



# MARYLAND Department of Health

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

## APPROVED ART THERAPY SUPERVISOR APPLICATION

**\*\* Qualifications:** To qualify as an Approved Supervisor, you must meet the following:

- ☐ Be a Licensed Clinical Professional Art Therapist (LCPAT), an ATR-BC (Board-Certified Art Therapist), an ATCS (Art Therapy Certified Supervisor), or another Board-approved licensed mental health care provider under COMAR 10.58.17.02B(3);
- ☐ Have a license that is unencumbered and without restrictions or conditions due to disciplinary action for the 2 years preceding the application for approved supervisor status

**\*\* Application Fee:** Please include an application fee of \$200.00 by check or money order made payable to Board of Professional Counselors and Therapists. The application fee is NON-REFUNDABLE.

**Please type or print all information.**

Name: \_\_\_\_\_  
*Last First MI Maiden*

SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

License No.: \_\_\_\_\_ ☐ **Attach copy of current license**

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

Home Address: \_\_\_\_\_  
*Street City State Zip*

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

Business: \_\_\_\_\_  
*Name Street City State Zip*

Business phone: \_\_\_\_\_ Business email: \_\_\_\_\_

***Credentials and Experience:***

I hereby affirm that:

☐ I currently hold: ☐ LCADC ☐ LCMFT ☐ LCPAT ☐ LCPC ☐ Other \_\_\_\_\_  
(attach a copy of current license or credential);

☐ I have at least 3 years post-licensure clinical experience providing art therapy supervision  
(complete the attached form).

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

Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

***Verification of 3 years' experience providing art therapy supervision.***

***To be completed by Applicant's supervisor, employer, or colleague (must include copy of colleague's license).***

***I hereby affirm that the following is true to the best of my knowledge, information, and belief:***

\_\_\_\_\_ has completed a minimum of \_\_\_\_\_ years' experience in clinical  
*Applicant's Name*

professional art therapy with direct client contact while working at \_\_\_\_\_ in  
the *Place of Employment*

position of \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_.  
*Job Title*

\_\_\_\_\_  
*Name of Supervisor/Employer/Colleague* (Print)

\_\_\_\_\_  
*Name of Supervisor/Employer/Colleague* (Signed) \_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Business Address Street* *City* *State* *Zip*

\_\_\_\_\_  
*Daytime Contact Number* *Email*