

## Creative Arts Therapist Form 4E 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 from 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.**

### Applicant Instructions

- Complete both pages of this form. Be sure to sign and date item 9 before sending this form to the Office of the Professions at the address at the end of the form.
- For your experience to be considered, **you must also complete Section I of Form 4F and forward the entire form to each colleague you list in Item 8 of this form.**

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    Last

First

Middle

**Licensee business address, phone and email address are public information. Failure to indicate business or home on this form for each item will deem it public information.**

4. Mailing Address     Home or  Business

*(You must notify the Department within 30 days of any address or name changes)*

Line 1

Line 2

Line 3

City

State                          ZIP Code

Country/  
Province

5. Telephone/Email Address

Daytime Phone     Home or  Business    Email Address (please print clearly)     Home or  Business

Area Code

Phone

6. New York State DMV ID Number (Driver or Non-Driver ID)

*(Leave this blank if you do not have a New York State DMV ID Number)*

7. Give any other names by which you have been known

8. List colleague(s) who will verify your experience for licensure as a Creative Arts Therapist. Attach additional sheets if necessary.

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 of Colleague and Address of Experience Setting	Dates of Licensed Experience	
		From	To
1			
2			
3			
4			
5			
6			
7			

9. Attestation

I declare and affirm that the statements made in the foregoing application, including accompanying statements 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 of licensure and may result in criminal prosecution.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**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.