



Declaration of Education and Licensure

Client name: _____ Date of Birth: _____

Parent/Guardian name (if client is a minor): _____

Therapist: Janelle Bull Betsy Arthur Jamie Williams
Education: Master of Arts
Licensing Status: Marriage and Family Therapist Intern

Supervisor: Chris S. Polizzi, Psy.D.
License Number: PSY22255

Client/Parent/Guardian Signature: _____ Date: _____

Therapist Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____