

ONTARIO ART THERAPY ASSOCIATION APPROVED SUPERVISOR APPLICATION FORM

() Primary Application () Renewal

Name:			
Address:			
City:	Province	Postal Code	
Phone:	Email:		
Registration Association:			
Registration Date:	Registration Number:		
Professional Practice (agency/institute	e/private practice):		

Peer Supervision Meetings:

Date	Participants	Senior Art Therapist	Place/Modality	Hours

I agree to:

- 1. Notify the OATR Registration Chair should I not be able to continue supervising during the course of the year.
- 2. Maintain the ethical standards of OATA.
- 3. Have my name and city published on a list of current OATA Supervisors,

In Tapestry*	yes	no
On the OATA website	yes	no

*Form must be received by December 30 to be included in the winter edition of Tapestry

Signature: _____ Date: _____