



MARYLAND Department of Health

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

APPROVED ART THERAPY SUPERVISOR APPLICATION

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

- Be a licensed clinical mental health care provider under COMAR 10.58.12.02B(4);
- 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; and
- Have at least 2 years of active clinical practice experience.

**** 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 2 years of documented experience providing art therapy supervision (complete the attached form).

Applicant's Signature: _____

Date: _____

Applicant's Name: _____

Verification of 2 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 2 years' experience in clinical
Applicant's Name

supervision with direct client contact while working at _____ in the
Place of Employment

position of _____ from _____ to _____.
Job Title

Name of Supervisor/Employer/Colleague (Print)

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

Business Address Street *City* *State* *Zip*

Daytime Contact Number *Email*