

Government of the District of Columbia
Department of Health
Health Regulation and Licensing Administration

BOARD OF PROFESSIONAL COUNSELING
PRACTICUM/INTERNSHIP
DOCUMENTATION

Please print legibly.

This form is to be completed by PAT and PGAT applicants who did not attend a program accredited by the American Art Therapy Association (AATA) or Commission on Accreditation of Allied Health Education Programs (CAAHEP).

A school official must complete this form.

Applicant Name: _____

Name of Institution: _____

While attending your program, did your institution require the applicant to complete a 700-hour practicum/internship as part of the requirements for completion of their program?

Please circle yes or no. If no, please provide details in a separate letter on the program's practicum/internship requirements.

Please circle: YES NO

I CERTIFY THAT THE APPLICANT NAMED ON THIS FORM SUCCESSFULLY COMPLETED A PRACTICUM/INTERNSHIP, AND I AFFIRM THAT THE INFORMATION GIVEN ON THIS FORM IS TRUE AND CORRECT.

Name (Print): _____

Title: _____

Phone Number: _____

Email: _____

City: _____

State: _____

Signature: _____

Date: _____