



New Jersey Office of the 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

Proposed Plan of Supervised Art Therapy Experience

(This form should be completed by the supervisor and forwarded directly to the Committee.)

Please print clearly.

I. Supervisee Information (LAAT)

Name: _____
Last Name First Name Middle Initial

Address: _____
Street or P.O. Box City State ZIP Code

Daytime telephone number: _____ E-mail address: _____
(include area code and extension)

Licensed Associate Art Therapists license number: _____ Active as of: _____
Date

II. Supervisor's Information

Name: _____
Last Name First Name Middle Initial

Business Name: _____
Type of business (nonprofit, for profit, group, private, etc.)

Business Address: _____
Street or P.O. Box City State ZIP Code

Telephone number: _____ E-mail address: _____
(include area code and extension)

1. Do you hold a license as a Licensed Professional Art Therapist (LPAT) in the State of New Jersey?
 Yes No

License Number: _____ Year Licensed: _____ Expiration Date: _____

A. Do you hold ATCS, ATR-BC or ATR Credential? Yes No
If "Yes," please specify which one. _____

B. Have any of your licenses or certifications ever been suspended, revoked or restricted in New Jersey or any state or Jurisdiction? Yes No
If "Yes," please provide details of the suspension or disciplinary action, including dates, location and copies of any documents reflecting such suspension or disciplinary action.

- C. Does the proposed supervisor have any other individuals under clinical supervision (see N.J.A.C. 13:34D-3.2(f))? Yes No

If "Yes," provide the names and license numbers of the other individuals and the total number of supervisees:

Name	License Number	Name	License Number
1. _____		2. _____	
3. _____		4. _____	
5. _____		6. _____	

2. Other Supervisors (Non-LPAT):

Masters or 30 post-graduate credits in art therapy and, a copy of the master transcript, and meet their licensing boards/committee supervision requirements. (Attach a copy of supervisory credential).

Out-of-State Supervisors Only

(To be completed only if supervision is taking place outside of New Jersey.)

1. What kind of professional license or certificate of any kind do you hold in New Jersey, any other state, the District of Columbia or in any other jurisdiction?

License type: _____ License Number: _____

Original issue date: _____ State or jurisdiction that issued the license or certificate: _____

2. Does your license or certification allow you to supervise in the State in which you are licensed? Yes No

If "Yes," provide a copy of the State law or regulation that allows you to supervise along with a copy of the necessary credentials per that State law or regulation.

III. Supervision Information

1. Where will client contact and supervision take place? If different addresses, identify each, use additional sheets if necessary:

Client Contact:

_____ Business Name

Supervision Location:

_____ Address City State Zip Code

2. Will supervised experience be accrued at multiple locations? Yes No
(If “Yes,” include a separate list of site names and addresses, a separate plan of supervision must be submitted if being supervised by more than one supervisor)

3. Outline the work setting of the LAAT. (see N.J.A.C. 13:34D-3.2b).

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.

5. What are the inclusive dates of supervision? Beginning: _____ Anticipated Ending: _____
Month/day/year Month/day/year

6. Do you agree to maintain weekly supervision notes and co-sign a client contact log which shall be made available to the Committee upon request? Yes No

7. Has the applicant read the statutes and regulations of New Jersey that govern the practice of art therapy? (N.J.S.A. 45:8B-51 et seq. and N.J.A.C. 13:34D) Yes No

8. Has the supervisor read the pertinent statutes and regulations of New Jersey? (N.J.S.A. 45:8B-50; N.J.S.A. 45:8B-67 and N.J.A.C. 13:34D-3.1 to 3.3) Yes No

9. What are the personal learning objectives for the supervisee within the scope of practice? “Art Therapy” under N.J.A.C. 13:34D-1.2 means the integrated use of psychotherapeutic principles with art media and the creative process to assist individuals, families and groups.

10. Identify the **primary clinical duties** the supervisee will have:

11. Are these duties enumerated in their job description? Yes No

a. If "No," how is the supervisee performing clinical duties while under your supervision?

12. To your knowledge, will the supervisee have more than one supervisor in the above or another setting during the inclusive dates? Yes No

If "Yes," please advise the supervisee to request that a separate form be submitted by that supervisor.

The supervisor is required to notify the Art Therapist Advisory Committee in writing of any changes in the employment of either the applicant or the supervisor within 30 days.

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.

Supervisor's signature: _____ Date: _____

Supervisee's signature: _____ Date: _____

IV. Attachments

Please include the following attachments:

- a. Supervisee's official job description on agency letterhead (the job description should reflect duties that conform to the definition of "art therapy" in N.J.A.C. 13:34D-1.2).
- b. Supervisor's resume or curriculum vitae (include academic, licensure, and certification information).
- c. Copy of supervisory credential (Art therapy Certified Supervisor (ATCS); Registered Art Therapist (ATR) credential or Board Certified Registered Art Therapist (ATR-BC) pursuant to N.J.A.C. 13:34D-3.2(a)).