

# REGISTRATION FORM FOR SUPERVISOR TRAINING:

Saturday November 15, 2014  
1:00 p.m. – 4:00 p.m.  
Located at Bridgehaven  
950 S. 1<sup>st</sup> St. Louisville, KY 40203

\_\_\_\_\_  
Name (Last) (First) (Middle) (Maiden)

\_\_\_\_\_  
Home address State Zip Email Address

\_\_\_\_\_  
Place of Employment Address of Employer State Zip

\_\_\_\_\_  
Work Phone Cell Phone/Home Phone

\_\_\_\_\_  
Degree License Type License # License  
Expiration Date

Are you a Licensed Professional Art Therapist? \_\_\_\_\_

Are you an Art Therapist? \_\_\_\_\_

How long have you been actively practicing in the field? \_\_\_\_\_

Please list any questions below you would like answered by the board at the supervisor training:

Registration forms must be submitted to the board by November 10, 2014. You may mail your registration form to the Kentucky Board of Licensure for Professional Art Therapists at P.O. Box 1360, Frankfort, Kentucky, 40602 or you can email your form to [lucie.duvall@ky.gov](mailto:lucie.duvall@ky.gov).