

THE KENTUCKY BOARD OF LICENSURE FOR PROFESSIONAL ART THERAPISTS

PO BOX 1360
FRANKFORT, KY 40602
502-564-3296 x227
<http://pat.ky.gov>

FOR BOARD USE ONLY
Lic. No: KY - _____
Lic. Expiration: _____

LPATA REINSTATEMENT FORM

Name:
Address:
City, State, Zip:

Your licensure as a Professional Art Therapist Associate has been suspended. In accordance with KRS 309.1335(3) any suspended license may be restored by the Board upon payment of a reinstatement fee in addition to the renewal or late fees. Failure to reinstate your license within three (3) months from the date of suspension shall cause the license to be automatically revoked causing the license holder to reapply and meet all current standards for licensure.

To reinstate your license, please return this completed form with the **reinstatement fee of \$150.00** (\$100 renewal plus \$50 reinstatement) by check or money order made payable to the Kentucky State Treasurer. **You shall also submit documentation of eighteen (18) hours of continuing education within the twenty-four (24) month period immediately preceding the date on which the request for reinstatement is submitted to the Board.**

PLEASE COMPLETE THE FOLLOWING:

- 1. Name: _____ Email Address: _____
Address: _____
City, State, Zip: _____
- 2. Present Business: _____
Address: _____
City, State, Zip: _____
- 3. Home Phone () _____ Business Phone () _____
- 4. License Number _____ Social Security Number _____
- 5. Have you been convicted of a felony or misdemeanor since the last renewal of your license? () No () Yes
(Do **NOT** list traffic offenses that do not involve alcohol or drugs) (**DO** list any DUI convictions)
If yes, what offense and give details _____
- 6. Has your license to be a Professional Art Therapist Associate in any other state been subject to disciplinary action?
() No () Yes. If yes, give details _____

LICENSEE AFFIDAVIT

I, the licensee named in the above, do 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 investigation at any time disclose any such misrepresentation or falsification, my license could be subject to disciplinary action by the Kentucky Board of Licensure for Professional Art Therapists.

I have attached documentation of _____ number of continuing education hours as is required and stipulated above.

Date _____ Applicant's Signature _____
(Sign your name - Do not print or type)