

**Verification of Student PRACTICUM HOURS documented for Art Therapy Training**

The Ontario Art Therapy Association recognizes the student practicum hours summarized in this form. The OATA will accept this form with no other documentation required, while retaining the right to audit hours claimed by applicants. Applicants are expected to keep their own documentation and be able to verify the claims cited on this form when requested.

When applying for membership to the Professional level, the form must be filled out in its entirety for verification of practicum hours.

**NAME of ART THERAPY TRAINING INSTUTION:** \_\_\_\_\_

**NAME of STUDENT:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

Apt.                                  Street                                  City                                  Province                                  Postal Code

Details of the **700** practicum hours recorded for student art therapy training . . .

From Dd/mm/yy To Dd/mm/yy	Agency/ Organization	Clients Served/Population	Total # of hours	Name of Agency Supervisor	Name of Art Therapy Supervisor

We confirm that the above named student has **graduated from this program**, and in doing so has completed the requisite number of clinical training hours (700hrs).

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of Director of Training Institution:** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Official School Stamp:**