

Graduate Practicum Application

Contact Information

Name	
Street Address	
City State Zip Code	
Home Phone	
Cell Phone	
E-Mail Address	
School Name	
Program/Degree	

Availability

Which semesters and year will your practicum cover?

___ Spring _____ ___ Summer _____ ___ Fall _____

How many hours are required?

Direct Client Contact _____

Indirect Client Contact _____

Total Contact Hours _____

Are there any specific requirements regarding group, individual or family therapy hours?

How many hours do you anticipate being available on a weekly basis? _____

During which hours are you available? (Please circle all that apply)

Weekday mornings
(approximately 10am-2pm) Mon Tue Wed Thu Fri

Weekday afternoons
(approximately 3pm-7pm) Mon Tue Wed Thu Fri

Are there times when work, school or personal commitments would make you unavailable?

Clinical Interests

Tell us in which areas you are interested gaining experiences?

- Administration
- Children
- Adolescents
- Adults
- Group Therapy
- Family Therapy
- Trauma Issues
- Behavioral Issues
- Mood Disorders
- Other (please specify)

Practicum Experience

Summarize what type practicum experience you hope to have at The Art Station. Please include how you might utilize art therapy principles in your future practice.

Art Experience

While formal art training or experience is not a requirement to complete practicum at The Art Station, you will need to have some level of comfort with various art materials. Summarize your previous art training or experience.

Practicum Advisor/Coordinator Contact Info

Name	
School Name	
Street Address	
City State Zip Code	
Work Phone	
E-Mail Address	

Agreement and Signature

I understand that I am fully aware that if accepted to complete my graduate practicum at The Art Station, I will:

- Make a commitment to complete a minimum of two semesters to The Art Station;
- Provide proof of professional liability coverage prior to acquiring hours; and
- Be able to pass a background check for working with populations considered protected by the State of Texas (i.e. children, elderly).

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a graduate practicum student, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in The Art Station. Please submit your completed application and a brief resume to:

Clinical Director
The Art Station
1616 Park Place Avenue
Fort Worth, TX 76110
Fax: (817)921-2405
Email: htournoux-hanshaw@theartstation.org