



## Post-Graduate Supervised Experience Form (Art Therapy)

**Applicants:** Include this form with your application in a separate, sealed envelope with the supervisor’s signature across the seal.

**Only a supervisor can complete this form,** when the applicant’s completes the required number of work and supervision hours. Name of the supervisee/applicant:

\_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

	State License	Art Therapy Credentials Board
State of Licensure		Not applicable
Licensure/credential Type		
Licensure/Credential Number		
Date issued		
Date Expired		

**Supervision Site**

Name of Agency: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip Code: \_\_\_\_\_

Dates of supervision: From \_\_\_\_\_ to \_\_\_\_\_ = total number of weeks \_\_\_\_\_  
(Month/Year) (Month/Year)

Full Time Part Time\_

Number of hours the supervisee worked per week \_\_\_\_\_

Number of hours per week spent: \_\_\_\_\_ (Immediate supervision)

Number of hours per week spent: \_\_\_\_\_ (Group supervision- counts toward immediate supervision)

Number of hours per week spent: \_\_\_\_\_ (General supervision)

**General supervision** – supervision in which the supervisor is available to the person supervised, either in person or by a communications device. **(3300 hours required)**

**Immediate supervision** – supervision in which the supervisor is physically present with the person supervised and either discussing or observing the person’s practice. **(200 hours required, at least 100 under a licensed professional counselor)**



**SUPERVISED EXPERIENCE FORM – CONTINUED**

In your opinion, has the applicant demonstrated competency in the practice of art therapy sufficient for licensure and the independent practice of art therapy? YES            NO

If you answered no please elaborate and use additional paper if needed

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Supervision requirements must be in one or more supervisory experiences during work. Please place an “X” in the column that represents your evaluation of the applicant’s competencies.

**YES** = The applicant has satisfactorily demonstrated competencies in this area

**NO** = Additional work is required to achieve competency      **DNI** = Supervision did not include this area

<b>ART THERAPY AND PSYCHOTHERAPY TECHNIQUES</b>	<b>YES</b>	<b>NO</b>	<b>DNI</b>
Conceptualizes and implements art therapy practice from a working theoretical base and can articulate that theoretical foundation.			
Demonstrates a working knowledge and flexibility with different theories and techniques in working with a variety of:			
A. Clinical Problems (Specify)			
B. Populations (Specify)			
C. Unique aspects of clients – including culture, gender, sexual orientation, disability and developmental concerns (Specify)			
<b>APPRAISAL, EVALUATION AND DIAGNOSTIC PROCEDURES</b>	<b>YES</b>	<b>NO</b>	<b>DNI</b>
Demonstrates an ability to diagnose client’s problems using appropriate methods (current DSM) and can justify the diagnosis based on case information.			
Uses appropriate instruments and clinical data to appraise client behavior.			
<b>TREATMENT PLANNING &amp; IMPLEMENTATION</b>	<b>YES</b>	<b>NO</b>	<b>DNI</b>
Demonstrates an ability to develop and implement an appropriate treatment plan consistent with the diagnosis.			
Demonstrate flexible in selecting and adapting are media selection, art making processes, and interpretive strategies in response to client needs			
<b>CASE MANAGEMENT &amp; RECORD KEEPING</b>	<b>YES</b>	<b>NO</b>	<b>DNI</b>
Maintains appropriate clinical records and client data.			
Understands circumstances under which various records can be released.			
<b>PROFESSIONAL IDENTITY &amp; FUNCTION</b>	<b>YES</b>	<b>NO</b>	<b>DNI</b>
Uses supervision and shows continuing development of counseling skills.			
Demonstrates knowledge of strengths and limitations of a PAT and the distinctive contributions of other mental health and health professionals.			
Makes appropriate referrals to other health providers and resources in the community.			
Handles appropriately, or knows how to handle, psychiatric emergencies.			
<b>PROFESSIONAL ETHICS &amp; STANDARDS OF PRACTICE</b>	<b>YES</b>	<b>NO</b>	<b>DNI</b>
Understands and has discussed ethical issues concerning dual relationships.			
Knows the laws related to an art therapist’s duty in life-threatening situations, child & physical abuse, etc.			
Understands and has discussed the ethics of confidentiality and other legal and ethical issues.			

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_



## Supervision Calculation Form

Applicant's Name \_\_\_\_\_

**LIST ONLY THE WORK EXPERIENCE AND SUPERVISION DOCUMENTED ON THE SUPERVISION VERIFICATION FORM(S)**

- (1) Name(s) of **PRACTICE/EMPLOYMENT SITE**(s).
- (2) **DATES** of post graduate counseling experience under supervision of a licensed professional counselor.
- (3) **WEEKS** of counseling experience under supervision.
- (4) **HOURS** per week of post graduate counseling experience under supervision of a licensed professional counselor.
- (5) **TOTAL** number of hours of post graduate counseling experience under supervision of a licensed professional counselor.
- (6) Name of **SUPERVISOR(S)** providing supervision.
- (7) Number of hours of face-to-face

**THE NUMBER OF HOURS IN COLUMNS #5 AND #7 CANNOT BE THE SAME.**

(1) Practice Employment Site	(2) Dates From	(2) Dates To	(3) Weeks		(4) Hours		(5) Total	(6) Name of Supervisor & Credential	(7) Hours of immediate face-to-face supervision
<b>Example: DC Department of Health</b>	<b>Dec. 1, 2014</b>	<b>Feb 1, 2015</b>	<b>8</b>	X	<b>32</b>	=	<b>256</b>	<b>John Doe, LPC</b>	<b>60</b>
				X		=			
				X		=			
				X		=			

**TOTAL:** \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

(Not less than \*3500 hours)

(Not less than \*200 hours)

I hereby attest that the information given in this form is true and complete to the best of my knowledge.

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Date