CREATE CENTRE FOR EXPRESSIVE ARTS THERAPY EDUCATION
A THREE-YEAR TRAINING PROGRAM IN EXPRESSIVE ARTS THERAPY

Practicum Site Approval Form

This form helps The CREATE Institute review and approve practicum sites so students and supervisors know if a placement is suitable for practicum training.

🌿 For Agencies and Supervisors
Completing this form allows The CREATE Institute to review your site and confirm whether it meets the requirements to host a practicum student.

🎓 For Students
Filling out this form is part of the approval process. Once reviewed by the Practicum Director, you will receive confirmation about whether your proposed site is suitable and can count toward your practicum hours. The form also serves as a reference so you can see what the site offers, the type of supervision available, and the application process—helping you decide if the placement supports your learning goals and training requirements.

Section 1: Your information*
Who is filling out this form? (Provide your full name)

Section 2: Site Information*
This section gathers the basic details about the practicum site, including the organization's name, location, and main contact information. Providing accurate information here helps The Create Institute review and approve the site, and also ensures that students clearly understand where the practicum takes place and who to contact.

Site/Agency Name:

Address:

Contact Site Person:

Contact Site Email:

Contact Site Phone:

Website:

Description of Services Offered by Site: Provide a short overview of the programs, populations served, or services provided. Example: "Group expressive arts sessions for adults with mental health challenges."

Type of Practicum *

☐ Direct Client Contact (DCC) ☐ Non-clinical Arts-Based ☐ Both

Section 3: Confirmation of DCC Requirements

Direct Client Contact (DCC) practicums require students to engage in core clinical practices. This includes completing an **intake process**, obtaining **informed consent**, and maintaining **progress notes** for the client.

This practicum will allow the student to complete:

☐ Intake process

☐ Informed Consent Form

☐ Progress Notes

☐ Not applicable

Section 4: Student's Role & Activities

Briefly describe what the student will do. Example: "Assist with arts-based group facilitation, support with planning and debriefing, individual sessions under supervision, 1:1 clinical therapy or ExA psychotherapy."

Expected Start Date: **Expected End Date:**

Expected Weekly Hours: Please indicate the number of hours per week the student is expected to complete. Example: "8 hours/week."

Practicum Format:

☐ In-person
☐ Online
☐ Hybrid (if applicable)

Practicum Facilitation Setting:

☐ 1:1 (Individual)
☐ Group facilitation
☐ Combination of the above

Will materials and supplies be provided to the student?

☐ Yes
☐ No

Will the student have access to a workspace for planning and debriefing?

☐ Yes
☐ No

Section 5: Application Instructions

Please describe your practicum site's application process. Include details such as whether students may apply **year-round** or if there are **specific times of the year** when applications are accepted. If there is a formal process, please outline the steps (e.g., sending a résumé and cover letter, interviews, deadlines, or additional requirements).

Application Process (please describe clearly):

Please include Application Link (here) if applicable:

Section 6: Supervision

Supervision Requirements: For **DCC practicums**, students must be supervised by a Registered Psychotherapist (RP). **Arts-based practicums** offer more flexibility: supervisors may be RPs or professionals in good standing with the CRPO or another regulatory college whose members are authorized to practice psychotherapy.

Does this site provide supervision for practicum students?

☐ Yes ☐ No

Indicate the type of supervision that best applies to your practicum site:

☐ This practicum provides supervision by a Registered Psychotherapist (RP) for DCC hours.
☐ This practicum provides supervision for Art-based hours (Non-DCC).
☐ Students are required to seek off-site supervision

Type of Supervision Offered:

☐ **Individual or dyadic** ☐ **Group** ☐ **Both** ☐ **None of the above**

Section 7: Site Requirements

Please outline any additional requirements students must meet before beginning their practicum at your site. This may include documentation, training, or clearances that are specific to your organization. Providing this information ensures that students can prepare in advance and avoid delays in starting their placement.

Does your site require additional documents from students? ☐ Yes ☐ No

If yes, please describe the additional requirements:

☐ Police or Vulnerable Sector Check
☐ Proof of Liability Insurance
☐ Immunization records or TB test
☐ Agency-specific training or orientation sessions
☐ Other:

Are there any other requirements or conditions students must meet before beginning their practicum at your site? If yes, please specify.

Please outline any safety protocols or policies relevant to student participation:

Section 5: Additional Notes

Is there anything else you would like us to know about your site, supervision, or practicum opportunities?

Section 6: Consent Statement

The CREATE Institute maintains a Practicum Directory to support students in identifying approved practicum opportunities. With your consent, the information provided in this Practicum Approval Form will be included in the directory and shared with CREATE students for practicum-related purposes only.

☐ I consent to the inclusion of the information provided in this Practicum Approval Form in The CREATE Institute's Practicum Directory for student reference and practicum placement purposes.

☐ I do not consent to the inclusion of this information in The CREATE Institute's Practicum Directory.

Section 7: Confirmation

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

(Form revised Feb 2026)