PACIFICA GRADUATE INSTITUTE

Quarterly Personal Therapy Documentation

Begin a **NEW** log each quarter. At the end of the quarter turn in the required minimum of 5 hours into the Practicum Office along with a copy of your therapist's license Note: each therapist's license only needs to be submitted once.

Student Name: _____Quarter/Year:_____

Student's Track (check one): ○ MA-L ○ MA-W ○ MA-C ○ MA-D

Date	Hour/s	Therapist's Initials

Total Hours:

Name of Therapist: _____ License #: _____
Therapist Signature: _____ Date: _____

- ☐ Copy of therapist's license is attached and/or was already submitted to the Practicum
- ☐ Therapist confirms they are not a Faculty member at Pacifica Graduate Institute