

FORM 3

VERIFICATION OF PERSONAL PROCESS HOURS

Name of Candidate _____

Name of Personal Process Therapist _____

Title and Education of Personal Process Therapist _____

Date Personal Process Therapist became a clinical member _____

Address of Personal Process Therapist _____

Phone/email of Personal Process Therapist _____

List all dates and number of hours (the process must have taken place within the last 10 years from the date on the application):

I certify that the above information is correct to the best of my knowledge.

Personal Process Therapist Signature

Date

See Chapter Three for more information.