



THE PROFESSIONAL BOARD FOR OCCUPATIONAL THERAPY, MEDICAL ORTHOTISTS & PROSTHETISTS AND ARTS THERAPY

Form 27 AT

ARTS THERAPY IN DRAMA INTERN DUTY CERTIFICATE

NON COMPLIANT APPLICATION WILL BE REJECTED AND SENT BACK TO YOU!

Please PRINT and return the ORIGINAL FORM to:

The Registrar, PO Box 205, Pretoria 0001 by registered mail for ease of tracking mail
553 Madiba Street, Arcadia, Pretoria 0083

A. ISSUED BY:

Name of Accredited Supervisor:

Contact Information:

B. DECLARATION:

It is hereby certified that (Mr/Ms/____):

Candidate's full names and surname:

Has successfully completed his / her Arts Therapy Internship in Drama from (date) to (date) in keeping with the regulations as set out in the Arts Therapy Internship in Drama Manual (03 F 160 AT IN) and that he/she has completed the 1000 hours clinical placement hours required for registration as an Arts Therapist with the Board for Occupational Therapists, Medical Orthotics and Prosthetics and Arts Therapists.

1. Signature: Supervisor Name: Please print

Date:

2. Signature: Member of the Professional Board / AT Name: Please print

Date:

If the candidate's performance is not satisfactory, a detailed explanation, setting out the reasons should be submitted to the Board. This explanation must be signed by persons 1 and 2.

NB: Please note that the Council, in the normal course of its duties, reserves the right to divulge information in your personal file to other parties.