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

ART THERAPIST VERIFICATION EXPERIENCE FORM – EMPLOYMENT

INSTRUCTIONS

The purpose of this form is to verify the hours of post-Masters art therapy experience that an employed applicant provided ***in addition to*** the mandatory minimum 1,600 hours under direct supervision of an approved clinical supervisor. This form is not required when the applicant is applying by reciprocity.

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

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 ensuring 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 a Professional Art Therapist licensed in any 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 must provide 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 1600 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.
- 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 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 SUPERVISOR

1. Supervisor Name: _____ _____ _____
   Last First Middle

2. Check type of supervision you provided to the applicant: ☐ Clinical ☐ Administrative

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

4. Practice Address: _____

   _____ _____ _____
   City State Zip

5. Phone: _____ Email: _____

6. Enter the period when you supervised the applicant:
   From _____ To _____
   Month/Year Month/Year

   This period must not span more than four years.

7. During this period, how many total hours of professional art therapy experience did the applicant provide ***while not under direct supervision of an approved clinical supervisor***? _____

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

8. Describe the practice, agency, or setting where the applicant worked during the period above. (Examples include group practice, community mental health agency, etc.)

   _____

   _____

   _____

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.

Supervisor Signature: _____ Date: _____

RETURN THIS DOCUMENT TO THE APPLICANT WHO WILL UPLOAD IT WITH THEIR APPLICATION IN DELPROS.