



# KENTUCKY BOARD OF LICENSURE FOR PROFESSIONAL ART THERAPISTS

Form Date:  
October 2016

P.O. Box 1360, Frankfort, Kentucky 40602  
911 Leewood Drive, Frankfort, Kentucky 40601 (Overnight Delivery Only)  
Phone: (502) 564-3296 ~ Fax: (502) 564-4818

## APPLICATION FOR EXAMINATION CONTINUING EDUCATION CREDIT INSTRUCTIONS

- Refer to 201 KAR 34:030 for laws and regulations related to the continuing education requirements for renewal.
- Type or print the information legibly and completed in its entirety, including your email address.
- **You must submit a written request to the board before repeating a Kentucky LPAT Board Approved Examination for continuing education credit during a two year renewal period. Refer to 201 KAR 34:030.**
- The examination fee for taking a board training examination is \$10.00 per credit hour. The examination fee must be submitted to receive continuing education credit for successfully completing a Kentucky LPAT Board Approved Examination.
- A separate examination fee must be paid for each individual examination completed and submitted to the board for continuing education credit. Refer to KRS 309.135(3).
- The examination fees shall be paid by check or money order made payable to the **Kentucky State Treasurer**. DO NOT SEND CASH.
- Mail your application to *the Kentucky Board of Licensure for Professional Art Therapists by mail to P.O. Box 1360, Frankfort, KY 40602 or by overnight delivery to 911 Leewood Dr., Frankfort, KY 40601.*

### TRAINING EXAMINATION COMPLETED

- Mark all that apply and submit an examination fee for each Kentucky LPAT Board Approved Examination completed for continuing education credit.

- |   |   |
|---|---|
| <input type="checkbox"/> Art Therapy Assessment Examination                 | <input type="checkbox"/> Art Therapy and Client Populations Examination |
| <input type="checkbox"/> Art Therapy Theory and Practice Examination        | <input type="checkbox"/> Art Therapy Theory and Media Examination       |
| <input type="checkbox"/> Art Therapy Professionalism and Ethics Examination | <input type="checkbox"/> Board-Approved Supervisor Training Examination |

### REQUIRED APPLICATION INFORMATION

1. \_\_\_\_\_  
Name License Number

2. \_\_\_\_\_  
Licensee Address Email Address

3. \_\_\_\_\_  
Business Address Telephone Number

\$ \_\_\_\_\_ Total Amount Attached by Check or Money Order.

\_\_\_\_\_ Number of Completed Training Examinations Attached for Review.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

#### BOARD USE ONLY

Approved by \_\_\_\_\_ Date: \_\_\_\_\_  
(Initials of Reviewer)

Denied by \_\_\_\_\_ Date: \_\_\_\_\_  
(Initials of Reviewer)

Deferred by by \_\_\_\_\_ Date: \_\_\_\_\_  
(Initials of Reviewer)

Comments: \_\_\_\_\_  
\_\_\_\_\_