



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.
- ☐ Ensure all forms are 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 COMAR 110.58.17 and Md. Code Ann. Health Occ. II, §17-101, et. seq. which may be found on the Board's website, 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) from an accredited educational institution with a program in art therapy, approved by the Board.
- ☐ Documentation of graduate coursework must include training in:
 - Personality development;
 - Diagnosis and treatment of mental and emotional disorders;
 - Psychopathology;
 - Marriage and family therapy; and
 - Lifestyle and career development.

□ **Clinical Supervision Requirements:**

If you hold a master's degree, you must have not less than three (3) years and a minimum of 3,000 hours of supervised experience in art therapy, of which at least 1,500 hours shall be direct, face-to-face client contact. A minimum of 100 hours of face-to-face clinical supervision is also required, consisting of 50 hours of individual supervision and 50 hours of group supervision. At least two (2) years of the supervised experience must have been completed after the awarding of the master's degree.

If you hold a doctoral degree, you must have not less than two (2) years and a minimum of 2,000 hours of supervised experience in art therapy, of which at least 1,000 hours shall be direct, face-to-face client contact. A minimum of 50 hours of face-to-face clinical supervision is also required, consisting of 25 hours of individual supervision and 25 hours of group supervision. At least one (1) year of the supervised experience must have been completed after the awarding of the doctoral degree.

□ **Examinations.**

Applicant must pass the following:

The Art Therapy Credentials Board Exam (ATCBE); and

The Maryland Law Assessment (MLA).

□ **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 official scores with the application.

□ **Maryland Law Assessment (MLA):** The MLA is an online, no-fail assessment designed to ensure familiarity with the Maryland Counseling and Therapy Practice Act (Health Occupations Article, Title 17, Annotated Code of Maryland) and COMAR 10.58 regulations. The assessment consists of 36 questions and provides immediate feedback with references to the applicable statutes and regulations. You must complete all questions correctly in order to receive a Certificate of Completion.

The MLA may be taken prior to or after submission of your application.

Certificates of Completion are valid for one (1) year from the date of completion.

You are responsible for submitting your MLA Certificate of Completion to the Board with your application materials.

Instructions, access, and technical support are available from the Center for Credentialing and Education (CCE) at 336-482-2856 or support@cce-global.org



- **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.



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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: _____
Last First MI Maiden

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

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

Home Address: _____
Street City State Zip

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: _____
Name Street City State Zip

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

Gender: ☐ Male ☐ Female

Ethnicity: Are you of Hispanic or Latino origin? ☐ Yes ☐ No

Check all that apply:

☐ American Indian or Alaska Native

☐ Asian

☐ White

☐ Black or African American

☐ Native Hawaiian or Pacific Islander

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

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

C. _____
Name of School _____ *City* _____ *State* _____
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					
Art therapy techniques					
Marriage and Family Therapy					
Research and evaluation					
Lifestyle and Career Development					

Topic Area	Course Title and Number (Must appear on transcript)	Credits Earned	College/Univ.	Date	Grade
Social and cultural foundations of counseling					
Group dynamics, processing, and counseling					
Theories of Art Therapy					
Professional, legal, and ethical responsibilities					
Supervised field experience that includes;					

VI. EXAMINATIONS

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

B. Have you completed the Maryland Law Assessment (MLA? ☐ Yes ☐ No Date of exam:

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

I have:

- ☐ Attained no less than three (3) years and 3,000 hours of supervised clinical experience in art therapy, of which at least 1,500 hours were direct, face-to-face client contact, and at least 100 hours were face-to-face clinical supervision (50 individual and 50 group). A minimum of two (2) years of this experience must have been completed after the award of the master's degree (as set forth below); OR Attained no less than two (2) years and 2,000 hours of supervised clinical experience in art therapy, of which at least 1,000 hours were direct, face-to-face client contact, and at least 50 hours were face-to-face clinical supervision (25 individual and 25 group). A minimum of one (1) year of this experience must have been completed after the award of the 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 must be from a Board-approved supervisor (LCPAT, ATR-BC, ATCS, or other Board-approved art therapy supervisor).

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 understand that providing false or misleading information may result in denial of my application, disciplinary action by the Maryland Board of Professional Counselors and Therapists, and/or criminal prosecution as permitted by law.

I hereby attest under penalty of perjury that all statements made in this application and any supporting documents are true and correct to the best of my knowledge, information, 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")



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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 (LCPAT).

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

☐ Master's Degree Pathway – Not less than three (3) years and a minimum of 3,000 hours of supervised clinical experience in art therapy, of which at least:
1,500 hours were direct, face-to-face client contact; and
100 hours were face-to-face clinical supervision, consisting of 50 hours of individual supervision and 50 hours of group supervision.

At least two (2) years of this experience were completed after the award of the applicant's master's degree.

☐ Doctoral Degree Pathway – Not less than two (2) years and a minimum of 2,000 hours of supervised clinical experience in art therapy, of which at least:
1,000 hours were direct, face-to-face client contact; and
50 hours were face-to-face clinical supervision, consisting of 25 hours of individual supervision and 25 hours of group supervision.

At least one (1) year of this experience 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: _____



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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: <input type="checkbox"/> Male <input type="checkbox"/> Female <i>(Please check)</i>	
Height:	ft.	inches	Weight:	lbs.	Eye Color:
Race: <input type="checkbox"/> Black		<input type="checkbox"/> White	<input type="checkbox"/> Asian/Pacific Islander		<input type="checkbox"/> Native American
					<input type="checkbox"/> Other <i>(Please check)</i>
Place of Birth:				Citizenship:	
Current address:					
City:			State:		ZIP Code: -
Daytime Phone:		Evening Phone:		Driver's License #:	

AGENCY INFORMATION

Agency Authorization #: 1300005490	
ORI # (if required): MD920512Z	Reason fingerprinted? Licensing/Cert.
Position Applied for: N/A	
Request Type: <i>(Choose one ONLY)</i> <input type="checkbox"/> Adult Dependent Care <input type="checkbox"/> Attorney/Client <input type="checkbox"/> Child care <input type="checkbox"/> Criminal Justice <input type="checkbox"/> Gold Seal/ Adoption <input type="checkbox"/> Gold Seal/Letter/VISA <input type="checkbox"/> Government Employment	<input checked="" type="checkbox"/> Government Licensing or Certification <input type="checkbox"/> Immigration/VISA <input type="checkbox"/> Individual Challenge <input type="checkbox"/> Individual Review <input type="checkbox"/> MSP Licensing <input type="checkbox"/> Private Party Petition <input type="checkbox"/> Public Housing

Mail Response to:

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

Name:
Address:
City, State, Zip code:

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.¹ 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.²
- 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.³

Updated 11/6/2019

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

Print Name

Signature

Date

¹ Written notification includes electronic notification, but excludes oral notification. ² <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>
³ 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).