



Eastern Mennonite University Master of Arts in Counseling Professional Development Form

Date: _____ Student: _____

Event: _____ Hours Attended: _____

Summary of Events: _____

Staple any information from the event that you attended to the back of this form for verification.

Faculty Instructor _____ Date _____

***A total of 8 professional development hours must be completed.**

COUN G:/Professional Practice/Forms/Professional Development Verification of Hours Form