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STATE OF DELAWARE
BOARD OF MENTAL HEALTH AND CHEMICAL
DEPENDENCY PROFESSIONALS

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PLANNED PROFESSIONAL ART THERAPY EXPERIENCE

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

An administrative supervisor completes the **PLANNED PROFESSIONAL ART THERAPY EXPERIENCE** form to document estimated additional hours of professional art therapy experience that the applicant will accrue while **not** under the direct supervision of an approved clinical supervisor. Remember that these additional hours, when added to the 1,600 or more hours of direct supervision verified by the approved clinical supervisor(s), must total at least 3,200 hours.

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 PERSON VERIFYING EXPERIENCE

1. Name: _____
Last First Middle

2. Practice Name Where Experience Will Occur: _____

3. Describe Practice: _____

Examples include group practice, community mental health agency.

4. Practice Address: _____

City State Zip

5. Phone: _____ Email: _____

EXPERIENCE HOURS

6. Enter the period when you will supervise the LAAT: From _____ To _____
Month/Year Month/Year

This period must not span more than four years.

7. Calculate and enter the total number of hours of professional art therapy experience that the applicant will engage in during this period while not under direct supervision of an approved clinical supervisor: _____

Answers such as "40 hours/week" will not be accepted.

CERTIFICATION

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.

Administrative Supervisor Signature: _____ **Date:** _____

Upload this document when you submit your application or Service Request