## Committee of Licensing Authority The Japanese Association of Psychological Rehabilitation

## Report of the Authorized Psychological Rehabilitation Camp

I hereby report the completion of the following Workshop camp / Workshop course / Regional course, authorized by the Japanese Association of Psychological Rehabilitation. These participants have successfully completed the training practice and learning activities of the scheduled program.

Applicant's Name:		Signature:	Signature:		
Affiliation:		Date:/	/	_	
1. Workshop camp / Worl	kshop course / Regional cours	se Details:			
Name :			Region	al Camp: Yes/ No	
Pre-camp Trainers'	Training Practice( if any )	Date :	/ /	_	
Period: From	/ / to_	/	/	-	
Place :					
Camp Representati	ve or Responsible person:				
Sponsor:					
2. Participants Details:					
Name	Affiliation	Ro	ole	Remarks	

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## *<u>Note</u>*:

- 1) In 'Role', write 'Trainer', 'Pre-supervisor', 'Supervisor' or 'Coordinator'.
- 2) When the participant is a 'Trainer', write the name of supervisor who has given him instructions in Remarks.