



Attach a clear, full-face passport-style photograph (2"x 2") of your head and shoulders, taken within the past six months.

A photo is required with each application.

Do not use staples to attach the photo.

New Jersey Office of the Attorney General
 Division of Consumer Affairs
 State Board of Creative Arts and Activities Therapies
 124 Halsey Street, 6th Floor, P.O. Box 45055
 Newark, New Jersey 07101
 (973) 504-6299

What are you applying for?

- Licensure as an Associate Art Therapist
- Licensure as a Professional Art Therapist
- Licensure by Reciprocity
- Art Therapy Credentials Board Examination

**Application for Licensure
 Professional Art Therapist/Associate Art Therapist**

Date : _____

A nonrefundable application filing fee of \$75, in the form of a check or money order made out to the State of New Jersey, must be submitted with this application. (Applicants should understand that if the application filing fee is paid with a personal check, and the check is returned by the bank due to insufficient funds, the next step in the licensure or certification process will be delayed until the fee is paid.)

The Division is precluded by law from disclosing to the public the place of residence of licensees or applicants, without their consent. However, you are required to provide an address that may be released to the public in our directories or in response to other requests (by putting a check in the appropriate box). If you provide your place of residence as your public address of record, we will assume that you have consented to have that address be disclosed. If you do not consent to the disclosure of your place of residence, you should provide an address of record other than your place of residence that may be released to the public. One of your addresses must include a street, city, state and ZIP code.

Information that you provide on this application may be subject to public disclosure as required by the Open Public Records Act (OPRA).

Please print clearly. You must answer all of the questions on this application.

Personal Information

Date of birth: _____
Month Day Year

Place of birth: _____
City State Country

1. Name Mr. _____ (_____)
 Mrs. _____
 Ms. _____
Last name First name Middle initial Maiden name

2. Address Home: _____
Street or P.O. Box City State ZIP code County

Telephone number (include area code) E-mail address

Business: _____
Name of company Telephone number (include area code)

Street City State ZIP code County

Mailing: _____
Street or P.O. Box City State ZIP code County

Application Categories

I hereby apply for the following type of license: (Please check the appropriate boxes.)

Licensed Associate Art Therapist (LAAT)

Educational Requirements: Please refer to N.J.A.C. 13:34D-2.4.

Supervised Experience: Not required for licensure as a Licensed Associate Art Therapist.

Licensed Professional Art Therapist (LPAT)

Educational Requirements: Please refer to N.J.A.C. 13:34D-2.2.

Supervised Experience: Pursuant to N.J.A.C. 13:34D-2.5.

3. Have you taken the ATCB Examination? Yes No When: _____

If "Yes," did you pass the examination? Yes No

A copy of your exam scores is required. Please have the ATCB forward an official copy directly to the Committee.

4. Social Security Number

You **must** provide your Social Security number to the Board or Committee. Failure to do so will result in denial/nonrenewal of licensure or certification.

*Social Security Number: _____ - _____ - _____

*Pursuant to N.J.S.A. 54:50-24 et seq. of the New Jersey taxation law, N.J.S.A. 2A:17-56.44e of the New Jersey Child Support Enforcement Law, Section 1128E(b)(2)A of the Social Security Act and 45 C.F.R. 60.7, 60.8 and 60.9, the Board or Committee is required to obtain your Social Security number. Pursuant to these authorities, the Board or Committee is also obligated to provide your Social Security number to:

- a. the Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law and updating and correcting tax records;
- b. the Probation Division or any other agency responsible for child support enforcement, upon request; and
- c. the National Practitioner Data Bank and the H.I.P. Data Bank, when reporting adverse actions relating to health care professionals.

5. Citizenship / Immigration Status

Federal law limits the issuance or renewal of professional or occupational licenses or certificates to U.S. citizens or qualified aliens. To comply with this federal law, check the appropriate box below which indicates your citizenship/immigration status. If you are not a U.S. citizen, attach a copy of your alien registration card (front and back) or other documentation issued by the office of U.S. Citizenship and Immigration Services (USCIS).

- U.S. citizen
- Alien lawfully admitted for permanent residence in U.S.
- Other immigration status

Questions about your immigration status and whether or not it is a qualifying status under federal law should be directed to the USCIS at: 1-800-375-5283.

6. Child Support

Please certify, under penalty of perjury, the following:

- a. Do you currently have a child-support obligation? Yes No
 - (1) If "Yes," are you in arrears in payment of said obligation? Yes No
 - (2) If "Yes," does the arrearage match or exceed the total amount payable for the past six months? Yes No
- b. Have you failed to provide any court-ordered health insurance coverage during the past six months? Yes No
- c. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding? Yes No
- d. Are you the subject of a child-support-related arrest warrant? Yes No

In accordance with N.J.S.A. 2A:17-56.44d, an answer of "Yes" to any of the questions a(1) through d will result in a denial of licensure or certification. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of licensure or certification.

Applicant's name (please print)

Applicant's signature

Date

7. Illegal Use of Controlled Dangerous Substances

The question below pertains to the illegal use of controlled dangerous substances. Please read the definitions carefully. Your responses will be treated confidentially and retained separately. Please be aware that you have the right to elect not to answer this question if you have reasonable cause to believe that answering may expose you to the possibility of criminal prosecution. In that event, you may assert the Fifth Amendment privilege against self-incrimination. Any claim of Fifth Amendment privilege must be made in good faith. If you choose to assert the Fifth Amendment, you must do so in writing. You must fully respond to all other questions on the application. Your application for licensure or certification will be processed if you claim the Fifth Amendment privilege against self-incrimination. You should be aware, however, that you may later be directed by the Attorney General to answer a question that you have refused to answer on the basis on the Fifth Amendment, provided that the Attorney General first grants you immunity afforded by statutory law, (N.J.S.A. 45:1-20).

“Currently” does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one’s functioning as a licensee, or within the previous 365 days, whichever is longer.

“Illegal use of controlled dangerous substance” means the use of a controlled dangerous substance obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

- a. Are you currently engaged in the illegal use of controlled dangerous substances? (As stated above, “currently” is defined as “recently enough... [to] have an ongoing impact...” or “within the previous 365 days,” whichever is longer.)

Yes No

If you answered “Yes,” are you currently participating in a supervised rehabilitation program or professional assistance program that monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances?

Yes No

Applicant’s signature

Date

8. Have you ever been summoned; arrested; taken into custody; indicted; tried; charged with; admitted into pre-trial intervention (P.T.I.); or pled guilty to any violation of law, ordinance, felony, misdemeanor or disorderly persons offense, in New Jersey, any other state, the District of Columbia or in any other jurisdiction? (Parking or speeding violations need not be disclosed, but motor vehicle violations such as driving while impaired or intoxicated must be.) Yes No

9. Have you ever been convicted of any crime or offense under any circumstances? This includes, but is not limited to, a plea of guilty, non vult, nolo contendere, no contest, or a finding of guilt by a judge or jury. Yes No

If "Yes," provide a copy of the judgment of conviction and the release from parole or probation. Please provide a complete explanation. (Attach additional sheets of paper to this application.)

10. Do you currently hold, or have you ever held a professional license or certificate of **any** kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

If "Yes," for each license or certificate held, provide the date(s) held and the number(s). If the license or certificate was issued under a different name, please provide that name.

		Last name	First name	Middle initial
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate		Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate		Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate		Date issued/expired
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate		Date issued/expired

11. Have you ever been cited for disciplinary reasons or denied a professional license or certificate of any kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

12. Have you ever had a professional license or certificate of any type suspended, revoked or surrendered in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

13. Has any action (including the assessment of fines or other penalties) ever been taken against your professional practice by any agency or certification board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

14. Have you ever been named as a defendant in any litigation related to the practice of counseling or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

15. Are you aware of any investigation pending against a professional license or certificate issued to you by a professional board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

16. Are there any criminal charges now pending against you in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

17. Have you ever been sanctioned by or is any action pending before any employer, association, society, or other professional group related to the practice of counseling or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

If the answer to any of the above questions, numbers 11 through 17, is "Yes," provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

Education

1. List the regionally accredited graduate school(s) you have attended, beginning with the most recent.

Note: All graduate degrees and course work must be documented by a certified true copy of the official transcript.

Check one: Enclosed Requested, to be sent separately

No action will be taken on your application until all transcripts have been received.

Month	Year	Month	Year	Name and address of college or university	Degree, Diploma or Certificate (if any)
_____	_____	to	_____	_____	_____
				_____	_____
				_____	_____
_____	_____	to	_____	_____	_____
				_____	_____
				_____	_____
_____	_____	to	_____	_____	_____
				_____	_____
				_____	_____
_____	_____	to	_____	_____	_____
				_____	_____
				_____	_____
_____	_____	to	_____	_____	_____
				_____	_____
				_____	_____

Experience

(To be completed by applicants who seek to become a Licensed Professional Art Therapist only; see attached supervision form.)

a.

Employer's name		Street address	
City	State	ZIP code	Telephone number (include area code)
Name of supervisor(s)		Title(s)	License designation
Total hours of supervised experience	Total hours of individual supervision	Total hours of group supervision	
From _____	to _____		
Month Year	Month Year		

Description of job functions and responsibilities:

b.

Employer's name		Street address	
City	State	ZIP code	Telephone number (include area code)
Name of supervisor(s)		Title(s)	License designation
Total hours of supervised experience	Total hours of individual supervision	Total hours of group supervision	
From _____	to _____		
Month Year	Month Year		

Description of job functions and responsibilities:

c.

Employer's name		Street address	
City	State	ZIP code	Telephone number (include area code)
Name of supervisor(s)		Title(s)	License designation
Total hours of supervised experience	Total hours of individual supervision		Total hours of group supervision

From _____ to _____
Month Year Month Year

Description of job functions and responsibilities:

d.

Employer's name		Street address	
City	State	ZIP code	Telephone number (include area code)
Name of supervisor(s)		Title(s)	License designation
Total hours of supervised experience	Total hours of individual supervision		Total hours of group supervision

From _____ to _____
Month Year Month Year

Description of job functions and responsibilities:

Licensed Associate Art Therapist Course Work Check Sheet

As set forth in N.J.A.C. 13:34D-2.4, the 60 graduate semester hours in course work shall include courses in nine of the following areas. Please list which courses indicated on your transcript(s) satisfy the relevant areas. Do not list a course more than once.

Area	Course title and Course number	Hours <small>(Indicate semester or quarter hours)</small>	College/University
The art therapy profession.	a. _____	_____	_____
Theory and practice of art therapy.	a. _____	_____	_____
Human growth and developmental dynamics in art.	a. _____	_____	_____
Application of art therapy with people in different treatment settings	a. _____	_____	_____
Art therapy appraisal, diagnosis, and assessment.	a. _____	_____	_____
Ethical and legal issues of art therapy practice.	a. _____	_____	_____
Matters of cultural and social diversity bearing on the practice of art therapy.	a. _____	_____	_____
Standards of good art therapy practice.	a. _____	_____	_____
Group art therapy.	a. _____	_____	_____
Total hours _____			

AFFIDAVIT

This affidavit is to be executed by the applicant before a notary public:

State of: _____ }
County of: _____ } ss.

I, _____, in making this application to the State Board of Creative Arts and Activities Therapies for licensure or certification under the provisions of Title 45 of the General Statutes of New Jersey and the Rules of the State Board of Creative Arts and Activities Therapies, swear (or affirm) that I am the applicant and that all information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny licensure or certification or to withhold renewal of or suspend or revoke a license or certificate issued by the Committee.

I further swear (or affirm) that I have read N.J.S.A. 45:8B-51 et seq., together with the Rules and Regulations of the State Board of Creative Arts and Activities Therapies, at N.J.A.C. 13:34D, and fully understand that in receiving licensure from the Committee, I bind myself to be governed by them.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for licensure or certification. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Committee.

Signature of applicant

Sworn and subscribed to before me this _____
day of _____, _____
Month Year

Name of Notary Public (please print)

Signature of Notary Public

