

THE KENTUCKY BOARD OF LICENSURE FOR PROFESSIONAL ART THERAPISTS

PO Box 1360
 Frankfort, KY 40602
 Tel: (502) 564-3296
 Fax: (502) 696-5849
<http://pat.ky.gov>

Board-Approved Supervisor Application

For Office Use Only
FEE: _____
LIC NO: _____
BAS Status Expires: _____

FOLLOW THESE INSTRUCTIONS AND FILL IN ALL BLANKS (Incomplete forms will be returned):

- o **Include payment of \$30.00 with this form. DO NOT SEND CASH. All checks or money orders must be made payable to the Kentucky State Treasurer.**
- o **The Board-Approved Supervisor examination must taken within ninety (90) days prior to or following your Board-Approved Supervisor expiration date.**
- o **Submit this form and fee to the address listed above. Incorrect or incomplete forms will be returned.**

PLEASE COMPLETE THE FOLLOWING:

Check One: [] **New Applicant** [] **Renewal**

Name _____ License No. _____

Address _____

Street or Box number City State Zip

Present Business Name/Address: (Only if different from mailing address)

Street or Box Number City State Zip

Home Phone # () _____ Business Phone # () _____

Email: _____

For renewals only, Please list all current LPATA supervisees by name and license number:

Name	License Number

CERTIFICATION OF AFFIDAVIT

I certify under penalty of law that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should an investigation at any time disclose any knowing misrepresentation or falsification, my licensure could be subject to disciplinary action by the Kentucky Board of Licensure for Professional Art Therapists.

Applicant's signature: _____ Date _____

Do not write below this line-For Board and Office use only

Date processed: _____

Date Approved: _____

P.V. No. _____

Verified by: _____