

LGPAT APPLICATION INSTRUCTIONS

1. **APPLICATION:** - Applications are to be typed or printed legibly. All questions on the application must be answered. Please read through the application form carefully before filling out application.
 - * All documentation must be original, on the forms currently in use by the Board and submitted as a complete application packet.
 - * Documentation containing white out or corrections will not be accepted by the Board.
2. **FEE:** Application fee of \$200.00 must be included with the application. Make your check payable to the Board of Professional Counselors and Therapists. **FEES ARE NON-REFUNDABLE.**
3. **OFFICIAL TRANSCRIPT(S):** Please have your college send your official transcript(s) directly to you in a sealed envelope. Send your sealed official transcript(s), the application, and the application fee to the Board in **ONE** packet. Please do not have the college or university mail the official transcript directly to the Board.

The official seal of the college or university is required on all official transcripts with the date the degree was awarded/conferred.

4. **EDUCATION:** – Applicants must hold a master’s degree with a minimum of 60 graduate semester credits or 90 graduate quarter credits in an art therapy program accredited by the American Art Therapy Association (AATA) and approved by the Board. For Doctoral Degree holders, 90 graduate semester credits or 135 graduate quarter credits in an art therapy program accredited by the American Art Therapy Association (AATA) and approved by the Board.

For both the Masters and Doctorate degree applicants must have the following courses:

- Personality Development
- Diagnosis and Treatment of Mental and Emotional Disorders
- Psychopathology
- Psychotherapy
- Marriage and Family Therapy
- Addictions
- Lifestyle and Career Development

5. **EXAMINATION:**

To become licensed as a graduate professional art therapist (LGPAT) applicants must take and pass the ATCBE (Art Therapy Credentials Board Exam) and the Maryland State Law Test.

Applicants **must be approved** by the Board to sit for the ATCB exam for state licensure purposes. Individuals must complete the application for licensure as an LGPAT. Upon review and approval by the Board you will be permitted to sit for the ATCB exam. Notice of approval and the exam registration form will be mailed to you.

LGPAT APPLICATION INSTRUCTIONS

- 6. GRADUATE PROFESSIONAL ART THERAPIST:** A licensed graduate professional art therapist may practice graduate professional art therapy for 2 years under the supervision of an approved art therapy supervisor while fulfilling the 2-years post graduate supervised clinical experience requirement.
- 7. RENEWAL:** The Board may renew a graduate license for 2 years upon written request for renewal. In order to process your renewal in a timely manner, the request must be submitted two (2) months before the graduate license is due to expire.

In order to **renew** the graduate license the following is required:

- Submit a completed renewal application;
- Ensure that all Maryland State Taxes and Unemployment Insurance Contributions have been paid and additionally all child support payments are current;
- Pay the \$311.00 renewal fee, which includes the Maryland Health Care Commission fee;
- Submit documentation of continuing education hours (40 hours for 2-year extension, 20 hours of Category A for 1-year extension).
- Please call the Board staff to request the necessary paperwork.
- Mail all of the above to:

Board of Professional Counselors and Therapists
4201 Patterson Avenue – Suite 316
Baltimore, Maryland 21215

MARYLAND APPLICATION FOR LICENSED GRADUATE PROFESSIONAL ART THERAPIST



Maryland Board of Professional Counselors and Therapists
4201 Patterson Avenue
Baltimore, MD 21215 3rd Floor
410-764-4732
www.dhmh.maryland.gov/bopc

FOR OFFICE USE ONLY

LICENSE NUM/DATE: _____
 ATCBE
 SCORE/DATE: _____
 LAW SCORE/DATE: _____
 BCKGRD RESULTS: _____
 REVIEWER: _____
 DATE REVIEWED: _____
 COMMENTS: _____

TYPE OR PRINT ALL INFORMATION

VETERANS AND SPOUSAL PREFERENCE

- 1) Are you an active service member or the spouse of an active service member? Yes No
- 2) Are you a veteran or the spouse of a veteran who was discharged from active duty under circumstances other than dishonorable within one (1) year of filing this application? Yes No

DEMOGRAPHIC INFORMATION

Social Security No.		Date of Birth:		Place of Birth:	
Last Name		Maiden	First Name		MI
Home Address:					
	Street	City	County	State	Zip Code
If less than 3 years provide prior address.					
	Street	City	County	State	Zip Code
Mailing Address: (If different than above)					
	Street	City	County	State	Zip Code
Business Name and Address:					
	Name	Street	City	County	State Zip Code
Home Phone:	Work:	Cell:	Email:		

Province/Country if not U.S.

GENDER AND ETHNICITY: *This information is optional and will 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

Black or African American White

Asian

Native Hawaiian or other Pacific Islander

EXAMINATION

Have you successfully passed the Art Therapy Credentials Board Exam (ATCBE)? Yes No

If yes, Date of exam?

You must have your official test scores sent directly to the Board from the Art Therapy Credentials Board (ATCB). Official Test Scores should be sent to the address noted on the application.

ADDITIONAL INFORMATION

- a. Have you ever been denied an initial application, reinstatement or renewal of a license and /or certificate by any state licensing or disciplinary board?

Yes No

If "yes" explain reason(s).

- b. Has any state licensing or disciplinary board ever taken any action against your license and/or certification, including but not limited to limitations of practice, required education, admonishment, reprimand, revocation, suspension?

Yes No

If yes, explain circumstance(s).

- c. Has an investigation or charges ever been brought against you by any licensing or disciplinary board?

Yes No

If yes, explain circumstance(s).

- d. Have you pled guilty, nolo contendere, or been convicted of or received probation before judgment or any criminal act (excluding traffic violations)?

Yes No

If "yes" provide the following information: Date of Conviction:

Where convicted

Charge

If conviction was set aside, give date and explain using additional pages if necessary. Include required information on all felony convictions attaching additional sheets behind this page if necessary.

ACADEMIC TRAINING

<u>ALL APPLICANTS MUST COMPLETE THIS SECTION</u>

Graduate college(s) or universities attended to satisfy academic requirements for licensure. Do not list degrees not related to Art Therapy. List most recent first and provide official transcripts. Attach additional sheets behind this one, if necessary.

1. Name of School:

(City)	(State)
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Inclusive dates attended: From (mo./yr.)	To (mo./yr.)
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Degree granted:	Date granted (mo./yr.)
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Major Field of Study:

2. Name of School:

(City)	(State)
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Inclusive dates attended: From (mo./yr.)	To (mo./yr.)
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Degree granted:	Date granted (mo./yr.)
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Major Field of Study:

3. Name of School:

(City)	(State)
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Inclusive dates attended: From (mo./yr.)	To (mo./yr.)
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Degree granted:	Date granted (mo./yr.)
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Major Field of Study:

4. Name of School:

(City)	(State)
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Inclusive dates attended: From (mo./yr.)	To (mo./yr.)
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Degree granted:	Date granted (mo./yr.)
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Major Field of Study:

5. Name of School:

(City)	(State)
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Inclusive dates attended: From (mo./yr.)	To (mo./yr.)
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Degree granted:	Date granted (mo./yr.)
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Major Field of Study:

PROFESSIONAL REFERENCES

ALL APPLICANTS MUST COMPLETE THIS SECTION

List below at least (3) professional references who can attest to your art therapy education, professional standards of practice, and supervised clinical work.

Name of Reference:	
Degree Held:	Certification/License Held:
Position Held:	
Business name and address:	
Business telephone number (include area code):	
Will this reference be verifying some or all of your supervised clinical experience? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Reference:	
Degree Held:	Certification/License Held:
Position Held:	
Business name and address:	
Business telephone number (include area code):	
Will this reference be verifying some or all of your supervised clinical experience? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Reference:	
Degree Held:	Certification/License Held:
Position Held:	
Business name and address:	
Business telephone number (include area code):	
Will this reference be verifying some or all of your supervised clinical experience? <input type="checkbox"/> Yes <input type="checkbox"/> No	

AFFIDAVIT

In making this application to the Maryland Board of Professional Counselors and Therapists for the issuance of a license, I agree to abide by the rules and regulations of the Maryland Board of Professional Counselors and Therapists and to take all examinations necessary to the processing of my application. Upon issuance of a license, I agree to be bound by the Code of Ethics. I further understand that the fee submitted with this application is NON-REFUNDABLE.

I agree to hold the Maryland Board of Professional Counselors and Therapists, 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 failure of the Board to issue me a license. I hereby grant permission to the Board to seek any information or references it deems fit in securing my credentials pertinent to this application.

I understand, by law, it is my responsibility to notify the Board in writing if I change my address of residence.

I do hereby affirm that all statements made herein are true and correct to the best of my knowledge and belief. Furthermore, 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.

Signed _____

Date: _____

NOTARY

State of _____

City/County of _____

I HEREBY CERTIFY that on this _____ day of _____, before me, a Notary Public of the State and City/County aforesaid, personally appeared _____

_____, and made oath in due form that the contents of the foregoing Affidavit are true.

Notary Public _____

Commission Expires _____

ATTACH YOUR PHOTOGRAPH IN THIS AREA (RECENT 2"x2")



COURSE DESCRIPTION FORM

COURSE FORM

Name	Address	Zip Code

I AM APPLYING FOR LGPAT

Complete this form. Be sure to add your course credits for a total 60 semester credits or 90 quarter credits for the Master’s degree or 90 semester credits or 120 quarter credits for the Doctoral degree. All courses must be **graduate-level** in an art therapy program accredited by the American Art Therapy Association (AATA).
A course applied to one core area cannot be used again to fulfill another core area.

Do not list courses not related to art therapy. You must include catalog description(s) or course syllabi if the titles of *your* courses are different from the courses listed on this form.

Applications will be returned if you do not include descriptions and you will be charged another review fee.

<i>Required Courses</i>	<i>Write in Course Number(s) & Course Title(s)</i>	<i>Credits Earned</i>	<i>College/University</i>	<i>Date</i>	<i>Grade</i>
(a) Personality Development					
(b) Diagnosis and Treatment of Mental and Emotional Disorders					
(c) Psychopathology					
(d) Psychotherapy					
(e) Marriage and Family Therapy					
(f) Addictions					
(g) Lifestyle and Career Development					

Total credits earned _____

All applicants must show 60 graduate semester credits or 90 quarter credits.

