



The Alberta Therapeutic Recreation Association
PO Box 19531 Cranston PO,
Calgary, Alberta, T3M 0V4
www.alberta-tr.ca
E-Mail: atra@alberta-tr.ca
Fax: 1.403.255.2234

Therapeutic Recreation Practicum Placement Confirmation Form

Submission of the Therapeutic Recreation Practicum Placement Form is required for ATRA Professional Member applicants who have graduated after May 2011:

- Eligibility criteria to become a Professional Member of the Alberta Therapeutic Recreation Association (ATRA), requires that all applicants complete a (minimum) 320 hours of therapeutic recreation practicum placement(s). This requirement may be met over one or more placements.

For graduates prior to May 2011:

- Practicum placement confirmation form is not required.

Eligibility Criteria

- ✓ **Credit Course:** The practicum placement must be arranged through a post-secondary education institution and the student must receive course credit for the placement.
- ✓ **Preceptorship:** The student must be supervised by a Recreation Therapist(s) preceptor(s) for at least 250 hours of the practicum placement. The preceptor Recreation Therapist(s) must be on-site for at least 250 out of the 320 hours.
 - **Placements within Alberta:** The Recreation Therapist(s) preceptor(s) must be a current ATRA Professional Member.
 - **Placements outside of Alberta:** The Recreation Therapist(s) preceptor(s) must be a current professional member of their provincial therapeutic recreation association, or have current CTRS credentials.
- ✓ **Clinical:** The clinical placement must have a clinical component where the student is able to observe, learn and practice the *Essential Competencies* described in the Competency Profile for Recreation Therapists in Alberta (ATRA, 2012) for at least 250 hours of the clinical placement.

More information: <https://www.alberta-tr.ca/students/therapeutic-recreation-practicum-placements/> or email educationdirector@alberta-tr.ca.



The Alberta Therapeutic Recreation Association
 PO Box 19531 Cranston PO,
 Calgary, Alberta, T3M 0V4
 www.alberta-tr.ca
 E-Mail: atra@alberta-tr.ca
 Fax: 1.403.255.2234

Therapeutic Recreation Practicum Placement Confirmation Form

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

Practicum Placement Site #1:	
Primary Preceptor Name:	Primary preceptor's professional TR association: Membership #:
Primary Preceptor Signature:	
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:

Practicum Placement Site #2 (as applicable):	
Primary Preceptor Name:	Primary preceptor's professional TR association: Membership #:
Primary Preceptor Signature:	
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: