MISSISSIPPI STATE DEPARTMENT OF HEALTH

Dear Applicant:

Enclosed you will find the forms necessary for you to apply for licensure as a Professional Art Therapist. It is strongly suggested that you read the regulations prior to filling out the application, and then examine the directions entitled **"STEPS TO LICENSURE"** to see which forms are appropriate for you. Please note the following:

(a) Applications not completed in their entirety will be returned, minus the applicable fee, which is non-refundable.
(b) The photograph must be a "passport-style" photo.
(c) The practice history must be current and complete (see enclosed form).
(d) The names on the application and the requirements for licensure must match the name on the driver's license or U.S. Social Security Card. We will not accept nicknames, abbreviations, or alterations.
(e) The home address on the application is the address where this office will mail all correspondence. Written notice signed by the applicant is required for an address change.
(f) All checks/money orders for fees are to be made payable to the Mississippi State Department of Health (MSDH).
(g) The review process regarding an application for licensure starts only after all applicable requirements are on file. The review process is usually completed within two weeks.
(h) Our overnight mail address (see "**OVERNIGHT MAIL**") is as follows:

Mississippi State Department of Health
Professional Licensure - Professional Art Therapists
570 E Woodrow Wilson Blvd
Jackson, MS 39216
(601) 364-7360

"No person shall use the title 'licensed professional art therapist' or hold himself out as having this status, unless he is licensed as such by the Board."

Thank you for considering Mississippi for your practice. Please contact the licensure office if you need any assistance.

Sincerely,

Division of Professional Licensure

STEPS TO LICENSURE
as a
PROFESSIONAL ART THERAPIST

Enclosed is a packet for licensure as a Professional Art Therapist. Two types of licensure are currently issued in Mississippi: Regular and Provisional. The requirements for each are as follows:

1. **Regular**

   a. Completed, notarized application.
   b. Application fee - $100.00 (non-refundable).
   c. Copy of current ATR-BC certificate from the ATCB
   d. Verification of all licenses, registrations, and/or certifications as an art therapist, current or not current, reported directly from the issuing authority (with seal).

2. **Provisional**

   a. Completed, notarized application.
   b. Application fee - $100.00 (non-refundable).
   c. A letter of supervision from the Licensed Professional Art Therapist under whose direct supervision the applicant will practice.
   d. Verification of all licenses, registrations, and/or certifications as an art therapist, current or not current, reported directly from the issuing authority (with seal).

All requirements must be on file and satisfactory to this office before a certificate may be issued.

MISSISSIPPI STATE DEPARTMENT OF HEALTH

Professional Art Therapist (PAT)

Application for Licensure

(Please type or print in ink)

Office Use

Check No. _____

Amount $_____

Date ____/____/____

License Type

Regular ❑ Provisional ❑

Personal

Name: _____
Last *First* *Middle*

Home Address: _____
Street

_____ Telephone Number: (____) _____
City *State* *Zip Code*

U.S. Social Security Number: _____-_____-_____ Date of Birth: _____/_____/_____

Race: _____ Sex: Male ❑ Female ❑ U.S. Citizen: No ❑ Yes ❑ Legal Alien: No ❑ Yes ❑ Visa Type & No.: _____

Professional

Employer: _____

Business Address: _____

_____ Telephone Number: (____) _____
City *State* *Zip Code*

Practice Type

Insert # ____

1. Patient Care
2. Administration
3. Teaching
4. Research
5. Other Activity
6. Not Active as PAT

Practice Setting

Insert Primary # ____ Secondary # ____

1. > 100 Bed Hospital
2. < 100 Bed Hospital
3. Nursing Home
4. Detention Center
5. A & D Treatment Facility
6. School
7. Private Practice
8. Outpatient Facility
9. Other
10. Not Applicable

Education

Provisional Applicants: A Verification of Education form and a certified transcript must be submitted directly from the institution.

School: _____
Name *City* *State*

Type of Degree _____ Date _____

Licensure

Have you ever been licensed or registered in any state, territory or country? No ❑ Yes ❑ If yes, list all jurisdictions (current/not current) including Mississippi. ***All regulatory documents must be verified by the jurisdiction - with board seal.*** (See License Verification Form.)

1. _____ 4. _____ 7. _____ 10. _____
2. _____ 5. _____ 8. _____ 11. _____
3. _____ 6. _____ 9. _____ 12. _____

Licensure (continued)

Have you ever had any license, registration, or certificate encumbered in any way, i.e., revoked, suspended, censured, rejected, denied, placed on probation, reprimanded, etc.? If yes, attach a full explanation including the type of license, registration, or certificate, and jurisdiction where the action occurred. No ❑ Yes ❑

Are there any criminal or civil suits pending against you? No ❑ Yes ❑

Have you ever been convicted of any felony or misdemeanor? No ❑ Yes ❑

Certification

See "Steps to Licensure"

Are you currently certified by ATCB, Inc.? No ❑ Yes ❑

If yes, attach a copy of your ATCB, Inc. Certificate.

If no, list the date of the first exam you will be eligible for. _____/_____
(Month) (Year)

Occupational Status

Attach completed Practice History form or resume.

Fees

Make check or money order payable to:
Mississippi State Department of Health

Fees enclosed: $100.00 Application and Licensure (non-refundable)

$100.00 Total

I, the undersigned, so solemnly swear or affirm that I am the above applicant. I have read the above application and all statements contained therein or accompanying this application are true to the best of my knowledge and belief. I have also read and understand the Regulations Governing Licensure of Professional Art Therapists and affirm that all conditions for Licensure have been met and will be maintained.

_____
Applicant's Signature

Complete form, enclose fee and mail to:
Mississippi State Department of Health
Professional Licensure: Art Therapy
Post Office Box 1700
Jackson, Mississippi 39215-1700

Attach Copy
of Driver's License
or
U.S. Social Security Card

Attach Photo
(Xerox copies are not accepted)

Subscribed and sworn to before me this _____ day

of _____, 20 _____.

My commission expires _____.

_____
Notary Public

Practice History

Instructions: Please list the facility, home health agency, etc., its location (city & state), and the dates that you practiced at that facility in chronological order beginning with your last practice site. A resume' may be attached if the information needed to complete this history is on the resume. This sheet may be copied if additional space is needed.

Facility	Location	Dates
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

Professional Art Therapist

Verification of Credential in Another State

To be Completed by Applicant (Please print or type) Social Security Number: _____-_____-_____

Name: _____

Credentialing Authority: _____ Number: _____ Date Issued: _____
State, Territory, or Country

_____
Applicant Signature

To be Completed by Secretary of Credentialing Board

Name: _____

Type of Credential: _____

Number: _____

Date Issued: _____

Expiration Date: _____

Issued by: State Exam: _____

Reciprocity with: _____

AACB, Inc. Credential: _____

Has credential ever been disciplined? ❑ No ❑ Yes (If yes, please attach findings and disposition.)

Remarks: _____

_____

_____

Board must return to:
Mississippi State Department of Health
Professional Licensure: Art Therapy
Post Office Box 1700
Jackson, Mississippi 39215-1700

_____
Authorized Signature

This document must show Seal of credentialing agency.

Seal

Professional Art Therapist

Verification of Education for Licensure

Instruction to Applicant: Upon completion of the demographic information and waiver below, this form should be signed, notarized, and forwarded to the college or university where you obtained your degree.

Name (Last, First, Middle Initial)	*Maiden Name or Given Surname*
Address (Street, City, State and Zip Code)	*Phone Number* *Home* *Work* ( ) ( ) ( )
Social Security Number	*Date of Graduation*

Waiver for the Release of Information:
I am applying for licensure as a PAT in the State of Mississippi. I hereby authorize the verification of my degree conferred and further authorize the release of any transcript or other information, favorable or otherwise, to the Mississippi State Department of Health, Professional Licensure – Art Therapy, should this information be requested at any time.

_____ _____
Date *Signed*

Subscribed and sworn to before me this day of _____ 20 ___.

My commission expires _____ 20 ____.

_____
Notary Signed

Seal

Instructions to Educational Information:
Upon completion of this form please attach a certified transcript and send directly to: →

Mississippi State Department of Health
Professional Licensure - Art Therapy
Post Office Box 1700
Jackson, Mississippi 39215-1700

Name of Institution	*Location of Institution (City & State)*
Dates of Attendance (Month/Year) From: To:	Has applicant successfully completed all academic requirements and field work requirements? ❑ No ❑ Yes, date _____
Date Degree Conferred	*Degree Conferred*
Program Name & Curriculum Description	*Practicum* Direct Client *(Individual, Group, Family)* Art Therapy Contact Hours: _____ Total Number of Hours: _____
Art Therapy Program Accreditation (on date degree conferred) Program Accredited by AATA ❑ No ❑ Yes	

Seal of the College or University

_____
Signature

_____
Title

_____
Telephone Number

Professional Art Therapist (PAT)

Verification Of Education For Licensure

Instruction To Applicant: Upon completion of the demographic information and waiver below, this form should be signed, notarized, and forwarded to the college or university where you obtained your degree.

Name (Last, First, Middle Initial)	*Maiden Name or Given Surname*
Address (Street, City, State and Zip Code)	*Phone No.* *Home* ( ) *Work* ( )
Social Security Number	*Date of Graduation*

Waiver For The Release Of Information:

I am applying for licensure as a PAT in the State of Mississippi. I hereby authorize the verification of my degree conferred and further authorize the release of any transcript or other information, favorable or otherwise, to the Mississippi State Department of Health, Professional Licensure – Art Therapy, should this information be requested at any time.

Date *Signed*

Subscribed and sworn to before me this day of_____19____

My commission expires_____19____.

Notary Public

Seal

Instructions To Educational Institution:

Upon completion of this form please attach a certified transcript and send directly to:

Mississippi State Department of Health
Professional Licensure - Art Therapy
Post Office Box 1700
Jackson, Mississippi 39215-1700

Name of Institution	*Location of Institution (City&State)*
Dates of Attendance (Month/Year) From: To:	Has applicant successfully completed all academic requirements and field work requirements? ☐ No ☐ Yes, date _____
Date Degree Conferred	*Degree Conferred*
Program Name & Curriculum Description	*Practicum* Direct Client *(Individual, Group, Family)* Art Therapy Contact Hours: _____ Total Number of Hours: _____

Art Therapy Program Accreditation *(on date degree conferred)*

Program Accredited by AATA ☐ No ☐ Yes

Seal of the College or University

Signature

Title

Telephone Number *Date*

PROFESSIONAL ART THERAPIST (PAT)
APPLICATION FOR LICENSURE
FORM NO. 748 E

PURPOSE:
To verify the qualifications for an applicant for licensure.

OFFICE MECHANICS & FILING:
The applicant shall send in all pages, even the ones they don't need to fill out. The can write N/A on the ones not used.

RETENTION:
The hard copy will be kept for a period of two years after the license is no longer valid.

INSTRUCTIONS:
Type or Print in Ink

(Pages 1 and 2)
A. Certification Type
Type of Certification: Check correct box - Regular or Provisional

B. Personal Data
Name: Enter last name, first name, and middle name.
Home Address: Enter house number, street name, city, state, zip code, and county of home address.
Telephone Number: Enter area code and home telephone number.
U.S. Social Security Number: Enter social security number.
Date of Birth: Enter month, day, and year
Race: Enter race.
Sex: Check appropriate box (Male or Female).
U.S. Citizen: Check appropriate box (yes or no).
Legal Alien: Check appropriate box (yes or no).
Visa Type & Number: Enter the correct type and number.

C. Professional Data
Employer: Enter name of employer.
Business address: Enter address (street address or P.O. Box), city, state, zip code and county of employer.
Telephone Number: Enter area code and telephone number.

D. Practice Type
Insert the # of the applicable practice type

E. Practice Setting
Insert the applicable #s for the primary practice setting and the secondary practice setting.

F. Education
College or University: Enter the name, city, state, and country of the institution that awarded the professional degree.
Enter type of degree awarded.
Enter graduation date.

G. Credential
Check appropriate box for each question in this section (yes or no).
List jurisdictions from which a credential has been issued.

H. Certification
Check appropriate box (yes or no).
If no, enter the month and year eligible for the exam. See "Steps to Licensure".

I. Occupational Status
Attach completed Practice History Form or resume.

J. Fees
Enter total fee amount and enclose a check or money order made payable to Mississippi State Department of Health.
Sign and have application notarized.

(Page 3)
K. Practice History
Enter the facility, home health agency, etc.
Enter its location (city & state)
Enter the dates of employment in chronological order beginning with your last practice site.

(Please note: Page 4-Verification of Credential in Another State are not required if no was selected on page 1)
L. Applicant
Name: Enter first name, middle initial, and last name
Credentialing Authority: Enter name of jurisdiction (state, territory, or country)
Number: Enter credential number
Date Issued: Enter date of issuance

M. Credential Authority
Social Security Number: Enter social security number.
Name: Enter first name, middle initial, and last name of credential holder
Type: Enter type of credential
Number: Enter license number
Date Issued: Enter date of issuance
Expiration Date: Enter date of expiration
Issued by: Enter method of issuance (by reciprocity with another jurisdiction, AACB, Inc., credential or grandfather clause)

Discipline: Check appropriate box (yes or no). If yes, attach findings and disposition.
Remarks: Enters remarks concerning license in necessary.

(Please note: Page 5-Verification of Education for Licensure is not required if regular was selected on page 1)

N. Applicant

Name: Enter last name, first name, and middle initial
Maiden Name: Enter maiden name or given surname
Address: Enter street or P.O. Box #, city state, and zip code
Telephone #: Enter area code and telephone number for both work and the home
Social Security #: Enter U.S. social security number
Date of Graduation: Enter date of graduation
Date: Enter date.
Signed: Sign form.
Notary Public: Have form notarized.

O. Institution

Name: Enter name of college or university
Location: Enter city and state of college or university
Dates of attendance: Enter dates (month & year) that the applicant attended the institution
Completion of academic and fieldwork requirements: Check appropriate box (yes or no) and enter date of completion
Date of Graduation: Enter date of graduation
Type of Degree Conferred: Enter type of degree
Program Name & Curriculum Description: Enter program information
Practicum: Enter # of direct client (individual, group, family) art therapy contact hours & the total # of hours
Accreditation Status: Check appropriate box (yes or no)
Signed: Representative of the university of college sign form.
Title: Representative of the university or college enters their job title.
Telephone Number: Representative of the university or college enters their telephone number.
Date: Enter date.

Regulations Governing Licensure of Professional Art Therapists

MISSISSIPPI STATE DEPARTMENT OF HEALTH

Mississippi State Department of Health
Office of Licensure
Professional Licensure Division
P. O. Box 1700
Jackson, Mississippi 39215-1700
(601) 364-7360 Fax (601) 364-5057

Title 15: Mississippi State Department of Health

Part 19: Bureau of Professional Licensure

Subpart 60: Professional Licensure

CHAPTER 2: REGULATIONS GOVERNING LICENSURE OF PROFESSIONAL ART THERAPISTS

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Part 19: Bureau of Professional Licensure

Subpart 60: Professional Licensure

CHAPTER 2: REGULATIONS GOVERNING LICENSURE OF PROFESSIONAL ART THERAPISTS

Subchapter 1: General Provisions

Rule 2.1.1 **Legal Authority:** The State Board of Health is authorized to establish and enforce these rules and procedures by virtue of Chapter 73-65-1 et seq of the Mississippi Code 1972 Annotated.

SOURCE: Miss. Code Ann. §73-65-1

Rule 2.1.2 **Purpose:** The purpose of these regulations is to safeguard the public's health, safety, and welfare by establishing minimum qualifications and creating exclusive titles corresponding to the level of qualifications for individuals who wish to perform art therapy. Further, in order to insure the highest degree of professional conduct by those engaged in the performance of art therapy, it is the purpose of these regulations to provide and impose disciplinary sanctions, be they civil or criminal, against persons who do not meet or adhere to the procedures, qualifications, and standards set out in this chapter.

SOURCE: Miss. Code Ann. §73-65-1

Rule 2.1.3 **Definitions:** The following terms shall have the meaning set forth below, unless the context otherwise requires:

1. **Board** shall mean the Mississippi State Board of Health.

2. **Council** shall mean the Professional Art Therapists Advisory Council.

3. **Licensed Professional Art Therapist** means a person who has completed a master's or doctoral degree program in art therapy, or an equivalent course of study, from an accredited educational institution and who is licensed by the Board, or who received registration from the American Art Therapy Association (ATR) before 1980.

4. **License Holder** means a licensed professional art therapist licensed under the provisions of this act.

5. **Accredited Institution** means a university or college accredited by a nationally recognized accrediting agency of institutions of higher

education, or an institution and clinical program approved by the American Art Therapy Association, Inc.

6. **Department** shall mean the Mississippi Department of Health.

7. **Act** shall mean Chapter 73-65-1 et seq of the Mississippi Code 1972 Annotated.

SOURCE: Miss. Code Ann. §73-65-1.

Rule 2.1.4 **Publication:** The Department shall publish, annually, a list of the names and addresses of all persons licensed by the Board as Professional Art Therapists, and a list of all persons whose license has been suspended, revoked, denied renewal, put on probationary status, censured or reprimanded.

SOURCE: Miss. Code Ann. §73-65-1.

Subchapter 2: Professional Art Therapists Advisory Council ("Council")

Rule 2.2.1 **Council Structure and Purpose:** The Council shall consist of six (6) members as set forth in the Act, for the terms indicated therein, and shall serve under the jurisdiction of the Board. The purpose of the Council is to serve in an advisory capacity to the Board in matters relating to the administration and interpretation of provisions of the Act.

SOURCE: Miss. Code Ann. §73-65-1.

Rule 2.2.2 **Meetings:** The Council shall meet at least twice annually. A chairperson and a secretary shall be elected at the first meeting of the year. Additional meetings may be called at the discretion of the chairperson, upon written request of two (2) members of the Council. A quorum shall consist of three (3) members of the Council, including the chairperson, and shall be necessary for the Council to take action by vote.

SOURCE: Miss. Code Ann. §73-65-1.

Subchapter 3: State Board of Health ("Health")

Rule 2.3.1 **Responsibilities:** The Board shall:

1. Establish examination, licensure, and renewal of licensure criteria for applicants;

2. Maintain an up-to-date list of all individuals licensed as Professional Art Therapists, with such list being available, upon request, to the public;

3. Refer disciplinary actions of any individual engaged in art therapy to the appropriate government agency for prosecution, whether licensed or otherwise, or in its discretion, refer same to the appropriate committee or council;

4. Conduct disciplinary hearings, upon specified charges;

5. Maintain an up-to-date list of all individuals whose license has been suspended, revoked, or denied, and make such list available to public inspection, and shall supply such list to similar regulatory boards in other states or jurisdictions;

6. Keep a record of all proceedings of the Board, and make said record available to the public;

7. Delegate, authorize, and direct the Department to promulgate regulations to accomplish the purpose of the Act.

SOURCE: Miss. Code Ann. §73-65-1.

Subchapter 4: Licensure

Rule 2.4.1 **Licensure Requirements**

1. An applicant for licensure shall submit to the Department, verified by oath, written evidence in form and content satisfactory to the Department that the applicant:

2. Is at least twenty-one (21) years of age;

3. Has passed the Art Therapy Credentials Board Examination as administered by the Art Therapy Credentials Board, Inc.;

4. Is registered as an art therapist as defined by the Art Therapy Credentials Board, Inc.;

5. Is certified as an art therapist by the Art Therapy Credentials Board, Inc.; and,

6. The Department will review the credentials of an individual awarded a master's degree or doctoral degree from a non-accredited institution on a case-by-case basis.

SOURCE: Miss. Code Ann. §73-65-1.

Rule 2.4.2 **Licensed By Endorsement** An applicant for licensure shall submit to the Department, verified by oath, written evidence in form and content satisfactory to the Department that:

1. The applicant holds a valid regulatory document issued by the appropriate examining board under the laws of any other state or territory of the United States, the District of Columbia, or any foreign nation;

2. The requirements for said document are substantially equivalent to, or exceed, the requirements as set forth in Rule 2.4.1 of these regulations; and,

3. Said document is in good standing, and is not, presently suspended or revoked.

SOURCE: Miss. Code Ann. §73-65-1.

Rule 2.4.3 [Reserved]

SOURCE: Miss. Code Ann. §73-65-1

Rule 2.4.4 **Provisional Licensure** The Board may, in its discretion, issue a provisional license to an applicant at least 21 years of age, pending the completion of the requirements for licensure, providing the applicant submits to the Department, verified by oath, in form and content satisfactory to the Department that the applicant:

1. Will be supervised according to Rule 2.4.5 of the regulations; and,

2. Has not taken the examination recognized by the Department or received registration from the Art Therapy Credentials Board, Inc.

3. In its discretion, and upon application, the Board may renew a provisional license. Proof satisfactory to the Department that the provisional license holder has been in the process of meeting the licensure requirements must be submitted at the time of renewal.

SOURCE: Miss. Code Ann. §73-65-1.

Rule 2.4.5 **Conditions of a Provisional License**

1. Documentation in form and substance satisfactory to the Department that the conditions of Rule 2.4.5(2)(3) of the regulations have been met must be on file with the Department before a provisional license will be issued.

2. A provisional license holder may only practice under the supervision of the individual licensed as a professional art therapist in Mississippi who is the listed supervisor on file with the Department.

3. A provisional license holder must be supervised one (1) hour for every ten (10) hours of face-to-face client contact.

4. A provisional license holder shall restrict his practice to the State of Mississippi.

5. Only an individual issued a regular license by the Department may supervise a provisional license holder.

6. Notice of Termination: The supervisor shall notify the Department in writing of the termination of the supervisory relationship with a provisional license holder. The notice shall include the effective date of the termination and must be filed with the Department or postmarked no later than three (3) calendar days from the date of termination.

SOURCE: Miss. Code Ann. §73-65-1.

Rule 2.4.6 **Retirement of Licensure:** A license holder shall notify the Department in writing of intent to retire as a licensed professional art therapist prior to the expiration date of his current license.

SOURCE: Miss. Code Ann. §73-65-1.

Rule 2.4.7 **Renewal/reinstatement of Licensure**

1. The license holder shall request a renewal/reinstatement application from the Department in writing within five (5) years of the year of retirement.

2. The license holder shall submit the renewal/reinstatement application, all lapsed license renewal fees, and the continuing education requirement to the Department for review.

SOURCE: Miss. Code Ann. §73-65-1.

Rule 2.4.8 **Abandonment:** An application shall be deemed abandoned by the Department if, after six (6) months from the date of filing, the requirements for licensure have not been completed and filed with the Department.

SOURCE: Miss. Code Ann. §73-65-1.

Subchapter 5: Professional Identification

Rule 2.5.1 **Titles and Abbreviation:** No person shall use the title "Licensed Professional Art Therapist" or hold himself out as having this status, unless he is licensed as such by the Board.

SOURCE: Miss. Code Ann. §73-65-1.

Rule 2.5.2 **Production and Display of License:** A person issued a license as a "Licensed Professional Art Therapist" by the Mississippi State Board of Health shall display said license in the professional setting and shall carry

the Licensure Identification Card at all times when practicing as a "Licensed Professional Art Therapist."

SOURCE: Miss. Code Ann. §73-65-1.

Subchapter 6: Renewal of License

Rule 2.6.1 General Provisions

1. The Board shall issue licenses which shall be renewed biennially.

2. The licensure period shall be construed as January 1 of even-numbered years through December 31 of odd- numbered years.

SOURCE: Miss. Code Ann. §73-65-1.

Rule 2.6.2 Procedure for Renewal of Licensure

1. The Department shall mail a renewal form, approximately sixty (60) days prior to the expiration date, to the last home address registered with the Department, to the persons to whom licensure was issued or renewed during the preceding licensure period. The applicant for renewal shall:

   a. Complete the renewal form, and

   b. Submit proof of continuing education credit as detailed in Subchapter 7 of these regulations, and

   c. Enclose the renewal fee, and

   d. File the above with the Department prior to the date of expiration of the license.

SOURCE: Miss. Code Ann. §73-65-1

Rule 2.6.3 Failure to Renew:

1. **Late Renewal:** License holders are allowed a ninety (90) day grace period for the late renewal of licensure following expiration of the licensure period. The applicant for late renewal during this period shall:

   a. Complete the renewal form; and,

   b. Submit proof of continuing education credit as detailed in Subchapter 7 of these regulations; and,

   c. Enclose the renewal fee and the late renewal fee; and,

d. File the above with the Department prior to the end of the grace period.

2. **Suspension:** A license is automatically suspended if the license holder does not renew his license prior to the end of the grace period.

3. **Reinstatement:** The Department may reinstate a license if the late renewal requirements and the reinstatement fee are filed with the Department within ninety (90) days of the date of suspension. A license is automatically revoked if it is not reinstated within the ninety (90) day period following suspension.

SOURCE: Miss. Code Ann. §73-65-1.

Subchapter 7: Continuing Education

Rule 2.7.1 **Definition and Philosophy:** Each individual licensed by the Board is responsible for maintaining high levels of skill and knowledge. Continuing education is defined as education beyond the basic preparation required for licensure and related to the performance of art therapy.

SOURCE: Miss. Code Ann. §73-65-1.

Rule 2.7.2 **Requirements:**

1. Regulations set the requirement of forty (40) clock hours to be accrued during the licensure term for license holders who are not certified and in good standing with the Art Therapy Credentials Board, Inc.

2. License holders certified and in good standing with the Art Therapy Credentials Board, Inc., may submit proof, in form and content satisfactory to the Department, of having met the continuing education requirements of the Art Therapy Credentials Board, Inc., in lieu of the provisions of this section.

3. Individuals applying for initial licensure within a licensure term must accrue continuing education hours on a prorated scale. Written notification of required hours will be sent to the applicant at the time of licensure.

4. Individuals holding a provisional license must meet the same requirements as an individual applying for an initial license.

5. Persons who fail to accrue the required continuing education hours shall be issued a CE probationary license for the entire licensure period. Failure to accrue the required hours during the CE probationary period will result in the revocation of the license.

6. CE probationary licenses will be issued for one licensure period only. No ensuing license may be CE probationary as a result of not meeting continuing education requirements.

7. **NOTE: Reinstatement of a license revoked for failure to meet continuing education requirements is subject to the discretion of the Department. If said license is permitted to be reinstated, the renewal fee and the late renewal/reinstatement fee as stated in Subchapter 7 of these regulations will be required.**

SOURCE: Miss. Code Ann. §73-65-1

Rule 2.7.3 **Content Criteria:** The content must apply to the field of art therapy and performance and must be designed to meet one of the following goals:

1. Update knowledge and skills required for competent performance beyond entry level as described in current legislation and regulations.

2. Allow the licensee to enhance his knowledge and skills.

3. Provide opportunities for interdisciplinary learning.

4. Extend limits of professional capabilities and opportunities.

5. Facilitate personal contributions to the advancement of the profession.

SOURCE: Miss. Code Ann. §73-65-1

Rule 2.7.4 **Sources of Continuing Education:** Continuing education hours may be accrued from the following sources when the content of the programs relates to the profession of art therapy:

1. Attendance at programs sponsored or approved for continuing education by the following groups:

   a. The American Art Therapy Association (AATA).

   b. The Mississippi Art Therapy Association (MSATA) or AATA chapter of another state or the District of Columbia.

   c. Regulatory boards for art therapy in any jurisdiction in the United States.

   d. Regulatory boards governing the practices of social workers, licensed professional counselors, and marriage and family counselors.

   e. The National Association of Social Workers or its state affiliate members.

f. The American Psychological Association or its state affiliate and/or subsidiary members.

g. The American Medical Association or its state affiliate and/or subsidiary members.

h. The American Nursing Association or its state affiliate and/or subsidiary members.

2. Presentations, including posters, made before art therapists, medical practitioners, or other health related professionals and directly related to the profession of art therapy. To be considered for continuing education credit, material outline and a synopsis must be submitted to the Council at least sixty (60) days prior to the presentation date. Notice of approval or disapproval will be sent following a review by the Council. For approved presentations, the presenter may accrue one (1) hour of continuing education credit for each hour of the actual presentation, and one (1) hour of preparation time, for a total of (2) two hours. Presenter credit is given one (1) time only, even though the session may be presented multiple times. No more than 30% of total required hours may be accrued through presentations. Presentations approved by the MATA, whether prior to or subsequent to the presentation, will be accepted for continuing education credit.

3. Academic course work taken from a regionally accredited college or university, either for credit or audit. The courses must relate to the profession of art therapy. Courses in supporting fields must have prior approval of the Council. One academic semester hour shall be equivalent to fifteen (15) clock hours for continuing education credit. No more than fifty percent (50%) of total required hours may be accrued through academic course work.

4. Professional publications where the license holder is an author. To be considered for continuing education credit, a reprint of the published article must be submitted to the department. Notice of approval or disapproval will be sent out after review by the department. A maximum of three (3) contact hours may be accrued through professional publication.

SOURCE: Miss. Code Ann. §73-65-1.

Rule 2.7.5 **Reporting Procedures for Continuing Education:** Continuing education hours are reported on the application for license renewal during the license renewal period prior to its expiration. It is the responsibility of the licensee to insure that the following criteria are met with respect to continuing education credit:

1. Attendance at seminars, workshops, presentations, etc., approved by the organizations listed in Rule 2.7.4(1) are automatically accepted for credit unless sessions are duplicated. Verification of attendance may be made by the submission of a continuing education certificate, or a continuing education reporting form from the organization issuing continuing education hours and proof of approval.

2. Presentation credits: Submit a copy of the program listing the presentation and a copy of the prior letter of approval from the council.

3. Academic course work credits must meet the content criteria in Rule 2.7.3, and must be accompanied by a course description from the college or university catalog and a copy of the transcript or final grade report.

4. Professional publication: Submit a copy of the letter of approval from the council.

SOURCE: Miss. Code Ann. §73-65-1.

Subchapter 8: Revocation, Suspension and Denial of Licensure

Rule 2.8.1 **Standards of Conduct:** Individuals who are licensed may, at the discretion of the Board, have their licenses suspended, revoked, or denied if the Board determines that the individual is guilty of any of the following:

1. Is guilty of fraud or deceit in procuring or attempting to procure a license or renewal of licensure.

2. Is unfit or incompetent by reason of gross ignorance, negligence, habits, or other causes of incompetence.

3. Is habitually intemperate in the use of alcoholic beverage.

4. Is convicted of an offense involving moral turpitude.

5. Is knowingly practicing while suffering with a contagious or infectious disease.

6. Is addicted to, or has improperly obtained, possessed, used, or distributed habit-forming drugs or narcotics.

7. Is guilty of dishonest or unethical conduct.

8. Has represented himself as a licensed professional art therapist after his license has expired or has been suspended.

9. Has practiced as a licensed art therapist under cover of any permit or license illegally or fraudulently obtained or issued.

10. Has violated, aided, or abetted others in violation of any provision of law, or these regulations.

11. Has engaged in any conduct considered by the Board to be detrimental to the profession of art therapy.

12. Has violated the current code of ethics of the American Art Therapy Association.

13. Has had disciplinary action taken against the license holder's license, certificate, registration, etc., in another jurisdiction.

SOURCE: Miss. Code Ann. §73-65-1.

Rule 2.8.2 **Summary Suspension:** The Board may summarily suspend licensure without a hearing, simultaneously with the filing of a formal complaint and notice of hearing, if the Board determines that:

1. The health, safety, or welfare of the general public is in immediate danger; or

2. The individual's physical capacity to practice his profession is in issue; or

3. The individual's mental capacity to practice his profession is in issue.

SOURCE: Miss. Code Ann. §73-65-1.

Rule 2.8.3 **Complaints:** All complaints concerning a licensed individual, his business, or professional practice, shall be reviewed by the Department. Each complaint received shall be logged, recording at a minimum the following information:

1. name of the licensed individual;

2. name of the complaining party, if known;

3. date of complaint;

4. brief statement of complaint; and

5. disposition

SOURCE: Miss. Code Ann. §73-65-1.

Rule 2.8.4 **Investigation:** All complaints will be investigated and evaluated by an authorized employee of the Department or a Council member designated by the Department.

SOURCE: Miss. Code Ann. §73-65-1.

Rule 2.8.5 **Notice of Charges and Hearing:** Following the investigative process, the Department may file formal charges against the licensed individual. Such formal complaint shall, at a minimum, inform the respondent of the facts which are the basis of the charge and which are specific enough to enable the respondent to defend against the charges.

1. Each respondent, whose conduct is the subject of a formal charge which seeks to impose disciplinary action against him, shall be served notice of the formal charge at least thirty (30) days before the date of hearing. A hearing shall be presided over by the Board or the Board's designee. Service shall be considered to have been given if the notice was personally received by the respondent, or the notice was mailed certified, return receipt requested, to the respondent at his last know address as listed with the state agency.

2. The notice of the formal hearing shall consist at a minimum of the following information:

    a. The time, place, and date of hearing;

    b. That the respondent shall appear personally at the hearing and may be represented by counsel;

    c. That the respondent shall have the right to produce witnesses and evidence in his own behalf and shall have the right to cross-examine adverse witnesses and evidence;

    d. That the hearing could result in disciplinary action being taken against the respondent's license;

    e. That rules for the conduct of these hearings exist and it may be in the respondent's best interest to obtain a copy; and

    f. That the Board, or its designee, shall preside at the hearing and following the conclusion of the hearing shall make findings of facts, conclusions of law and recommendations, separately stated, to the Board as to what disciplinary action, if any, should be imposed on the respondent.

        i. The Board or its designee shall hear evidence produced in support of the formal charges and contrary evidence produced by the respondent. At the conclusion of the hearing, the Board shall issue an order within sixty (60) days.

        ii. Disposition of any complaints may be made by consent order or stipulation between the Board and the respondent.

iii. All proceedings pursuant to this section are matters of public record and shall be preserved pursuant to State law.

SOURCE: Miss. Code Ann. §73-65-1.

Rule 2.8.6 **Board Sanctions:** The Board may impose any of the following sanctions, singly or in combination, when it finds that a respondent is guilty of any of the above offenses:

1. Revocation of the license;
2. Suspension of the license, for any period of time;
3. Censure the licensed individual;
4. Issue a letter of reprimand to the licensed individual;
5. Place a license on probationary status and require the individual to submit to any of the following:
   a. Report regularly to the board upon matters which are the basis of probation;
   b. continue to renew professional education until a satisfactory degree of skill has been attained in those areas which are the basis of probation; or
   c. such other reasonable requirements or restrictions as are proper;
   d. Refuse to renew a license; or
   e. Revoke probation which has been granted and impose any other disciplinary action in this subsection when the requirements of probation have not been fulfilled or have been violated.

SOURCE: Miss. Code Ann. §73-65-1.

Rule 2.8.7 **Appeal:** Any person aggrieved by a decision of the Board shall have a right of appeal as provided for in the Laws of the State of Mississippi.

SOURCE: Miss. Code Ann. §73-65-1.

Subchapter 9: Exceptions and Exemptions

Rule 2.9.1 **Exceptions:**

1. Nothing in these regulations is intended to limit, preclude, or otherwise interfere with the practices of other persons and health providers licensed by appropriate agencies of the State of Mississippi.

2. Nothing in these regulations shall be construed to limit, interfere with, or restrict the practice, descriptions of services, or manner in which the "activities professionals" at licensed nursing facilities hold themselves out to the public.

SOURCE: Miss. Code Ann. §73-65-1.

Rule 2.9.2 **Good Samaritan Act:** Left Blank on Purpose

SOURCE: Miss. Code Ann. §73-65-1.

Subchapter 10: Left Blank on Purpose

SOURCE: Miss. Code Ann. §73-65-1.

Subchapter 11: Criminal Offenses and Punishment

Rule 2.11.1 **Offenses:** It is a violation of the law for any person to:

1. Sell, fraudulently obtain or furnish any license, or aid or abet therein.

2. Use the title, "Licensed Professional Art Therapist" or any words letters, signs, symbols or devices to indicate the person using them has received a license from the Mississippi Department of Health.

3. Fail to notify the Board of the suspension, probation or revocation of any past or currently held licenses or certifications, required to practice art therapy in this or any other jurisdiction.

4. Make false representations, impersonate, act as a proxy for another person, allow, or aid any person to impersonate him in connection with any examination or application for license or request to be examined or licensed.

5. Make a material, false statement in an application for licensure, or in a response to any inquiry by the Mississippi Department of Health or the Board.

6. Otherwise violate any provisions of the Act, or regulations of the Board.

SOURCE: Miss. Code Ann. §73-65-1.

Rule 2.11.2 **Punishment:** Such violations shall be a misdemeanor, and shall be punishable by a fine not to exceed Five Hundred Dollars, ($500.00) or by imprisonment in the county jail for not more than three (3) months, or by both.

SOURCE: Miss. Code Ann. §73-65-1.

Subchapter 12: Fees

Rule 2.12.1 **Method of Payment:** The following fees, where applicable, are payable to the Department of Health by check or money order. Fees paid to the Mississippi Department of Health are non-refundable.

SOURCE: Miss. Code Ann. §73-65-1.

Rule 2.12.2 **Schedule of Fees**

1.	Application and Initial Licensure Fee	$100.00
2.	Renewal Fee	$ 75.00
3.	Late Renewal Fee	$100.00
4.	Reinstatement Fee	$100.00
5.	Verification Fee	$ 25.00
6.	Duplicate License Fee	$ 25.00
7.	License Replacement Fee	$ 25.00
8.	Card Replacement Fee	$ 10.00

SOURCE: Miss. Code Ann. §73-65-1.

Rule 2.12.3 **Examination Fee:** Fees for examination are to be paid directly to the appropriate testing organization.

SOURCE: Miss. Code Ann. §73-65-1.

Subchapter 13: Administrative Grievance Procedure

Rule 2.13.1 **Administrative Appeals:** All persons aggrieved by a decision regarding the initial application for licensure, or the renewal of licensure, shall have the right of administrative appeal and a hearing to be conducted according to the rules of the Department of Health.

SOURCE: Miss. Code Ann. §73-65-1.

Rule 2.13.2 **Notification:** Written notice will be provided to all applicants regarding denial of an original license or a renewal license. Such notice shall contain the reason thereof and shall offer the applicant an opportunity to submit additional information pertinent to their application for a second review by the Department.

SOURCE: Miss. Code Ann. §73-65-1.

Rule 2.13.3 **Hearing:** If requested in writing within the specified time frame a hearing will be provided in which the applicant may show cause why the license should be granted or renewed. Within sixty (60) days of the hearing, or other such time frame as determined during the hearing, written findings of fact, together with a recommendation for action on the license in question, shall be forwarded to the State Health Officer. The State Health Officer shall decide what action will be taken on the recommendation within five days of its receipt. Written notice shall be provided to the applicant.

SOURCE: Miss. Code Ann. §73-65-1.

PROFESSIONAL ART THERAPIST (PAT)
APPLICATION FOR LICENSURE
FORM NO. 748 E

PURPOSE:
To verify the qualifications for an applicant for licensure.

OFFICE MECHANICS & FILING:
The applicant shall send in all pages, even the ones they don't need to fill out. The can write N/A on the ones not used.

RETENTION:
The hard copy will be kept for a period of two years after the license is no longer valid.

INSTRUCTIONS:
Type or Print in Ink

(Pages 1 and 2)
A. Certification Type
Type of Certification: Check correct box - Regular or Provisional

B. Personal Data
Name: Enter last name, first name, and middle name.
Home Address: Enter house number, street name, city, state, zip code, and county of home address.
Telephone Number: Enter area code and home telephone number.
U.S. Social Security Number: Enter social security number.
Date of Birth: Enter month, day, and year
Race: Enter race.
Sex: Check appropriate box (Male or Female).
U.S. Citizen: Check appropriate box (yes or no).
Legal Alien: Check appropriate box (yes or no).
Visa Type & Number: Enter the correct type and number.

C. Professional Data
Employer: Enter name of employer.
Business address: Enter address (street address or P.O. Box), city, state, zip code and county of employer.
Telephone Number: Enter area code and telephone number.

D. Practice Type
Insert the # of the applicable practice type

E. Practice Setting
Insert the applicable #s for the primary practice setting and the secondary practice setting.

F. Education
College or University: Enter the name, city, state, and country of the institution that awarded the professional degree.
Enter type of degree awarded.
Enter graduation date.

G. Credential
Check appropriate box for each question in this section (yes or no).
List jurisdictions from which a credential has been issued.

H. Certification
Check appropriate box (yes or no).
If no, enter the month and year eligible for the exam. See "Steps to Licensure".

I. Occupational Status
Attach completed Practice History Form or resume.

J. Fees
Enter total fee amount and enclose a check or money order made payable to Mississippi State Department of Health.
Sign and have application notarized.

(Page 3)
K. Practice History
Enter the facility, home health agency, etc.
Enter its location (city & state)
Enter the dates of employment in chronological order beginning with your last practice site.

(Please note: Page 4-Verification of Credential in Another State are not required if no was selected on page 1)
L. Applicant
Name: Enter first name, middle initial, and last name
Credentialing Authority: Enter name of jurisdiction (state, territory, or country)
Number: Enter credential number
Date Issued: Enter date of issuance

M. Credential Authority
Social Security Number: Enter social security number.
Name: Enter first name, middle initial, and last name of credential holder
Type: Enter type of credential
Number: Enter license number
Date Issued: Enter date of issuance
Expiration Date: Enter date of expiration
Issued by: Enter method of issuance (by reciprocity with another jurisdiction, AACB, Inc., credential or grandfather clause)

Discipline: Check appropriate box (yes or no). If yes, attach findings and disposition.
Remarks: Enters remarks concerning license in necessary.

(Please note: Page 5-Verification of Education for Licensure is not required if regular was selected on page 1)

N. Applicant

Name: Enter last name, first name, and middle initial
Maiden Name: Enter maiden name or given surname
Address: Enter street or P.O. Box #, city state, and zip code
Telephone #: Enter area code and telephone number for both work and the home
Social Security #: Enter U.S. social security number
Date of Graduation: Enter date of graduation
Date: Enter date.
Signed: Sign form.
Notary Public: Have form notarized.

O. Institution

Name: Enter name of college or university
Location: Enter city and state of college or university
Dates of attendance: Enter dates (month & year) that the applicant attended the institution
Completion of academic and fieldwork requirements: Check appropriate box (yes or no) and enter date of completion
Date of Graduation: Enter date of graduation
Type of Degree Conferred: Enter type of degree
Program Name & Curriculum Description: Enter program information
Practicum: Enter # of direct client (individual, group, family) art therapy contact hours & the total # of hours
Accreditation Status: Check appropriate box (yes or no)
Signed: Representative of the university of college sign form.
Title: Representative of the university or college enters their job title.
Telephone Number: Representative of the university or college enters their telephone number.
Date: Enter date.