

Application Forms: Verification of Practicum/Internship

Applicant's Name: _____

PARTS I, II, AND III TO BE COMPLETED BY THE APPLICANT'S PRACTICUM/INTERNSHIP INSTRUCTOR, SUPERVISOR OR ADVISOR

Part I - Instructor, Supervisor, or Advisor Information – Thank you for completing this form. Please email the original with your signature to applications@atcb.org.

1. Full Name and title: _____
2. ATCB ID Number (found on the certificate and wallet card for your ATR, ATR-BC, or ATCS) _____
3. Name of the institution or facility where practicum/internship hours were completed by the applicant:

4. Street address: _____
5. City/State/ZIP Code: _____
6. Your Daytime Phone: _____ Ext: _____

Part II - About Applicant's Hours

SUPERVISOR:
Please return both pages of this form via email to applications@atcb.org

Practicum/Internship	From (mm/dd/yy)	To (mm/dd/yy)
Dates		

Type of Hours	Average Hours Per Week	Total Hours
All Practicum/Internship Hours: Includes all direct/indirect experience hours. A minimum of 700 hours is required.		
Direct Client Contact Hours: A minimum of 350 hours is required.		
Supervision: A minimum of 70 individual or 105 group supervision hours is required. If a combination of individual and group supervision hours is documented, the hours will be calculated at a ratio of one and one-half group supervision hours equals one individual supervision hour.	Individual: _____ Group: _____	Individual: _____ Group: _____

Part III - Evaluation (Attach additional pages if needed.)

1. Responsibilities - Please describe duties for which the applicant was responsible during practicum/internship.

2. Competency - Please inform us of the applicant's competency in art therapy. Include comments about the applicant's ability to assess client needs, implement art therapy services, interact with other professionals, and utilize supervision.

SAMPLE

3. Professionalism - Please provide your opinion of the applicant's suitability for the ATR credential.

SAMPLE

4. Other Comments - Please provide ATCB with any additional information that will assist us in assessing the applicant's qualifications.

I, the undersigned, do state that the answers given above are true and correct. I agree to provide any additional information requested by ATCB.

Signature of Practicum/Internship Instructor, Supervisor or Advisor

Date