



# MARYLAND Department of Health

*Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary*

## LICENSED CLINICAL PROFESSIONAL ART THERAPIST (LCPAT)

### APPLICATION INSTRUCTIONS

#### **\*\* IMPORTANT \*\***

**BEFORE** submitting your application, please:

- Retain a copy of all documents for your records. Documents **will not** be returned once received by the Board.
- All forms must be legible, complete, signed, and dated (where applicable) or processing may be delayed.
- Include a check or money order in the amount of \$200 payable to: *Board of Professional Counselors and Therapists*. Fees are **non-refundable and non-transferable**.
- Applications **may not** be submitted via fax or email. Please mail to:

*Board of Professional Counselors and Therapists*  
Attn: Janice Isaac, Licensing Coordinator  
4201 Patterson Avenue, Suite 316  
Baltimore, MD 21215

**ELIGIBILITY/REQUIREMENTS:** *The following is a summary only. For complete requirements and definitions, see Md. Code Ann. Health Occ. II, §17-101, et. seq. which may be found on the Board's website, [www.dh.maryland.gov/bopc](http://www.dh.maryland.gov/bopc).*

- Education:** Applicant shall:

Hold a master's degree (minimum of 60 credits) or a doctoral degree (minimum of 90 credits) in an art therapy program accredited by the American Art Therapy Association and approved by the Board.

Documentation of graduate coursework must include training in:

- Personality development;
- Diagnosis and treatment of mental and emotional disorders;
- Psychopathology;
- Psychotherapy
- Marriage and family therapy;
- Addictions; and
- Lifestyle and career development.

□ **Clinical Supervision Requirements:**

If you hold *a master's degree*, as set forth above, you must have not less than three (3) years and a minimum of 3000 hours of supervised experience in art therapy, two (2) years of which shall have been completed after the award of the master's degree.

If you hold *a doctoral degree*, as set forth above, you must have not less than two (2) years and a minimum of 2000 hour of supervised experience in art therapy, one year of which shall have been completed after the award of the doctoral degree.

□ **Examinations.** Applicant must pass the following:

- 1) The Art Therapy Credentials Board Exam (ATCBE); **and**
- 2) The Maryland law exam.

- 1) **ATCBE:** Upon review of your application, the Board will determine if you are eligible to take the ATCBE. Once you are deemed eligible, the Board will send you written authorization and instructions on how to register for the exam. If you have already passed the ATCBE, please include a copy of your scores with the application.
- 2) **Maryland law exam:** To register, please go to: [https://www.research.net/r/Md\\_Jur\\_Reg](https://www.research.net/r/Md_Jur_Reg) .

You may also use the QR code below to register with your mobile device. Within one week of completing your registration, you should receive an 'authorization to test' email from Pearson VUE, indicating you may proceed with scheduling and payment (check your spam and junk folders regularly). You may be required to create a Pearson VUE account using the Client Candidate ID specific to this examination. An exam fee of \$100, payable by credit card, is required to schedule your exam. If you have not received the 'authorization to test' email or there is an error, immediately contact our vendor, The Center for Credentialing and Education (336-482-2856) for assistance.

This test is computerized and is administered by Pearson VUE at their testing sites. The exam is composed of 36 multiple choice items, for which 27 items (75%) must be answered correctly to obtain a passing grade. You may access the Maryland law test study guide by visiting [http://pearsonvue.com/cce/Law\\_Test\\_Study\\_Guide.pdf](http://pearsonvue.com/cce/Law_Test_Study_Guide.pdf).

If you have been approved for special accommodations, you must contact the Center for Credentialing and Education directly for instructions on how to complete your registration process. You are responsible for adhering to Pearson VUE's policies and instructions including those related to no-shows and rescheduling the exam.

You are authorized to take the exam twice within a specified, 60-day window. To retake the exam within your 60-day window, log into your previously created Pearson VUE account, and repeat the initial scheduling and payment process; do not re-register with the links including in this communication. You must pay the examination fee each time the exam is taken. If you require additional opportunities to take the exam, you must obtain approval from the Board.



- Criminal History Records Check** (instructions and form attached). All applicants must complete a criminal history records check (CHRC). Applicant must include a copy of the receipt from the CHRC with this application. This allows the Board to access the report online from the Criminal Justice Information System.

***Please note:*** A license will not be issued unless and until the Board determines that the applicant has completed **ALL** requirements including required coursework, examinations, CHRC, and any other requirements set by the Board in accordance with Maryland law.



# MARYLAND

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## **LICENSED CLINICAL PROFESSIONAL ART THERAPIST (LCPAT)**

## **APPLICATION**

*Please type or print all information.*

## I. VETERANS AND SPOUSAL PREFERENCE

Are you an active service member or the spouse of any active service member?  Yes  No

Are you a veteran or the spouse of a veteran who was discharged from active duty under circumstances other than dishonorable within one year of filing this application?  Yes  No

## II. DEMOGRAPHIC INFORMATION

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Prior address: \_\_\_\_\_  
(If less than 3 years at current address) Street City State Zip

Mailing Address: \_\_\_\_\_  
(If different than above) \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business: \_\_\_\_\_

Gender and Ethnicity: *This information is optional and may be used for statistical purposes by*

*authorized personnel.*

*Check all that apply:*

American Indian or

Black or African American       Native Hawaiian or Pacific Islander

Black or African American

### III. INFORMATION REGARDING BACKGROUND

*Please answer Yes or No to each question.*

**YES      NO**

1. Has any state licensing or disciplinary board ever taken any disciplinary action against your license or certification, including, but not limited to, charges, admonishment, reprimand, revocation, or suspension?

*If yes, attach a separate page with a complete explanation of each occurrence (include date, time, location, disposition, etc.) and a copy of the disciplinary/court document from the issuing agency, if applicable.*

2. Have you pled guilty, nolo contendere, or been convicted of, received probation before judgment or had a conviction set aside for any criminal act in any state, territory, or jurisdiction (excluding minor traffic violations)?

*If yes, attach a separate page with a complete explanation of each occurrence (include date, time, location, disposition, etc.) and a certified copy of the disciplinary/court document from the issuing agency.*

Please note that if you do not answer this question or fail to disclose and provide the requested information your application will be administratively closed without further review. You will be required to submit a new application and pay the required fee. In addition, you may be required to appear before the Board regarding your failure to provide the required information.

3. Are you currently on parole, probation or under any other court ordered supervision in any state, territory, or jurisdiction related to a criminal conviction? If so, you must submit official documentation indicating the terms and conditions, start and end dates, compliance and/or completion of the parole, probation or court ordered supervision with your application.

Please note that if you fail to disclose and provide the requested information your application will be administratively closed without further review. You will be required to submit a new application and pay the required fee.

**IV. EDUCATION:** List colleges or universities attended to satisfy academic requirements for licensure or certification. Do not list degrees unrelated to counseling. Please list the most recent colleges/universities first and provide **official** transcripts. Attach additional sheets, if necessary.

A.

<i>Name of School</i>	<i>City</i>	<i>State</i>
Dates attended: From (mo./yr.) _____	To (mo./yr.) _____	
Degree awarded: _____	Date awarded: _____	
Major field of study: _____		

B.

<i>Name of School</i>	<i>City</i>	<i>State</i>
Dates attended: From (mo./yr.) _____	To (mo./yr.) _____	
Degree awarded: _____	Date awarded: _____	
Major field of study: _____		

C.

<i>Name of School</i>	<i>City</i>	<i>State</i>
Dates attended: From (mo./yr.) _____	To (mo./yr.) _____	
Degree awarded: _____	Date awarded: _____	
Major field of study: _____		

**V. QUALIFICATIONS:** Complete the chart below. If the title of your course differs from those listed, you must include a catalog course description or syllabus for each course. A course applied to one topic area may not be used to fulfill another topic area. *Official transcript(s) must be attached to this application.*

Topic Area	Course Title and Number (Must appear on transcript)	Credits Earned	College/Univ.	Date	Grade
Personality Development					
Diagnosis and Treatment of Mental and Emotional Disorders					
Psychopathology					
Psychotherapy					
Marriage and Family Therapy					
Addictions					
Lifestyle and Career Development					

## VI. EXAMINATIONS

A. Have you passed the ATCBE exam?  Yes  No If yes, please include a copy of test score.

B. Have you passed the Maryland law exam?  Yes  No Date of exam: \_\_\_\_\_

## VII. SUPERVISED CLINICAL EXPERIENCE (copy and use additional sheets as necessary)

I have:

attained no less than 3 years and 3000 hours of supervised clinical experience, two years of which was earned after the award of my master's degree (as set forth below) OR

attained no less than 2 years and 2000 hours of supervised clinical experience, one year of which was earned after the award of my doctoral degree (as set forth below) ; **AND**

attached completed Supervisor Verification form(s) to this application.

A. Internship/Practicum:

1. Agency/school/org. \_\_\_\_\_

Agency/school/org. address: \_\_\_\_\_

Name and credential of supervisor: \_\_\_\_\_

Inclusive dates of experience: From (mo./yr.) \_\_\_\_\_ To (mo./yr.) \_\_\_\_\_

Total # months worked: \_\_\_\_\_ Total # hours worked per week: \_\_\_\_\_

**Total hours worked during internship: total months worked x 4 x total hours per week =**

\_\_\_\_\_

2. Agency/school/org. \_\_\_\_\_

Agency/school/org. address: \_\_\_\_\_

Name and credential of supervisor: \_\_\_\_\_

Inclusive dates of experience: From (mo./yr.) \_\_\_\_\_ To (mo./yr.) \_\_\_\_\_

Total # months worked: \_\_\_\_\_ Total # hours worked per week: \_\_\_\_\_

**Total hours worked during internship: total months worked x 4 x total hours per week =**

\_\_\_\_\_

3. Agency/school/org. \_\_\_\_\_

Agency/school/org. address: \_\_\_\_\_

Name and credential of supervisor: \_\_\_\_\_

Inclusive dates of experience: From (mo./yr.) \_\_\_\_\_ To (mo./yr.) \_\_\_\_\_

Total # months worked: \_\_\_\_\_ Total # hours worked per week: \_\_\_\_\_

**Total hours worked during internship: total months worked x 4 x total hours per week =**

\_\_\_\_\_

B. Supervised Clinical Work Experience

1. Agency/school/org. \_\_\_\_\_

Agency/school/org. address: \_\_\_\_\_

Name and credential of supervisor: \_\_\_\_\_

Inclusive dates of experience: From (mo./yr.) \_\_\_\_\_ To (mo./yr.) \_\_\_\_\_

**Total hours worked** \_\_\_\_\_

2. Agency/school/org. \_\_\_\_\_

Agency/school/org. address: \_\_\_\_\_

Name and credential of supervisor: \_\_\_\_\_

Inclusive dates of experience: From (mo./yr.) \_\_\_\_\_ To (mo./yr.) \_\_\_\_\_

**Total hours worked** \_\_\_\_\_

3. Agency/school/org. \_\_\_\_\_

Agency/school/org. address: \_\_\_\_\_

Name and credential of supervisor: \_\_\_\_\_

Inclusive dates of experience: From (mo./yr.) \_\_\_\_\_ To (mo./yr.) \_\_\_\_\_  
**Total hours worked** \_\_\_\_\_

**VIII. PROFESSIONAL REFERENCES (3):** References may include employers, supervisors, and/or colleagues with a mental health license. At least one reference should be a current ATR, ATR-BC, or ATCS who can verify the applicant's competence for licensure.

A. Name of Reference: \_\_\_\_\_

Degree: \_\_\_\_\_ Certification/License: \_\_\_\_\_

Position: \_\_\_\_\_ Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

B. Name of Reference: \_\_\_\_\_

Degree: \_\_\_\_\_ Certification/License: \_\_\_\_\_

Position: \_\_\_\_\_ Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

C. Name of Reference: \_\_\_\_\_

Degree: \_\_\_\_\_ Certification/License: \_\_\_\_\_

Position: \_\_\_\_\_ Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

## **IX. AFFIDAVIT**

In making this application to the Maryland Board of Professional Counselors and Therapists (the "Board") for the issuance of a Licensed Clinical Professional Art Therapist credential:

- I agree to abide by the rules and regulations of the Board and to take all examinations necessary for the processing of my application;
- Upon issuance of certification, I agree to abide by the Code of Ethics as set forth in COMAR;
- I understand that the fee submitted with this application is **NON-REFUNDABLE**;

- I agree to hold the Board, its members, officers, agents, and examiners free from any damage or claim of damage or complaint by reason of any action taken in connection with this application, the attendant examination, the grades with respect to any examination, and/or the failure or refusal of the Board to issue me a license or certificate.
- I grant permission to the Board to seek any information or references it deems appropriate or necessary in verifying my credentials as it pertains to this application.
- I understand, by law, it is my responsibility to notify the Board, in writing, of any change of contact information including address, phone number, and/or email address.

I do hereby affirm that all of the statements made herein are true and correct to the best of my knowledge and belief. I voluntarily consent to a thorough review of the information in this application and other activities for the purpose of verifying my qualifications for licensure.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

ATTACH APPLICANT  
PHOTO

(Recent 2"x2")

NOTARY REQUIRED

**NOTARY**

State of \_\_\_\_\_

City/County of \_\_\_\_\_

I HEREBY CERTIFY that on this \_\_\_\_\_ day of \_\_\_\_\_, before me, a Notary Public of the State and City/County aforesaid, personally appeared \_\_\_\_\_ and made oath in due form that the contents of the foregoing Affidavit are true.

Notary Public \_\_\_\_\_

Commission Expires \_\_\_\_\_



# MARYLAND

## Department of Health

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### **SUPERVISION VERIFICATION**

(copy additional pages as necessary)

The individual listed below has applied to the Maryland Board of Professional Counselors and Therapists to become a licensed clinical professional art therapist.

Your verification of the applicant's supervised art therapy experience will enable the Board to evaluate whether the applicant has met the requirements for licensure.

Please attest to the following statement and return this form to the applicant in a sealed envelope with your signature across the flap.

I hereby attest that, to the best of my knowledge, information, and belief,

\_\_\_\_\_ has obtained:

*Applicant's Name*

- Three (3) years with a minimum of 3,000 hours of supervised experience in art therapy, two (2) years of which were completed after the award of the applicant's master's degree.
- Two (2) years with a minimum of 2,000 hours of supervised experience in art therapy, one year of which was completed after the award of the applicant's doctoral degree.

\_\_\_\_\_

Name (printed)

\_\_\_\_\_

Credential

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

Relationship to Applicant (supervisor, employer, etc.): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_



## DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

### BOARD OF PROFESSIONAL COUNSELORS AND THERAPISTS 4201 Patterson Avenue, Baltimore, Maryland 21215

#### NOTICE OF CRIMINAL HISTORY RECORDS CHECK

Please read carefully: Effective January 1, 2014, the Maryland Board of Professional Counselors and Therapists (the Board) requires that all applicants for licensure, certification and trainees status complete a criminal history records check in accordance with SS17-501 and 17-501.1 of the Health Occupations Article, Annotated Code of Maryland.

A Criminal History Records Check (CHRC) includes a national and state criminal history background search. The criminal history records check requires you to be fingerprinted. In order to be fingerprinted, you will need to complete and present the LiveScan Pre-Registration Form (attached).

You must present this form to the fingerprinting site because it provides the Criminal Justice Information System (CJIS) authorization number **#1300005490** and the FBI ORI number **#MD920512Z** assigned specifically to the Board. This allows the information to be forwarded directly to the Board.

For additional information contact CJIS at **410-764-4501**. For current listings of the fingerprinting providers, please go to <https://dpscs.maryland.gov/publicservs/fingerprint.shtml>

#### FOR FAST AND ACCURATE SERVICE

1. When requesting a criminal history records check for licensing purposes, you must have an agency name and authorization number (see above).
2. Your background check is being sent to the Board.
3. You must bring with you a valid form of government identification ( e.g. driver's license, Certificate of Naturalization, passport, Alien Registration Card, or Military Identification).
4. Complete the LiveScan Pre-registration Application and bring it to any fingerprinting center/provider.
5. Bring payment as indicated above. The Board will receive the results from the criminal history records check directly from CJIS within 5-7 business days. The Board will contact you if it has any questions regarding the report. Please do not contact the Board to check whether the report has been received.
6. Please do not send the Live Scan Pre-registration Application to the Board. You must present it at the fingerprint center/provider location.

**7.** If you live out of State and need to complete your fingerprints, please contact the Board at 410-764-4732 to have a fingerprint card mailed to you.

**8.** For those who are renewing their license, please notify the Board that you have completed your fingerprints so that we may update the licensing database.

#### **FBI PRIVACY & APPLICANT RIGHTS STATEMENTS**

**For all applicants and licensees completing a CHRC:** Please sign and date the FBI Privacy Rights Statement to acknowledge receipt of the FBI Privacy Act Statement and Noncriminal Justice Applicant's Privacy Rights (attached). Please include a copy of the signed form with your license application.



**STATE OF MARYLAND**  
**DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES**  
**CRIMINAL JUSTICE INFORMATION SYSTEMS – CENTRAL REPOSITORY**

# LIVESCAN PRE-REGISTRATION APPLICATION

**APPLICANT INFORMATION (PLEASE TYPE OR PRINT CLEARLY)**

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ SSN: \_\_\_\_\_ Gender:  Male  Female (Please check)

Height: ft.      inches      Weight: lbs.      Eye Color:      Hair Color:

Race:  Black  White  Asian/Pacific Islander  Native American  Other (Please check)

Place of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

**Current address:**

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

## AGENCY INFORMATION

Agency Authorization #: 1300005490

ORI # (if required): MD920512Z      Reason fingerprinted? Licensing/Cert.

Position Applied for: N/A

Request Type: *(Choose one ONLY)*

- Adult Dependent Care
- Attorney/Client
- Child care
- Criminal Justice
- Gold Seal/ Adoption
- Gold Seal/Letter/VISA
- Government Employment
- Government Licensing or Certification
- Immigration/VISA
- Individual Challenge
- Individual Review
- MSP Licensing
- Private Party Petition
- Public Housing

## Mail Response to:

(Mailing option only available for Visa Gold Seal and/or Individual Review)

Name: \_\_\_\_\_

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Digitized by srujanika@gmail.com

**Address:**

City, State, Zip code:

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Digitized by srujanika@gmail.com

## **Privacy Act Statement**

Authority: The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

Principal Purpose: Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI.

Routine Uses: During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket Routine Uses. Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 03/30/2018

## **NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS**

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing.<sup>1</sup> These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulations (CFR), 50.12, among other authorities.

- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared, or retained.<sup>2</sup>
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your FBI criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your FBI criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the FBI criminal history record.
- If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
- If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.<sup>3</sup>

Updated 11/6/2019

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I acknowledge receipt of the FBI Privacy Act Statement and Noncriminal Justice Applicant's Privacy Rights.

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Print Name

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Signature

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Date

<sup>1</sup> Written notification includes electronic notification, but excludes oral notification. <sup>2</sup> <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

<sup>3</sup> See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d) and 906.2(d).