

Creative Arts Therapist Form 4E

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

Endorsement Applicant Experience Record

This form is for applicants seeking licensure in New York State by endorsement of a license to practice Creative Arts Therapy issued in another jurisdiction. You must have at least 5 years of licensed experience in Creative Arts Therapy in the 10 year period prior to applying for licensure in New York State.

Applicant Instructions

1. Complete both pages of this form. In item 3, enter your name exactly as it appears on your Application for Licensure (Form 1). Be sure to sign and date item 8 and send this form directly to the Office of the Professions at the address at the end of this form.
2. You must also complete Section I of **Form 4F** and forward the entire form to each licensed colleague you list on page 2 of this form.

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

5 Telephone/E-Mail Address

Daytime phone

Area Code Phone

E-mail Address (please print clearly)

6 Have you ever changed your name? Yes No

If Yes, please print former name(s): _____

7 List the licensed colleague(s) who will verify your experience for licensure as an Creative Arts Therapist.

The colleague(s) listed must have knowledge of your experience in Creative Arts Therapy for at least 5 years in the 10 years prior to your application.

Assigned Number	Name and Address of Colleague Verifying Licensed Experience	Dates of Experience	
		From	To
1			
2			
3			
4			
5			
6			
7			

8 **Attestation**

I 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.

Applicant's Signature: _____ Date: ____ / ____ / ____
mo. day yr.

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.