



New Jersey Office of Attorney General
Division of Consumer Affairs
State Board of Marriage and Family Therapy Examiners
Art Therapists Advisory Committee
124 Halsey Street, 6th Floor, P.O. Box 45055
Newark, New Jersey 07101
(973) 504-6299

**Application to Become a Licensed Professional
Art Therapist for Current Practitioners
Valid Through November 12, 2020
Instruction Sheet**

General Information

An individual who currently practices art therapy and who, prior to November 12, 2020, applies for licensure as a Professional Art Therapist, shall submit the following application, fees, and supporting documents. To be considered for licensure in accordance with N.J.A.C. 13:34D-2.9, applications must be postmarked no later than November 12, 2020.

Application fee (nonrefundable): \$75.00

The fee must be paid in the form of a check or money order made payable to: "The State of New Jersey"

The application must be neatly printed or typewritten. All sections of the application must be fully completed before the application can be processed. If the application is not of sufficient size to furnish the required information, a supplemental sheet of the same size may be enclosed with the application (please refer to the section for which you have used the supplemental sheet).

The Affidavit section of the application must be executed and signed in the presence of a notary public.

Applicants seeking licensure to practice as a Licensed Professional Art Therapist must be 18 years of age or older and submit documentation of either of the following:

1. Master's or doctoral degree from a regionally accredited institution of higher education which includes 45 graduate credits primarily in art therapy and has completed no less than 5 years of experience in the practice of art therapy; **OR**
2. Master's degree from a regionally accredited institution of higher education which includes 45 graduate semester hours and has passed the Art Therapy Credential Board Examination.

Your application will be reviewed by the Art Therapists Advisory Committee once you have satisfied the above listed preliminary requirements.

If you are approved for licensure by the Committee, you will need to submit the following, prior to the issuance of your Art Therapist license:

- License fee of \$250.00
- Criminal History Background Check
- A certificate of completion of the Online Jurisprudence Orientation within 6 months of date of application
- Art Therapists Advisory Committee Certification of Practical Experience (if applicable)

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

A photograph is required with each application.

Do not use staples to attach the photograph.



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For Office Use Only

Approved

By _____
Date _____

Rejected

By _____
Date _____

Reason: _____

**Application to Become a
Licensed Professional Art Therapist for Current Practitioners**

Application date: _____
Month Day Year

I am applying for licensure based on:

- Master's or doctoral degree from a regionally accredited institution of higher education which includes 45 graduate credits primarily in art therapy and has completed no less than 5 years of experience in the practice of art therapy; **OR**
- Master's degree from a regionally accredited institution of higher education which includes 45 graduate semester hours and has passed the Art Therapy Credentialing Board Examination (ATCBE).

You must request the Art Therapy Credentialing Board to submit your ATCBE official score transcripts to the Committee.

Scores may be submitted from the ATCB via email to: Marriage_Family_LV@dca.lps.state.nj.us

A nonrefundable application filing fee of \$75.00, in the form of a check or money order made payable 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 process will be delayed until the fee is paid.

If a post office box is used for your Address of Record you must provide a second address which includes a street, city, state and ZIP code.

By providing your e-mail address as part of your Address of Record, you consent to the delivery of official correspondence from the Committee through the internet to the e-mail you provide. Any correspondence sent by the Committee will be deemed to have been delivered on the date the e-mail is sent.

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

Please type your responses or 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

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

2. Address of Record:

This address will be printed on my license and is available to the public.

I would like to receive all official correspondence at this address.

Street 1 Street 2

City State ZIP code County

2. **Address of Record:**

This address will be printed on my license and is available to the public.

I would like to receive all official correspondence at this address.

Street 1	Street 2		
City	State	ZIP code	County
Telephone number (include area code)		E-mail address	

Mailing Address:

If you provide a P.O. Box as your Address of Record, you must provide a physical mailing address.

Street 1	Street 2		
City	State	ZIP code	County
Telephone number (include area code)		E-mail address	

a. Have you ever changed your name? Yes No

If "Yes," please submit, with this application, a copy of the marriage certificate, divorce decree, or court order.

b. Are you over 18 years of age? Yes No

If "Yes," please submit, with this application, a copy of your birth certificate or other government document as proof of your age.

If "No," do not complete or submit your application. You do not meet the age requirement.

3. **Social Security Number**

You **must** provide your Social Security number to the Board or Committee. Failure to do so may 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; and
- b. the Probation Division or any other agency responsible for child support enforcement, upon request.

Personal Information continued

4. 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.

5. Child Support (You must answer a, b, c and d.)

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

6. 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

Additional Questions

7. 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

8. 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.)

9. 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

If the answer to any of the above questions is "Yes," please provide a complete explanation of the circumstances leading to the action, and any supporting documentation, by including your documents and explanation with your application.

10. Do you currently hold, or have you ever held, a professional or occupational license, certificate or permit 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

Note: If you hold a license or certification in any other state, the District of Columbia or in any other jurisdiction, it is your responsibility to contact the licensing board in that jurisdiction to request that verification of your licensure or certification be sent directly to the New Jersey State Board of Marriage and Family Therapy Examiners, Art Therapists Advisory Committee.

11. Have you ever been disciplined or denied a professional or occupational 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 or occupational 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 or occupational 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 therapists/counselors 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 or occupational license or certificate issued to you by a professional or occupational board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Yes No

16. 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 therapists/counselors 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 is "Yes," provide a complete explanation of the circumstances leading to the action, and any supporting documentation, by including your documents and explanation with your application.

AFFIDAVIT

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

State of: _____ } ss.
County of: _____

I, _____, in making this application to the Art Therapists Advisory Committee for licensure or certification under the provisions of Title 45 of the General Statutes of New Jersey and the Rules of the Art Therapists Advisory Committee, 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 Art Therapists Advisory Committee, 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





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Art Therapists Advisory Committee Certification of Practical Experience

An applicant for licensure as a licensed professional art therapist, who is a current practitioner and who is seeking licensure based upon 5 years work experience (1,500 hours per year) shall provide the Committee with a detailed account of the applicant's experience in the field of art therapy, hours worked, job title and duties (as applicable).

1. Give a detailed account of the applicant's experience in the field of art therapy; hours worked, job title, and duties; and submit an employer certification or private practice certification (if applicable).

Private Practice Certification:

I swear (or affirm) that I am the applicant and that all information provided in connection with this certification of my private practice 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.

 Signature of Applicant

 Date

Employer Certification:

If the applicant is unable to obtain an attestation, the Committee shall accept W-2 or 1099 forms or a notarized affidavit from the applicant.

Dates Month/Year to Month/Year	Give a detailed account of the applicant's experience in the practice of art therapy. Use additional sheets of paper if necessary.		
	Employer's name and address, telephone number, and e-mail	Title/Duties/Responsibilities	Employer's certification and signature as applicable
From _____ To _____			
From _____ To _____			
From _____ To _____			
From _____ To _____			