

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-V 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