



**Section II: Certification of Professional Education**

**Instructions to the Registrar:** Complete Part A or Part B, and complete and sign the Certification. Return the entire form along with any required documentation in an official school envelope directly to the Office of the Professions at the address at the end of this form. **Form 2 will not be accepted if submitted by the applicant.**

Name of the applicant \_\_\_\_\_  
*(see Section I, item 7)*

**Part A - Creative Arts Therapy Program Registered by the New York State Education Department (NYSED) as licensure qualifying:** To be completed only by those schools whose Creative Arts Therapy program was, at the time the applicant's degree was awarded, registered by the NYSED as licensure qualifying, or accredited as a 48 semester hour **clinical creative arts therapy program** by the American Arts Therapy Association (AATA).

It is certified that the applicant:

completed the program on \_\_\_\_\_  
mo. day yr. and was awarded the degree/diploma/certificate of \_\_\_\_\_  
(Title of degree/diploma/certificate)  
in the program area or major of \_\_\_\_\_  
(Title)  
on the date of \_\_\_\_\_  
mo. day yr.

**Part B - All other programs. An official transcript or marksheet giving courses completed by year and grades and a syllabus on the course of studies completed must be attached.**

1. Date of applicant's entrance, and either the applicant's date of completion of studies or withdrawal from the school

Entrance Date \_\_\_\_\_  
mo. day yr.  Completion Date \_\_\_\_\_  
mo. day yr.  
 Withdrawal Date \_\_\_\_\_  
mo. day yr.

Did the applicant complete a field practicum of at least 500 clock hours in the use of arts in psychotherapy (check one)  Yes  No

If "no", number of clock hours completed: \_\_\_\_\_ Program must submit Form 2INT for all degree programs.

2. Degree/diploma/certificate awarded \_\_\_\_\_

3. Date degree/diploma/certificate awarded \_\_\_\_\_  
mo. day yr.

Name of the accrediting body or official organization that recognizes this program

Date of Accreditation \_\_\_\_\_  
mo. day yr.

Address of the accrediting body or official organization that recognizes this program

**Section II - Certification of Professional Education (Continued)**

**Part B (continued) - List the course(s) that meets the curriculum content for creative arts therapy.** *The course(s) listed must be included on the official transcript provided by the graduate program. If the content was covered in more than one course, specify the areas covered in each course. The degree program must be at least 48 semester hours.*

Required Content Area	Course Number, Title and Semester Hours
<ul style="list-style-type: none"><li>• preparation in one or more of the creative arts therapies, including, but not limited to art, music, dance, drama, psychodrama, or poetry therapies, for the practice of Creative Arts Therapy;</li><li>• human growth and development;</li><li>• theories in Creative Arts Therapy;</li><li>• group dynamics;</li><li>• assessment and appraisal of individuals and groups;</li><li>• research and program evaluation;</li><li>• professional orientation and ethics;</li><li>• foundations of Creative Arts Therapy and psychopathology;</li><li>• clinical instruction; and</li><li>• include a supervised internship or supervised practicum in the practice of Creative Arts Therapy of at least 500 clock hours.</li></ul>	

**Certification - To be completed by the Registrar. This form will not be accepted if the date below precedes the date in either Part A or Part B.**

I hereby certify that to the best of my knowledge and belief the information in Section II is a true statement of the educational record of the individual named on this form.

\_\_\_\_\_  
Signature of Registrar

\_\_\_\_\_  
Date

Print Name \_\_\_\_\_

Title or official position \_\_\_\_\_

Institution \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Seal

**Return Directly to:** New York State Education Department, Office of the Professions, Division of Professional Licensing Services, Creative Arts Therapy Unit, 89 Washington Avenue, Albany, NY 12234-1000.