

KENTUCKY BOARD OF LICENSURE FOR PROFESSIONAL ART THERAPISTS

P.O. BOX 1360

FRANKFORT, KY 40602

<http://pat.ky.gov>

SUPERVISORY AGREEMENT

APPLICATION INSTRUCTIONS

1. This application is to be used with Microsoft Word.
2. Press the TAB key to skip to the next field.
3. Once you have completed the form, you must print the form, and apply your handwritten signature. Application forms submitted without the appropriate signatures will be returned.
4. The completed application may be submitted to the Kentucky Board of Licensed Professional Art Therapists either by mail to P.O. Box 1360, Frankfort, Kentucky 40602 or by delivery to 911 Leawood Drive, Frankfort, Kentucky 40601.

**SECTION 1
APPLICANT INFORMATION**

First Name	Middle Name	Last Name
/ /	() -	() -
Social Security Number	Home Telephone	Work Telephone
Street Address		
Email Address		
City	State	Zip Code

**SECTION 2
SUPERVISOR INFORMATION**

First Name	Middle Name	Last Name
Street Address		
Email Address		
City	State	Zip Code
() -	Type & Title of License Held	License Number
/ /	/ /	
Date of issue (attach a copy)	Expiration Date (Attach a copy)	
Date of Board Approved Supervision Training (Attach copy of certificate of attendance)	Number of Supervisee's Currently Providing with Board Approved Supervision	

SECTION 4
INFORMATION RELATED TO SUPERVISED EXPERIENCE

Name of organization or agency where experience will be gained (complete a separate form for each setting.)

Street Address of Organization or Agency

City State Zip Code

Average number of hours expected to be gained per week: _____

- Type of Setting:
- | | |
|--|---|
| <input type="checkbox"/> Government Agency | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Private Practice |
| <input type="checkbox"/> School | <input type="checkbox"/> Volunteer |
- Describe School Setting _____

Type of therapeutic experience to be gained (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Rehabilitation | <input type="checkbox"/> Career & Vocational |
| <input type="checkbox"/> Child & Adolescent | <input type="checkbox"/> Drug & Alcohol |
| <input type="checkbox"/> General | <input type="checkbox"/> Group |
| <input type="checkbox"/> Marriage and Family | |
| <input type="checkbox"/> Other | |

Describe _____

Describe specifically, and in detail, what experience will be obtained to meet the criteria for: Direct responsibility for a specific individual or group of clients; and broad exposure and opportunity for skill enhancement with a variety of developmental issues, dysfunctions, diagnoses, acuity levels and population groups. (201 KAR 34:060)

Describe specifically, and in detail, how supervision will focus on: (a) the accurate assessment of a client problem leading to proficiency in applying professionally recognized clinical nomenclature; the development and modification of the treatment plan; the development of treatment skills suitable to each phase of the therapeutic process; ethical problems in the practice of art therapy; and the development and use of the professional self in the therapeutic process. (201 KAR 34:060)

I, as applicant, affirm that all information provided by me on this form is true and accurate and I affirm the following:

- That I have read the board Law and Regulations related to supervised experience and that all supervised experience will be completed in accordance with board rules;
- That I will meet with my supervisor approximately one hour each week with a minimum of three hours per month of documented supervised experience;
- That I will abide by all rules of the board, including ethics requirements;
- That I understand the associate license does not give me authority to engage in the independent practice of art therapy;
- That I understand the associate license is only valid while I practice under supervision;
- That I notify the board if this supervisory arrangement is terminated; and
- That I understand any additional supervisors and settings shall be approved by the board in advance.

Signature of Applicant

Date

Printed Name

This agreement shall not be effective until the board has issued the letter approving the agreement.

I, as the board approved supervisor of the above named applicant, affirm that all information provided by me on this form is true and accurate and I affirm the following:

- That all supervised experience will be completed in accordance with the Law and Regulations related to supervised experience and all subsequent board rules.
- That I will provide supervision to the above name applicant at least one hour during each week of documented experience.
- That I understand the full professional responsibility for services of the supervisee shall rest with the supervisor.
- That I understand that the supervisee cannot engage in the independent practice of art therapy until he or she obtains a professional art therapist license.
- That I understand the supervisory arrangement is only valid while my license remains current.
- That I will notify the board of the supervisory arrangement is terminated.
- That I understand that I shall not serve as a supervisor of record for more than six persons obtaining experience for licensure at the same time.

Signature of Supervisor

Date

Printed Name

APPLICANT AND SUPERVISOR SHOULD KEEP A COPY OF THIS FORM FOR RECORDS

BOARD USE ONLY

Approved by _____ Date: _____
(Initials of Reviewer)

Denied by _____
(Initials of Reviewer)

Deferred by by _____ Date: _____
(Initials of Reviewer)

