

Continuing Competency Effective January 1, 2017: Each Licensed Creative Arts Therapist (LCAT) must complete 36 hours of approved continuing education courses for each triennial registration period. No more than 12 hours of continuing education activities in any 36 month period, or one-third of the total hours in periods of other length, may consist of self-study educational activities from New York State Education Department (NYSED) approved providers. A continuing education fee of \$45 per triennium is added to the registration fee.

Newly licensed creative arts therapists are exempt from the requirement for the first 3 years following initial licensure.

Each licensee must maintain documentation of completion of required learning activities for a period of 6 years and may be subject to audit by NYSED. Do not send any continuing competency documents with this application.

The following instructions are ONLY for those individuals who have NOT met the continuing competency requirements. Individuals who have NOT met the continuing competency requirement MUST choose one of the following options and return this form with their Registration Remittance Document and fee (if required). Your signature indicates agreement with the terms of the option you have selected.

1. I do not intend to practice in New York State during the period indicated on the Registration Remittance Document, and am requesting that my registration be placed in an **INACTIVE STATUS**.

As long as your registration remains inactive, you are not responsible for either the registration fee or the continuing education requirement. If you intend to resume practicing in New York State, you must meet certain continuing education requirements **prior to reactivating your registration**. You may not practice as a licensed creative arts therapist in New York State if you are not registered.

Name (please print) _____ License number _____

Signature _____ Date ____ / ____ / ____

Home telephone number _____ Work telephone number _____

Fax number _____ E-mail address _____

2. I request a **CONDITIONAL REGISTRATION**.

Conditional registrations are not automatic and may be issued at the Department's discretion. A conditional registration, if granted, is valid for one year and cannot be renewed or extended. You may request a conditional registration for a one-year period if you agree to:

- pay the full registration fee for the one-year conditional registration;
- complete the continuing competency hours you are lacking from your previous registration period during that year;
- in addition, complete the regular continuing competency requirement (12 hours) for the one-year conditional registration period, and, at the end of the conditional registration period,
- provide proof of completion of the continuing competency requirement and pay the registration fee for the remaining two years of your registration cycle.

Prior to the end of the one-year conditional registration period, you will be sent a Registration Remittance Document that you must complete and submit with the fee and proof of completion of the requirements before you will receive a registration for the remaining two years. **Failure to meet the requirements of the conditional registration may subject you to prosecution for professional misconduct.**

Name (please print) _____ License number _____

Signature _____ Date ____ / ____ / ____

Home telephone number _____ Work telephone number _____

Fax number _____ E-mail address _____

3. I request an ADJUSTMENT to the continuing education requirements for registration.

The Department may grant an adjustment (**not** an exemption) to the requirement for:

- poor health certified by a physician
- a specific physical or mental disability certified by an appropriate health care professional
- extended active duty with the armed forces of the United States
- evidence of extreme hardship which, in the judgment of the Department, makes it impossible for the licensee to comply with the continuing education requirements in a timely manner.

A written explanation documenting the circumstances which prevented compliance with Education Law must be included with this form.

IF YOU HAVE NOT MET THE CONTINUING COMPETENCY REQUIREMENT, SUBMIT THIS FORM WITH YOUR REGISTRATION REMITTANCE DOCUMENT AND APPROPRIATE FEE (IF REQUIRED).

Please make a copy of this form and retain it for your records.

If you need additional information, please contact:

State Board for Mental Health Practitioners
New York State Education Department
89 Washington Avenue
Albany, New York, 12234-1000

Telephone: 518-474-3817 ext. 450

Fax: 518-486-2981

E-mail: mhpbdb@nysed.gov