

**Professional Art Therapist (PAT)**

**NEW LICENSE APPLICATION**

**CHECKLIST- BY EXAMINATION**

**IMPORTANT:**

To expedite the processing of your **NEW LICENSE APPLICATION** be sure to follow the instructions carefully before submitting your **ONLINE** application portal. It is important to submit in all the required supporting documents listed below based on the method by which you are applying:

CHECKLIST ITEMS	SUBMISSION METHODS	Check Mark
<b>1. All Pages of Application</b>		
All pages of the <a href="#">online application</a> must be completed and submitted.	<b>ONLINE</b>	<input type="checkbox"/>
<b>2. Demographic Information</b>		
The demographic information (i.e., name, date of birth, address, etc.) provided by the application is true and correct and matches what is contained in the electronic licensing system.	<b>ONLINE</b>	<input type="checkbox"/>
<b>3. Social Security Number</b>		
If you do not have social security number then you must submit a <u>Sworn Affidavit</u> , under penalty of perjury, stating that you do not have a social security number AND one of the following: a copy of a Certificate of Citizenship or Naturalization; a Resident Alien Card; a valid foreign passport with a visa; or a work permit card from the Department of Homeland Security (I-766 or I-688B).	<b>ONLINE</b>	<input type="checkbox"/>
<b>4. One (1) Recent Passport Type Photo (2x2 size) of the Applicant's Face with white background</b>		
The photo must be original and cannot be a computer-generated copy, or paper copy.	<b>ONLINE</b>	<input type="checkbox"/>
<b>5. One (1) photocopy of a current government issued photo ID</b>		
This can be a driver's license or passport.	<b>ONLINE</b>	<input type="checkbox"/>
<b>6. Name Change Documents (If applicable)</b>		
Applicant must provide a copy of a legal name change document for <u>EACH</u> time that it has changed. Acceptable documents are <u>marriage certificates</u> , <u>divorce decrees</u> or <u>court orders</u> .	<b>ONLINE</b>	<input type="checkbox"/>
<b>7. Official score report from National Exam</b>		
The Art Therapy Credentials Board Examination ("ATCBE") may be taken as soon as the candidate's application is approved by the Board as having fulfilled the educational for licensure.	<b>UPON BOARD APPROVAL</b>	<input type="checkbox"/>

<p><b>8. Postgraduate Supervised Experience Form</b></p> <p>Applicant must complete the <b>postgraduate supervised experience form</b>. The hours must be show that at least <b>3000 are general post-graduate supervision hours</b> accumulated within a two (2) year period with one of the following: a) An Art Therapy Certified Supervisor by Art Therapy Credential Board Inc.; b) Board Certified Registered Art Therapist with two (2) years of independent clinical practice experience; c) Licensed Professional Art Therapist with two (2) years of independent practice; or d) Licensed Mental Health Practitioner. At least <b>1000 hours must be direct contact with clients and 200 hours must be immediate supervision</b>. (See <i>Professional ART Therapy regulation for complete breakdown of hours</i>).</p>	<p><b>E-MAIL or MAIL</b> <i>(Preferably via E-Mail must come directly from Supervisors)</i></p>	<p><input type="checkbox"/></p>
<p><b>9. Official Sealed Transcript (s)</b></p> <p><i>Master’s or doctoral degree from an accredited college or university in a program in art therapy that was either approved by the American Art Therapy Association (“AATA”) or accredited by Commission on Accreditation of Allied Health Education Programs (“CAAHEP”) at the time the degree was conferred.</i></p> <ul style="list-style-type: none"> <li>▪ <b>Send Via Official Email or Mail:</b> An official electronic transcript is acceptable from the issuing institution/agency if <b>directly sent from the school</b> to the Board (<a href="mailto:dclpc@dc.gov">dclpc@dc.gov</a>) via their secure electronic network or mail it to DC Board of Professional Counseling, 899 North Capitol Street, NE, 1<sup>st</sup> Floor, Washington DC 20002.</li> </ul> <p><b>Foreign Educated Only:</b> Transcripts from a foreign school in a foreign language must have evaluated by World Education Services (WES).</p>	<p><b>E-MAIL or MAIL</b> <i>(Preferably via E-Mail and must come directly from the school/issuing institution)</i></p>	<p><input type="checkbox"/></p>
<p><b>10. Internship/Practicum Form</b></p> <p>Complete this form if your program was not accredited by the American Art Therapy Association (“AATA”) or accredited by Commission on Accreditation of Allied Health Education Programs (“CAAHEP”). This form can be sent <b>directly from the school</b> to the board at <a href="mailto:dclpc@dc.gov">dclpc@dc.gov</a>.</p>	<p><b>E-MAIL or MAIL</b> <i>(Preferably via E-Mail)</i></p>	<p><input type="checkbox"/></p>
<p><b>11. Criminal Background Check (CBC)</b></p> <p>If a recent CBC (fingerprint) already exists in the system within 2 years, no new CBC is required. All other applicants must re-do their CBC with the online application. If answering <b>“YES”</b> to any of the screening questions, an explanation of the incident(s) must be provided by the applicant. For information, please visit the website: <a href="https://dchealth.dc.gov/node/120532">https://dchealth.dc.gov/node/120532</a>. <b>{\$50 payment must be paid via online with the application. A link will be provided to you afterward via email}.</b></p>	<p><b>ONLINE</b></p>	<p><input type="checkbox"/></p>
<p><b>12. Screening Question Responses</b></p> <p>Applicants must answer all questions, including <b>Clean Hands</b>. If answered <b>“Yes”</b>, the applicant must also submit any and <u>all relevant documents</u> related to the reason for the <b>“Yes”</b> answer (e.g., Court Records, Monitoring Agreements, Licensure Orders, etc.)</p>	<p><b>ONLINE</b></p>	<p><input type="checkbox"/></p>
<p><b>13. National Practitioner Databank (NPDB) Self Query Report</b></p>		

<p>The Self-Query Report must be requested from the <b>NDPB</b> (<a href="https://www.npdb.hrsa.gov/ext/selfquery/SQHome.jsp">https://www.npdb.hrsa.gov/ext/selfquery/SQHome.jsp</a>) no more than <b>thirty (30) days</b> prior to submission of the application.</p>	<b>ONLINE</b>	<input type="checkbox"/>
<b>14. Payment (Fee)</b>		
<p><b>\$230 (USD)</b> for Application and License Fee.</p>	<b>ONLINE</b>	<input type="checkbox"/>