



The Alberta Therapeutic Recreation Association
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Therapeutic Recreation Practicum Placement Confirmation Form

Applicant / Student's Name: _____ Student ID # _____

Practicum Placement Site:	
Primary Preceptor Name:	Primary preceptor's professional TR association: Membership #:
Post-secondary institution coordinating practicum placement: Post-secondary therapeutic recreation program name:	
Dates of Placement	
Start Date:	End Date:
Hours Completed at Placement Site	
Clinical component hours:	Total Hours:

Initials and signatures confirm:

- a. the practicum placement **was** completed ____ **was not** completed ____ according to the *Preceptorship* and *Clinical* ATRA practicum placement eligibility criteria. Initial here: ____

AND

- b. In my clinical judgement, the applicant **demonstrated** ____ **did not demonstrate** ____ the ability to perform entry to practice *Essential Competencies* for a Recreation Therapist (ATRA, 2012). Initial here: ____

Supervising Recreation Therapist's Signature:	
Date:	
Applicant / Student's signature:	
Date:	