## **OATA 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 INSTITUTION:  NAME of STUDENT: |  |        |       |                                     |                        |
|---|--|--------|-------|-------------------------------------|------------------------|
|   |  |        |       |                                     |                        |
| Email:  | Apt. Street City Province Pos                        |        |       |                                     |                        |
| <u>Details o</u><br>Dates                                   | of the 700 practicum hours re<br>Agency/Organization |        |       | rapy training:<br>Agency Supervisor | Art Therapy Supervisor |
| From/To   |  | Served | Hours |                                     | Name                   |
|   |  |        |       |                                     |                        |
|   |  |        |       |                                     |                        |
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| C: d /C   | Character and a supply                               |        |       |                                     |                        |
| Signea (S   | Student):  |        |       | _                                   |                        |
| Date:   |  |        |       |                                     |                        |