



MARYLAND 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

Application for Extension of Graduate Professional Art Therapist License (LGPAT)

**** IMPORTANT ****

This form is to be used **ONLY** if you:

- a) are a Maryland Licensed Graduate Professional art therapist (LGPAT),
- b) have an active license,
- c) are in good standing,
- d) have completed CEU requirements in accordance with COMAR 10.58.05;
- e) and are seeking an extension of your license in accordance with COMAR 10.58.17.04E:

G. Expiration and Extension.

(1) The graduate professional art therapist license expires 2 years after the date issued.

(2) The graduate professional art therapist shall comply with the renewal requirements as provided in Health Occupations Article, §17-504, Annotated Code of Maryland, and COMAR 10.58.05.

(3) If the graduate professional art therapist licensee is unable to accumulate the required clinical hours for licensure as a graduate professional art therapist in 2 years, the graduate professional art therapist may apply for a 2-year extension of a license as a graduate alcohol and drug counselor, up to a maximum of 6 years, except as provided in §E(2) of this regulation.

(4) If the graduate professional art therapist notifies the Board in writing, in certain circumstances the Board may consider license extension as a graduate professional art therapist beyond the 6-year maximum set forth in §E(2) of this regulation.

BEFORE submitting your application, please:

- Retain a copy of all documents for your records. Documents **will not** be returned once received by the Board.
- Include a check or money order in the amount of \$301.00 (\$275 renewal fee plus \$26 Maryland Health Care Commission fee) 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: LGPAT Licensing Coordinator
4201 Patterson Avenue, Suite 316
Baltimore, MD 21215



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APPLICATION for EXTENSION of GRADUATE PROFESSIONAL ART THERAPIST LICENSE

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: _____

LGPAT Lic.# _____ LGPAT Exp.: _____

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

III. INFORMATION REGARDING BACKGROUND

Please answer Yes or No to each question.

YES NO

1. Since you were first issued the LGPAT, 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. Since you were first issued the LGPAT, 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. 2-YEAR EXTENTION: I am requesting a ___1st___ 2nd, ___ 3rd 2-year extension of my graduate professional art therapist license in order to accumulate the supervised clinical hours required for licensure as a clinical alcohol and drug counselor. I am requesting an additional 2-year extension for the following reason(s):

V. CONTINUING EDUCATION: I have earned _____ continuing education units in accordance with COMAR 10.58.05. Copies of CEU certificates must be attached to this application.

VI. AFFIDAVIT

In making this application to the Maryland Board of Professional Counselors and Therapists (the “Board”) for an extension of my graduate professional art therapist license:

- I agree to abide by the rules and regulations of the Board;
- I agree to abide by the Code of Ethics as set forth in COMAR 10.58.03;
- 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 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

(Revised 08/26/2020)