



New Jersey Office of the Attorney General
 Division of Consumer Affairs
 State Board of Creative Arts and Activities Therapies
 124 Halsey Street, 6th Floor, P.O. Box 45055
 Newark, New Jersey 07101
 (973) 504-6299

For Official Use Only
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date: _____

Documentation of Supervised Art Therapy Experience
 (This form should be completed by the supervisor and forwarded directly to the Committee.)

Please print clearly.

Information about the applicant

Last name	First name	Middle initial	Maiden name (if applicable)
Street address	City	State	ZIP code
Telephone number (include area code)	E-mail address		
Licensed Associate Art Therapist License Number			

Information about the supervisor

Last name	First name	Middle initial	Maiden name (if applicable)
Street address	City	State	ZIP code
Telephone number (include area code)	E-mail address		
License Number			

Please note: The supervisor must satisfy the requirements of N.J.A.C. 13:34D-3.2.

Qualified supervisor: N.J.A.C. 13:34D-3.2 (Check all that apply.) (Attach official verification for area(s) you checked.)

- | | | |
|---------------------------------|--|---|
| <input type="checkbox"/> ATCS | <input type="checkbox"/> 5-years work experience post clinical license | <input type="checkbox"/> Master's degree art therapy |
| <input type="checkbox"/> ATR | <input type="checkbox"/> 3 graduate credits: clinical supervision | <input type="checkbox"/> 30 post-graduate credits art therapy |
| <input type="checkbox"/> ATR-BC | | |

1. Do you hold a clinical mental health-related professional license in the State of New Jersey? Yes No
 If "Yes," check the appropriate box.

- | | | |
|--|--|---|
| <input type="checkbox"/> Art Therapist | <input type="checkbox"/> Marriage and Family Therapist | <input type="checkbox"/> Rehabilitation Counselor _____ |
| <input type="checkbox"/> Psychiatrist | <input type="checkbox"/> Professional Counselor | <input type="checkbox"/> Clinical Social Worker _____ |
| <input type="checkbox"/> Psychologist | <input type="checkbox"/> Other: _____ | |

Year licensed: _____ License number: _____ Copy of Supervisory Credential

2. Do you hold a professional license in any other state, the District of Columbia or in any other jurisdiction? Yes No
 If "Yes," check the appropriate box.

CONTACT THE ISSUING LICENSING BOARD TO OBTAIN AN OFFICIAL LETTER OF GOOD STANDING.

- | | | |
|---|--|---|
| <input type="checkbox"/> Art Therapist | <input type="checkbox"/> Marriage and Family Therapist | <input type="checkbox"/> Clinical Social Worker |
| <input type="checkbox"/> Psychiatrist | <input type="checkbox"/> Rehabilitation Counselor | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Professional Counselor | <input type="checkbox"/> Psychologist | |

Year licensed: _____ License number: _____ State of licensure: _____

3. Graduate school attended: _____

Major: _____ Highest degree earned: _____

4. Is there any circumstance that precludes your objective assessment of the applicant? Yes No
If "Yes," please explain on a separate sheet of paper. See N.J.A.C. 13:34D-3.2(1) (Examples of inappropriate supervisory relationships: current and former clients, current employers (employees may not supervise employers), relatives of the supervisor, relatives of current clients, current students or close friends.)

The information requested below concerns the setting in which the applicant received the supervised experience.

_____ Tax status: for-profit not-for-profit
Name of setting

_____ Street address City State ZIP code Telephone number (include area code)

1. Applicant's title (if any) during the time I supervised the applicant: _____

2. Inclusive dates of the supervision: _____
Date supervision started Date supervision ended

(See N.J.A.C. 13:34D-3.2 for requirements).

3. Total number of supervised professional art therapy experience hours completed by the applicant under my supervision: _____

4. Average number of hours per week I spent with the applicant in face-to-face supervision: _____

5. Average number of hours per week I spent with the applicant in group supervision: _____

6. I performed at least one of the following activities throughout the course of supervision. Check all that apply.
(See N.J.A.C. 13:34D-3.2(d)1)

- Worked as a co-counselor with the applicant.
- Observed the applicant's sessions with clients.
- Viewed videotapes of the applicant's sessions with clients.
- Listened to audiotapes of the applicant's sessions with clients.
- Viewed original, representation, or reproduction of client artwork.

7. I performed at least one of the following activities throughout the course of supervision. Check all that apply.
(See N.J.A.C. 13:34D-3.2(d)2)

- Reacted to case presentations given by the applicant.
- Conducted role-playing sessions with the applicant.

8. I performed all of the following activities throughout the course of supervision.
(See N.J.A.C. 13:34D-3.2(d)3)

- Engaged in problem-solving discussions with the applicant regarding individual clients.
- Entered into problem-solving discussions concerning the applicant's own problems, insofar as such problems were affecting the applicant's work with clients.
- Offered feedback to the applicant regarding specific interventions utilized with a client.
- Offered feedback concerning the applicant's personal qualities as they affect work with clients.
- Offered feedback to the applicant regarding the supervision experience.
- Offered feedback or response art produced by applicant.
- Other (please be specific) _____

Did you maintain weekly supervision notes which will be made available to the Committee upon request?
 Yes No

9. **Services provided by supervisee:** (See N.J.A.C. 13:34D-3.2 and check all that are applicable.)

- Clinically assess and evaluate mental, emotional, behavioral and associated distresses
- Conduct assessments and evaluations for the purpose of establishing treatment goals and objectives
- Plan, implement and evaluate counseling interventions

10. Supervisor’s conclusions and recommendations

This applicant is seeking to become a Licensed Professional Art Therapist in New Jersey. By this application, the applicant is claiming readiness for unsupervised, independent professional practice. In assessing the applicant’s professional readiness, you are now being asked if the applicant possesses the following abilities and knowledge.

- The ability to establish a treatment relationship. Yes No Not observed
- The ability to assess a client’s needs and to plan appropriate interventions. Yes No Not observed
- The ability to make interventions appropriate to client needs. Yes No Not observed
- The ability to be flexible in choosing and changing art interventions as appropriate. Yes No Not observed
- The ability to assess prudently one’s own capacities and skills in a professional situation. Yes No Not observed
- The ability to work effectively in a one-to-one relationship. Yes No Not observed
- The ability to work effectively where systems-level interventions are required. Yes No Not observed
- The ability to work effectively in art therapy group process. Yes No Not observed
- The applicant demonstrates ethical behavior. Yes No Not observed

11. On a separate sheet of paper, please assess the applicant’s current state of preparedness for licensure. Also, please make a recommendation regarding the applicant’s further professional development. Your recommendations are an important element in the Committee’s overall evaluation of the applicant’s qualifications for licensure.

- 12. I recommend the applicant for licensure at this time.
- I do ***not*** recommend the applicant for licensure at this time. **(Please explain in details why in the comment section below.)**

Certification

I certify that all of the foregoing information provided herein is true and if any information provided by me is willfully false, I am subject to punishment.

Signature of supervisor Date

Comments: _____
