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STATE OF DELAWARE

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

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ART THERAPIST VERIFICATION EXPERIENCE FORM – SELF-EMPLOYMENT

INSTRUCTIONS

The purpose of this form is to verify the hours of post-Masters art therapy experience that a self-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 it 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 or 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 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.
- 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 PERSON ATTESTING TO EXPERIENCE

1. Your Name: _____
Last First Middle

2. Do you have personal knowledge of the extent of the applicant's professional practice while he or she was self-employed? Yes No If yes, explain your professional relationship to the applicant: _____

3. Are you related to the applicant as a spouse, former spouse, parent, step-parent, grand-parent, child, step-child, sibling, aunt, uncle, cousin or in-law? Yes No If yes, specify relationship: _____

4. Your Address: _____
_____ City _____ State _____ Zip

5. Phone: _____ Email: _____

EXPERIENCE HOURS

6. Enter the period of the applicant's experience of which you have personal knowledge:

From _____ To _____
Month/Year Month/Year

This period must not span more than four years.

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

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

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 TO THEIR APPLICATION IN DELPROS.