

ART Training Graduate Student or Pre-Licensed Letter from Supervisor

Student Name:

Program:

State:

1. License type you are pursuing.
2. The anticipated or estimated date of graduation.
3. Are you in your final clinical practicum?
4. How many hours of supervision is provided per week.
5. Briefly describe the kinds of clinical problems and clients with whom you currently work.
6. Approximately what percentage of your caseload includes treating trauma?
7. State how many clinical client contact hours you engage in per week currently in your practicum.
8. What is the process and timeframe in order to obtain licensure?

Liability Insurance Coverage? _____ (attach copy)

Supervisor's name: _____

Supervisors type of license, state, and license #: _____

Supervisor Signature

Date