



Check here if you do not wish to renew

MISSISSIPPI STATE DEPARTMENT OF HEALTH

**LATE APPLICATION
CORRECT AND UPDATE ALL INFORMATION**

PERSONAL INFORMATION:

Name: _____ License #: _____ DOB: _____

Address: _____ County: _____ Phone: _____

Email address: _____

EMPLOYER INFORMATION:

Name: _____

Address: _____ County: _____ Phone: _____

-
1. Have you been convicted of any violations of law or have any pending charges (except minor traffic violations) since your last application? If yes, attach a full explanation YES NO
 2. Have any criminal charges or any civil lawsuits been filed against you since your last application? If yes, attach a full explanation. YES NO
 3. Has any license or permit or registration or professional credential been encumbered in any way in any jurisdiction since your last renewal? If yes, attach a full explanation. YES NO
 4. Do you hold any of the following credentials?
Registered Art Therapists Board of Certification (BOC) _____
-

I, the undersigned, do 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)

(Date)

- HAVE YOU
1. REVIEWED THE ABOVE INFORMATION
 2. MADE ALL CORRECTIONS AND ANSWERED ALL QUESTIONS
 3. SIGNED AND DATED THE RENEWAL APPLICATION
 4. ENCLOSED IS THE RENEWAL FEE OF \$75.00 (AND \$100.00 LATE FEE IF POSTMARKED AFTER DECEMBER 31, AND BEFORE MARCH 31. IF POSTMARKED AFTER MARCH 31, THE FEE IS \$200.00 {\$100.00 LATE FEE AND \$100.00 REINSTATEMENT FEE} IN ADDITION TO THE \$75.00 RENEWAL FEE)
 5. ENCLOSED IS PROOF OF CONTINUING EDUCATION REQUIREMENTS

MAIL TO: MISSISSIPPI STATE DEPARTMENT OF HEALTH
PROFESSIONAL LICENSURE – PROFESSIONAL ART THERAPISTS
P.O. BOX 1700
JACKSON, MS 39215-1700