

**Summary for the 700 PRACTICUM HOURS in Art Therapy training**

**NOTE:** The Ontario Art Therapy Association will accept this summary form, completed in full with all signatures and dates, as verification of clinical training hours when applying for Professional Membership. This is accepted in lieu of the hour sheets kept by students during their practicum training.

**DATE :** \_\_\_\_\_

**NAME of Art Therapy Training Institute :** \_\_\_\_\_

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

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

Apt.                      Street                      City                      Province                      Postal Code

**Details of the 700 hours of art therapy training ...**

Dates	Location, Agency	description of clients served in this location	Total # of hours	Signature of Agency Supervisor	Signature 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 (700).

**Signature of director for Training Institute :** \_\_\_\_\_

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

