

Independent Practicum Approval Form

This form is for students proposing an independent practicum not listed in the Practicum Directory. Submissions are reviewed and subject to approval by the Practicum Director.

Section 1: Student Information

Please share your student information by completing the questions below.

Full Name:

Year of Training (Yr. 1 / Yr. 2 / Yr. 3):

Email Address:

Please name the individual who will co-facilitate this practicum. (If the co-facilitator has not yet been confirmed, write "TBD" (This is a required response).

Section 2: Practicum Information

This section collects essential information about your practicum placement. You will be asked to identify the practicum title, outline your goals and objectives, describe the population served, specify the therapeutic focus, and indicate the start and end dates of your practicum.

Practicum Title:

Practicum Goals and Objectives:

Population Served:

Expected Start Date:

Expected End Date:

Therapeutic Focus (interventions and art modalities you plan to provide during this practicum).

Please indicate the primary focus of your practicum by describing the art modalities you will use, and whether they will be combined with any other therapeutic approach. (A full list of all possible interventions is not required.):

Therapeutic Focus (continued):

Section 3: Type of Practicum

Direct Client Contact (DCC) Arts-Based

Section 4: For Direct Client Contact (DCC) Practicums Only

To fulfill the DCC requirements, you will need to provide an intake form, an informed consent form, and a progress notes template. (Please include the documents prompted below with the Practicum Director for review.)

Do you have an Intake Template Form? Yes No (Attach if available)

Do you have an Informed Consent Template Form? Yes No (Attach if available)

Do you have a Progress Notes Template Form? Yes No (Attach if available)

Section 5: Supervision

If you are completing Direct Client Contact (DCC) hours, your supervisor must be a Registered Psychotherapist (RP). For Arts-Based practicums, your supervisor can be an RP or another qualified professional who is part of a regulatory college that allows the practice of psychotherapy. Please share your supervisor's information.

Name of Supervisor:

Is this supervisor a Registered Psychotherapist (RP)? Yes No

If not an RP, what regulatory college does this supervisor belong to?

Confirmation

Before submitting, please take a moment to confirm that all the information you have shared is true and complete to the best of your knowledge. This helps us ensure that your practicum approval process runs smoothly.

I confirm that the information provided is accurate and understand that final approval is subject to review by the Practicum Director.

(Sept 2025)