

Richmont Graduate University

RESOURCES FOR THERAPY

Yes, I am willing to provide therapy for a limited number of Richmont students at a reduced rate.

NAME _____

PRACTICE NAME (if group) _____

WORK ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE: _____

Licensed: Yes ____ No ____ Type of License: _____

Counseling areas of specialty or interest:

Rate you will charge (if known) _____

Date Posted _____