



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE

**BOARD OF MENTAL HEALTH AND CHEMICAL
DEPENDENCY PROFESSIONALS**

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@delaware.gov

**DIRECT SUPERVISION REFERENCE
PROFESSIONAL ART THERAPIST**

INSTRUCTIONS

The purpose of this form is to verify the **hours of post-Masters art therapy experience** that an applicant has provided while under the **direct supervision** of an **approved clinical supervisor**. This form is not required for applicants applying by reciprocity.

Please follow these instructions for completing this form. **Incomplete or incorrectly completed forms delay processing of the application.** The clinical supervisor must complete the entire form, sign it and return it to the applicant who will upload the document to their DELPROS account.

The applicant is not to complete any portion of this form!

In completing this form, the following definitions apply:

- Supervised art therapy experience must involve providing face-to-face art therapy services with clients and other matters directly related to treating clients in a setting that is clearly designated to provide opportunities for clinical treatment through art therapy as defined in [24 Del C. § 3061 and 3062](#).
- Direct supervised experience means face-to-face consultation, on a regularly scheduled basis between a supervisee and a licensed Professional Art Therapist (LPAT) or other behavioral health professional approved by the Board. The Board-approved supervisor is responsible for insuring that the extent, kind, and quality of the services rendered are consistent with the supervisee's education, training, and experience.
- An approved clinical supervisor is either a LPAT licensed in any jurisdiction (state, District of Columbia, or U.S. territory) or a person who holds either the Registered and Board Certified Art Therapist or the Art Therapy Certified Supervisor credential from the [Art Therapy Credentials Board \(ATCB\)](#).

Applicants are required to have provided a total of at least 1,600 hours of post-Masters professional art therapy experience while under the direct supervision of one or more approved clinical supervisors. When the hours under **all** approved clinical supervisors are combined, the 1,600 hours must span a period of *at least two but not more than four years*.

- When totaled, at least 100 of the 1,600 hours of direct supervision under all approved clinical supervisors must be face-to-face sessions between the applicant and supervisor.
- The entire 100-hour requirement may be fulfilled by individual supervision. No more than 40 of the 100 hours may be in a group setting – that is, the applicant, the supervisor, and up to six licensed Associate Art Therapist (LAAT) supervisees.

Sections 7.3 and 7.4 of the Board's [Rules and Regulations](#) on dpr.delaware.gov explains the direct supervision requirements.

1. Applicant Name: _____
Last First Middle

INFORMATION ABOUT CLINICAL SUPERVISOR

1. Supervisor Name: _____
Last First Middle

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

3. Practice Address: _____
City State Zip

4. Phone: _____ Email: _____

5. Provide the following information about your professional licensure:

✓	LICENSES HELD (check all that apply)	JURISDICTION	LICENSE OR CERTIFICATION#	ISSUE DATE
<input type="checkbox"/>	Professional Art Therapist			
<input type="checkbox"/>	Registered and Board Certified Art Therapist			
<input type="checkbox"/>	Art Therapy Supervisor Certification			
<input type="checkbox"/>	Professional Counselor of Mental Health			
<input type="checkbox"/>	Clinical Social Worker			
<input type="checkbox"/>	Marriage and Family Therapist			
<input type="checkbox"/>	Clinical Psychologist			
<input type="checkbox"/>	Physician			
<input type="checkbox"/>	Advanced Practice Registered Nurse			
<input type="checkbox"/>	Other: _____			

DIRECT SUPERVISION HOURS

6. Did you provide **direct supervision**, as defined above, to the applicant? Yes No If no, skip to the **Signature**.

7. Enter the dates of post-Master’s clinical experience that the applicant provided while under your direct supervision:

From _____ To _____
Month/Year Month/Year

This period must not span more than four years.

8. During this period, how many total hours of professional art therapy experience did the applicant provide while under your direct supervision?

Calculate and enter a total number of hours. Answers such as “40 hours/week” will not be accepted.

9. During this period, how many total hours of face-to-face, individual (one-on-one) supervision did you provide to the applicant? _____

10. During this period, how many total hours of face-to-face, group supervision did you provide to the applicant?

CERTIFICATION

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

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

RETURN THIS DOCUMENT TO THE APPLICANT WHO WILL UPLOAD IT IN DELPROS