

Beginning Experience of Eastern North Dakota

Counselor/Therapist Approval Form

(Please have this form filled out by your Counselor or Therapist if you answered Yes to question #3 on the B.E. Weekend Application.)

Please check one and sign below:

_____ After reviewing the Beginning Experience Weekend process, it is my professional opinion as it applies to my client, (name) _____, that he/she be ACCEPTED to attend the Beginning Experience Weekend.

_____ It is my recommendation that my client, (name) _____, NOT be accepted to participate in the Beginning Experience Weekend at this time.

SIGNED: _____

Date: _____

Counselor/Therapist:

Name: _____

Address: _____

Telephone #: _____

Please return this form immediately to:

**Beginning Experience of Eastern N.D.
PO Box 608
Fargo, ND 58107**
