Creative Arts Therapist Form 4B

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office of the Professions
Division of Professional Licensing Services
www.op.nysed.gov

Assigned No.
(From Form 4)

_____

Certification of Supervised Experience

Applicant Instructions

1. Complete Section I. In item 3, enter your name as it appears on your Application for Licensure (Form 1). Be sure to sign and date item 6.
2. Send this entire form **and** a copy of Appendix A to your supervisor(s) to complete Section II. The supervisor(s) must return both pages of the form directly to the Office of the Professions at the address at the end of the form. The form must bear an original notarized signature of the supervisor(s) and date. If additional copies are needed, you may photocopy this form. **This form will not be accepted if returned by the applicant.**

Section I: Applicant Information

1 **Social Security Number** ☐☐☐ ☐☐ ☐☐☐☐

(Leave this blank if you do not have a U.S. Social Security Number)

2 **Birth Date** Month ☐☐ Day ☐☐ Year ☐☐

3 **Print Name As It Appears On Your Application for Licensure (Form 1)**

Last
First
Middle

4 **Mailing Address** (You must notify the Department promptly of any address or name changes.)

Line 1
Line 2
Line 3
City
State Zip Code
Country/ Province

Name at time of employment (if different from above): _____

5 Name of supervisor: _____ Assigned number from Form 4 _____

I practiced Creative Arts Therapy as defined below:

Creative Arts Therapy is the assessment, evaluation, and the therapeutic intervention and treatment, which may be either primary, parallel or adjunctive, of mental, emotional, developmental and behavioral disorders through the use of the arts as approved by the Department; and the use of assessment instruments and mental health counseling and psychotherapy to identify, evaluate and treat dysfunctions and disorders for purposes of providing appropriate Creative Arts Therapy services.

Duration of supervised experience

Date beginning: _____ / _____ / _____ (mo. / day / yr.) Date ending: _____ / _____ / _____ (mo. / day / yr.)

Total hours practicing Creative Arts Therapy: _____.

6 I request and give my permission to the individual listed in item 5 above to complete Section II of this form and mail it to the New York State Education Department at the address at the end of this form, and to release any other information requested by the State Education Department in connection with my application for licensure. I also declare and affirm that the statements made in this application, including accompanying documents, are true, complete and correct. I understand that any false or misleading information in, or in connection with, my application may be cause for denial or loss of licensure and may result in criminal prosecution.

_____ Date _____ / _____ / _____
Signature of applicant (mo. / day / yr.)

Section II: Certification of Supervised Experience

Instructions to Supervisor: Complete Section II, Items A and B, sign and date the affidavit and send both pages of this form directly to the address at the end of this form. **Your signature on this form must be notarized by a Notary Public. This form will not be accepted if returned by the applicant. If the supervised experience occurred outside of New York State, you must include a copy of your license and an operating certificate or authorization for the entity to provide professional services.**

A. Supervisor's Qualifications: I have reviewed Appendix A and I meet the qualifications as a supervisor.

I am a licensed _____ in _____
Professional Title State

_____ _____
License number (Attach a copy of your license if other than New York) Date licensed

B. Experience Information: I am attesting that I supervised _____ **for**
Applicant Name
at least one hour per week or two hours every other week in the practice of Creative Arts Therapy (defined below) as follows.

_____
Address of setting where experience took place City State Zip Code

Dates of Experience: From _____ / _____ / _____ To _____ / _____ / _____ ☐ Present
mo. day yr. mo. day yr.

Total hours practicing Creative Arts Therapy: _____

The practice of Creative Arts Therapy is defined as the assessment, evaluation, and the therapeutic intervention and treatment, which may be either primary, parallel or adjunctive, of mental, emotional, developmental and behavioral disorders through the use of the arts as approved by the Department; and the use of assessment instruments and mental health counseling and psychotherapy to identify, evaluate and treat dysfunctions and disorders for purposes of providing appropriate Creative Arts Therapy services.

Affidavit with Acknowledgement (Notarization required.)

Supervisor

I declare and affirm that the statements made in the foregoing application, including any attached statements, are true, complete and correct and that the experience I am attesting to meets the requirements for supervised experience detailed in Appendix A. **This form must be signed and dated in the presence of a Notary Public.**

☐ Check here if you are attaching additional information.

Signature: _____ Date: _____ / _____ / _____
mo. day yr.

Print Name: _____

Address: _____

_____

Phone: _____ Fax: _____

E-mail: _____

Notary

State of _____ County of _____

On the _____ day of _____ in the year _____ before me, the above signed, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to this application and acknowledged to me that he/she executed the application and swore that the statements made by him/her in the application and all supporting materials are true, complete, and correct.

Notary Public signature _____

Notary ID number _____

Notary Stamp

Expiration date _____ / _____ / _____
Month Day Year

Return Directly to: **New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Creative Arts Therapy Unit, 89 Washington Avenue, Albany, NY 12234-1000.**