

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

- **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: _____ LICENSE # _____

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)