

KENTUCKY BOARD OF LICENSURE FOR PROFESSIONAL ART THERAPISTS

P.O. BOX 1360
FRANKFORT, KY 40602
<http://pat.ky.gov>

APPLICATION FOR CONTINUING EDUCATION PROGRAM APPROVAL (rev. Feb2010)

- Program Provider - \$75 Annual Application Fee (due annually with the first submission each calendar year)
- Licensee Individual Review - \$20 Application Fee

1. _____
Name of Sponsoring Organization

2. _____
Street Address

3. _____
City State ZIP Code Area Code and Telephone Number

4. _____
Person Responsible Title

5. _____
Program Title

6. Number of Clock Hours Requested _____

7. Program Site Program Date

ON A SEPARATE SHEET PLEASE FURNISH THE FOLLOWING INFORMATION:

8. Provide the following:
- A published course or seminar description;
 - Names and qualifications of the instructors;
 - A copy of the program agenda indicating hours of education;
 - Information regarding coffee and lunch breaks;
 - Number of continuing education hours requested;
 - Official certificate of completion or college transcript from the provider or college;
 - Vitae/Résumé of the presenter;
 - Objectives;
 - Program Evaluation;
 - Appropriate fee paid.

Programs requiring board review and approval should be submitted at least sixty (60) days prior to the beginning date of the program.

SIGNATURE OF PERSON SUBMITTING APPLICATION DATE PHONE

ADDRESS: _____ LPAT # _____

E-MAIL _____

BOARD'S RESPONSE

The following was submitted with the application:

- A published course or seminar description;
- Names and qualifications of the instructors;
- A copy of the program agenda indicating hours of education;
- Information regarding coffee and lunch breaks;
- Number of continuing education hours requested;
- Official certificate of completion or college transcript from the provider or college;
- Vitae/Résumé of the Presenter;
- Objectives;
- Program Evaluation;
- Appropriate fee paid.

APPROVED AS REQUESTED _____ HOURS

PARTIALLY APPROVED FOR _____ HOURS

NEED ADDITIONAL INFORMATION: _____

DENIED – COMMENTS: _____

REVIEWER'S SIGNATURE

DATE

(Please return all information to the Board office at the address listed on front of application)