

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

BOARD OF PROFESSIONAL COUNSELORS AND THERAPISTS

<u>Application for Extension</u> 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 <u>COMAR</u> 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 <u>may not</u> 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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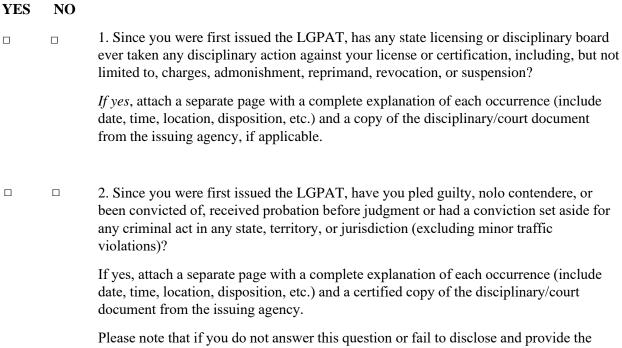
APPLICATION for EXTENSION of GRADUATE PROFESSIONAL ART THERAPIST LICENSE

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					
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:					
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III. INFORMATION REGARDING BACKGROUND

Please answer Yes or No to each question.



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 a1 st ,2 nd ,3 rd 2-year extension of my graduate professional art therapist license in order to accumulate the supervised clinical hours required following 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)			