

BETHEL UNIVERSITY

M.A. COUNSELING PSYCHOLOGY PROGRAM

CERTIFICATION OF PRACTICUM EXPERIENCE

This is to certify that _____
has completed 700 hours of clinical experience and training under the supervision of a
Licensed Mental Health Professional. This experience has taken place at:

Address: _____

Phone: _____

Licensed Supervisor Signature Date

Licensure Number

Student Signature Date

Other Supervisor if applicable Date