

KENTUCKY BOARD OF LICENSURE FOR PROFESSIONAL ART THERAPISTS
P.O. BOX 1360
FRANKFORT, KY 40602
<http://pat.ky.gov>

APPLICATION FOR LICENSED PROFESSIONAL ART THERAPIST ASSOCIATE

CHECKLIST FOR SUBMISSION

- \$_____ Fee made payable to the Kentucky State Treasurer
 Official transcript sent from school to the Board
 Verification of Practicum experience from each site

PLEASE TYPE OR PRINT ALL INFORMATION

SECTION 1: GENERAL INFORMATION

1. _____ 2. _____
Name: Last First Middle Social Security Number

3. _____
Mailing Address: Street City State Zip

4. _____ 5. _____/_____/_____
Home Telephone Number Date of Birth

6. _____ 7. _____
Work Telephone Number Email Address

8. Name of degree earned: _____

9. Name of Educational Institution: _____

10. Present Place of Employment: _____

_____ Address City State Zip

_____ Email address of present employer Telephone number

11. Have you ever been convicted of a misdemeanor or a felony (other than minor traffic violations) under the laws of any state in the United States? _____ Yes _____ No
If yes, what offense(s)? Give details and attach any supporting documentation you may have.

12. Are you credentialed as a professional art therapist in any other state? _____ Yes _____ No
If yes, please list the state(s) and the title of the credential(s).

13. Are you credentialed as a professional art therapist in any other state? Yes No If yes, list license(s), certification(s) or registration(s) and state _____
Date of issue ____/____/____ Expiration date ____/____/____

14. Has your certification or licensure in KY or certification or licensure in any other state ever been suspended or revoked? Yes No
If yes, please give details:

15. Have you ever been discharged or forced to resign for misconduct or unsatisfactory service from any position, professional training program or from the program of any university?
 Yes No If yes, please give details _____

16. Do you hold **registration** (ATR) _____ or **certification** (ATR-BC) _____ with the Art Therapy Credentials Board? Yes No If yes, please check appropriate level and send verification.

17. Have you ever been disciplined by the ATCB, AATA or by any other professional association?
 Yes No If yes, please give details: _____

APPLICANT'S AFFIDAVIT

I, the applicant named in the above, do hereby 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 such misrepresentation or falsification, my application could be rejected or my licensure revoked by the Board. Furthermore, I agree to abide by the standards of practice and code of ethics approved by the Board.

Date _____ Applicant's Signature _____
(Sign your name—do not print or type)

SECTION 2: Part A---- EDUCATION

Please request an official transcript of graduate degree to be mailed from the school to the state Board of Licensure for Professional Art Therapists.

School	Name & Location	Dates Attended		Date of Graduation		# of Hours or Credits	Degrees obtained/ Major
		From	To	Month	Year		
Under grad							
Graduate							

SECTION 2: Part B---PRACTICUM/INTERNSHIP

ART THERAPY PRACTICUM / INTERNSHIP

Educational Institution (not practicum site)	Course Number	Faculty Supervisor(s)	Dates From/To	Total # of Prac Hours

Was the program in which you earned your degree accredited by the American Art Therapy Association/Art Therapy Credentials Board? Yes No

If you marked No, please fill out Section 2: Part C.

If you marked Yes, please go to Section 3.

SECTION 2: Part C--- CURRICULUM GUIDELINES

A minimum of twenty-four (24) graduate credit hours in art therapy are required. Please list courses completed for each component and appropriate other information.

Component	Educational Institution	Course # & Title	Dates From/To	Credit Hours
History of Art Therapy				
Theory of Art Therapy				
Techniques of Practice in Art Therapy				
Application of Art Therapy with People in Different Settings				
Psychopathology in the practice of art therapy				
Assessment of patients & Diagnostic Categories				
Ethical & Legal Issues of Art Therapy Practice				
Standards of Good Practice in Art Therapy				
Matters of Cultural Diversity bearing on the practice of Art Therapy				

SECTION 3: ----VERIFICATION OF CLINICAL PRACTICUM/INTERNSHIP

INSTRUCTIONS: Complete one form for each semester of practicum/internship. Please print clearly.

1. Name of Candidate: _____
2. University/College _____ Department _____
 Degree Program _____
 University/College Practicum Supervisor _____
 Degree and Discipline of University/College Practicum Supervisor _____
 License/Credential held by University/College Supervisor _____
 License # _____
 Year Practicum Completed _____ Semester _____ Quarter _____

3. Agency(s) Practicum Completed: _____

Name of onsite Clinical Supervisor(s): _____

Degree and Discipline of Onsite Clinical Supervisor _____

License/Credential held by Onsite Clinical Supervisor _____

License # _____

Briefly describe the nature of practice/experience including populations student worked with:

Hours Experienced in Practicum: Direct Hours _____ Indirect Hours _____

Individual Supervision Hours _____ Group Supervision Hours _____

Total Hours at Practicum _____

4. University/College Supervision Hours:

Individual Supervision _____ Group Supervision _____

Student/Candidate Signature

Date

University Supervisor/Instructor Signature

Date