

THE KENTUCKY BOARD OF LICENSURE FOR PROFESSIONAL ART THERAPIST

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

FOR BOARD USE ONLY
Lic. No: KY - _____
FEE: \$300.00
Lic. Expiration: _____

REINSTATEMENT APPLICATION

Your licensure as a Professional Art Therapist 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 and/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 \$300.00** (\$200 renewal plus \$100 reinstatement) by check or money order made payable to the Kentucky State Treasurer. **You must also submit evidence of forty (40) 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:

Name: _____ Social Security #: _____

Address: _____
Street or P.O. Box City State Zip

Present Business: _____

Business Address: _____
Street or P.O. Box City State Zip

Home Phone () _____ Business Phone () _____

License Number _____ E-mail _____

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, give details and attached documentation _____

Has your license to be a Professional Art Therapist in any other state been subject to disciplinary action?

() No () Yes. If yes, give details and attached documentation _____

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 evidence of _____ number of continuing education hours as is required and stipulated above.

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