You cannot start your counseling practicum until you have completed this requirement. Please see the attached counseling experience completion form.

Sincerely,

Dr. Michael Baltimore  
Dr. Ryan Day



## Counseling Experience Completion Form

### **PREREQUISITE COUNSELING EXPERIENCE VERIFICATION**

**Students must complete a minimum of 8 group or individual (outside) sessions prior to submitting practicum and internship application, which is due by June 1<sup>st</sup> for Fall Practicum or November 1<sup>st</sup> for Spring 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.**