APPLICATION FOR ART THERAPY INTERNSHIP
PLEASE READ CAREFULLY

Application materials to be returned:
2 Applications for each site selected
Verification of TB Test

1. All application materials must be completed and returned to the Art Therapy Office one semester in advance.

2. Fill out the application for Art Therapy Internship forms, using one form per site for which you are applying. If interested in more than one facility, list each facility on separate sheets. Forms must be typed or carefully printed. These forms are sent to facility administrators and supervising art therapists to help them in determining your placement.

3. You are encouraged to state preferences by population, time or geographic area, however, when requesting placement in a particular area on your application, you are advised to avoid listing facilities: a. where a parent or relative is employed; b. that do not have agreements with the Art Therapy Office, and c. Students do not arrange their own placements. However, you are encouraged to state a preference on your application. Your actual placement will be determined on the basis of availability and preference.

4. Plan to complete approximately 100 hours at the site (direct and indirect) for each credit registered.

5. Many facilities require a personal interview before accepting students for placement. The Agency will inform you if an interview is necessary and give you the details for making your interview appointment. Please be certain you represent yourself in a professional manner.

6. If you must withdraw your request for an Art Therapy Internship assignment between the time you apply and the start of the contact, please call the Art Therapy office as well as the Agency.

7. If you have any questions concerning the internship, please call the Holly Feen 577-1823.

8. Submit your applications to The Art Therapy Office, two per number of sites listed.
APPLICATION FOR ART THERAPY INTERNSHIP

Name
Last                               First               Middle                                                     Maiden

Home Address
Number & Street                        City                             State                            Zip

Home Phone ( ) ____________Email______

Work Phone ( ) ____________

Student Number________________________________________

Psychology Prerequisites completed: _____________________________________
Art Prerequisites Completed:_____________________________________________
No. of Credits Registered:
No. of hours per week expected to complete (total # _______direct client contact hours ______)
All colleges and universities attended and degrees earned:

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<tr>
<th>Institution</th>
<th>Dates Attended</th>
<th>Degree</th>
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Please identify your preference for placement: List name of facility, name and title of supervisor, address and phone number.

Field-work Experience: (facility, dates, hours) __________________________________________
Additional Practica Completed: (facility, dates, hours) ___________________________________
Using a current transcript, list the names of the art therapy classes you have completed:

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<th>Required</th>
<th>Electives</th>
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Personal remarks: In the space below, type an autobiographical statement that summarizes significant personal experiences that will acquaint facility administrators and supervising art therapists with your background. Include such items as reasons for becoming an art therapist, educational experiences, vocational objectives, employment history, research interests, etc.

Please respond to the following questions:

Have you ever been convicted of a felony? Yes  No

Have you ever been convicted of a misdemeanor involving a minor? Yes  No