

**Florida Gulf Coast University Study Abroad
Counseling and Psychological Services Provider Verification**

To be completed by Study Abroad Program Participant only if "yes" was marked in the *Emotional and/or Psychological Conditions* clause of the FGCU Study Abroad and Disclosure Form.

Last Name: _____ First Name: _____ Middle Initial: _____

Study abroad country/destination: _____ Travel dates: _____

To be completed by Counseling and Psychological Services Provider

Instructions: The individual identified above is applying to study abroad outside of the United States through a university sponsored program. Study abroad may occur in any part of the world with physical environments, living conditions, sanitation and public services, access and level of health/medical care and facilities that may vary widely or be limited, in comparison to what the student is accustomed. Most programs include immersion in a different culture and may also include a variety of physical activities. The experience may present physical and emotional challenges and stresses that could exacerbate problems with a participant's health and personal well-being. Please consider these factors when evaluating this participant.

Practice Name: _____

Counselor or Psychological services Provider's Name & Position: _____

Address: _____ Phone Number: (____) ____ - _____

City: _____ State: _____ Zip Code: _____

- I have reviewed the participant's records and history (Check here if you are an on-going treatment provider for this participant.)
- I have interviewed this participant
- I have explained and made referrals regarding accessing information on preventive treatments and travel instructions to the participant

In my professional opinion, the state of the participant's emotional/psychological health is:

Excellent Good Fair Poor

AND....Please choose one of the following...

- I find this participant to be in adequate emotional and/or psychological health for participation in the above-named program with no restrictions.
- I find this participant to be in adequate emotional and/or psychological health for participation in the above-named program with the following recommendations:

- I do not recommend the participant for the above-named program at this time

Provider Signature: _____ Date: _____