



Founded by Dr. Martin A. Fischer

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Application for the Toronto Art Therapy Institute Accelerated 16 Month Program

Name: _____ Date of Birth: _____

Address: _____

Postal Code: _____

Telephone: (H) _____ Cell: _____

(B) _____ Email: _____

I wish to apply for the Toronto Art Therapy Institute Accelerated 16 Month Program. The session I am applying for is May (year)_____/September (year)_____ (please indicate which session you are applying for).

My application consists of the following items:

Application Materials

Application Fee: \$190.00 Canadian (Non-refundable) Money Order or Cheque

Official Transcript (s) (Mailed directly from the Educational Institution to our office)

Autobiography with emphasis on personal life experience rather than educational or occupational information

A Written Statement describing why the applicant wishes to enter training

Three letters of reference (2 professional and/or educational: 1 character)

An interview will be scheduled with student and office will advise of date and time.

Student Signature: _____

Date: _____