



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: _____

SSN: _____ Date of Birth: _____ Place of Birth: _____

License No.: Attach copy of current license

Home Phone: _____ Work: _____ Cell: _____ Email: _____

Home Address: _____

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

Business: _____

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

_____ (Print)
Name of Supervisor/Employer/Colleague

_____ (Signed) _____
Name of Supervisor/Employer/Colleague *Date*

Business Address Street _____ City _____ State _____ Zip _____

Daytime Contact Number _____ Email _____