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STATE OF DELAWARE
BOARD OF MENTAL HEALTH AND CHEMICAL DEPENDENCY PROFESSIONALS

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ASSOCIATE ART THERAPIST PLANNED DIRECT SUPERVISON

INSTRUCTIONS – Upload this document when you submit your application or Service Request to *Manage Affiliations*

The proposed clinical supervisor completes this PLANNED DIRECT SUPERVISION form to document hours that he or she will be directly supervising a Licensed Associate Art Therapist (LAAT). According to the LAAT regulations:

- *Direct supervision* is overseeing the LAAT's application of clinical appraisal and treatment activities during individual, couples, family, or group sessions which provide opportunities for clinical treatment through art therapy. *Individual supervision* is one-to-one, face-to-face, meetings between the supervisor and LAAT. *Group supervision* is face-to-face meetings between supervisor, LAAT, and up to six supervisees.
- The applicant must complete a total of ***at least 1,600 hours*** of ***post-Masters art therapy experience*** while under the ***direct supervision*** of one or more ***approved clinical supervisors***.
  - At least 1,500 of the 1,600 hours must be actual face-to-face direct art therapy services. Of the 1,500 hours, at least 750 hours must be individual face-to-face client sessions and must include providing direct art therapy services. The additional 750 hours may be individual, group, couple or family sessions or some combination of those services.
  - At least 100 of the 1,600 hours must be face-to-face professional direct supervision with the applicant's supervisor. All of the 100 hours of direct supervision under all approved clinical supervisors must be face-to-face one-on-one – that is, the applicant and applicant's supervisor. Individual supervision may fulfill the entire 100-hour requirement. No more than 40 of the 100 hours may be in a group setting – that is, the applicant, the supervisor, and up to six LAAT supervisees.
- **The LAAT must complete *all* required hours, whether or not directly supervised, in a period of not less than two but no more than four years**.

Applicant Name: _____ _____ _____
Last First Middle

INFORMATION ABOUT CLINICAL SUPERVISOR

1. Supervisor Name: _____ _____ _____
   Last First Middle
2. Are you a DE-licensed professional? Yes ☐ No ☐ **If yes, enter your License Number**: _____ **and SKIP to Question 4. If no, continue to Question 3.**
3. Enter the following information about your professional licensure:

✓	LICENSES OR CERTIFICATIONS HELD (check all that apply)	JURISDICTION	LICENSE OR CERTIFICATION#	ISSUE DATE	EXPIRATION DATE
☐	Professional Art Therapist				
☐	Registered and Board Certified Art Therapist				
☐	Art Therapy Supervisor Certification				
☐	Clinical Social Worker				
☐	Professional Counselor of Mental Health				
☐	Marriage and Family Therapist				
☐	Clinical Psychologist				
☐	Physician				
☐	Advanced Practice Registered Nurse				
☐	Other:_____				

4. I certify that:

☐	I have at least two years of post-licensure experience in good standing. ***Submit an official verification of your license from that jurisdiction***.
☐	I have read and understand the requirements for licensure in Delaware.
☐	I have read and understand the statutes, rules and regulations of the Delaware Board of Professional Counselors of Mental Health and Chemical Dependency Professionals, 24 *Del*. C. §3001-3054.

5. Supervisor's Practice Name (if applicable): _____

6. Practice Address: _____

_____ _____ _____
City State Zip

7. Phone: _____ Email: _____

DIRECT SUPERVISION HOURS

8. Enter the dates of planned post-Master's clinical experience that the applicant will provide under your direct supervision: From _____ To _____
Month/Year Month/Year

This period must not span more than four years.

9. During the period entered above, how many total hours of face-to-face professional direct supervision will you provide to the applicant? _____ Of this total, enter the breakout:

Individual supervision hours: _____ Group supervision hours: _____

10. During this period, how many hours of individual face-to-face direct client contact will the applicant provide under your direct supervision? _____ (***At least 750 of the 1,500 hours of direct art therapy experience must be individual face-to-face client sessions.)***

11. During this period, how many hours of group, couple, or family face-to-face direct client contact will the applicant provide under your direct supervision? _____ ***(Must not exceed 750 hours)***

12. Describe the clinical activities in which the applicant will participate. (Examples include clinical assessments, crisis interventions, and individual/group sessions.) _____

_____

_____

13. I attest that I have discussed the following with the applicant before completing this form. Answer each question***. If you answer 'NO' or 'N/A' to any question, enclose a written statement explaining why.***

I have explained to the applicant that I have the training, credentials, and competence to provide supervision in Delaware.	Yes ☐ No ☐ N/A ☐
I have discussed my role and responsibilities with the applicant. These include: • Evaluating the applicant's clinical competence and preparedness to practice independently • Ensuring that the applicant practices within the field's professional and ethical standards • Ensuring that the applicant is aware of the rules and regulations for practicing independently in Delaware	 Yes ☐ No ☐ N/A ☐ Yes ☐ No ☐ N/A ☐ Yes ☐ No ☐ N/A ☐
I have discussed a contingency plan for dealing with emergencies and crises.	Yes ☐ No ☐ N/A ☐
I have explained my model and style of supervision to the applicant.	Yes ☐ No ☐ N/A ☐
I have reviewed the supervisory feedback process, including performance appraisal, evaluation feedback, documentation, and feedback intervals.	Yes ☐ No ☐ N/A ☐
I have explained how I will assess the applicant's comprehension of ethical, legal, and professional requirements.	Yes ☐ No ☐ N/A ☐

I certify that I have personally completed this information and that the information provided herein is accurate and complete to the best of my knowledge.

***Clinical Supervisor Signature*: _____ Date: _____**

Upload this document when you submit your application or Service Request