|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PROFESSIONAL EXPERIENCE HOURS** | | | | | | | | | |
| **ADVANCED CLINICAL TRAINING**  Up to 500 hours of training in drama therapy or fields related to drama therapy may count towards the required 1,500 professional experience hours. This may include participation in conferences, workshops, Postdoctoral programs, and classes not taken as part of the AT contract or Graduate program. Please submit, along with this form, a certificate of completion for each advanced clinical training or letter describing training (this may include a syllabus for classes taken).  (If you have completed two (2) or more trainings, please copy this page and fill out a separate form for each.) | | | | | | | | | |
| TYPE OF TRAINING | | | | | | | | | |
|  | | | | | | | | | |
| NAME OF AGENCY / INSTITUTION | | | | | | | | PHONE | |
|  | | | | | | | |  | |
| ADDRESS | | | | | | | | FAX | |
|  | | | | | | | |  | |
| CITY | | | STATE | | ZIP | | | EMAIL | |
|  | | |  | |  | | |  | |
| DATES OF TRAINING | | | | TOTAL HOURS CLAIMED AT THIS SITE | | | | | POPULATION(S) SERVED (IF APPLICABLE) |
| MONTH | **TO** | MONTH | |
|  |  | |  | | | | |  |
| YEAR | YEAR | | HOURS PER WEEK | | | WEEKS PER YEAR | |
|  |  | |  | | |  | |
| SUPERVISOR NAME & DEGREE/CREDENTIAL | | | | | | | | | PHONE |
|  | | | | | | | | |  |
| ADDRESS | | | | | | | | | FAX |
|  | | | | | | | | |  |
| CITY | | | | STATE | ZIP | | | | EMAIL |
|  | | | |  |  | | | |  |
| WORKED PERFORMED AND/OR TRAINING RECEIVED | | | | | | NATURE OF SERVICE PROVIDED BY AGENCY/INSTITUTION | | | |
|  | | | | | |  | | | |