

New Jersey Office of the Attorney General
Division of Consumer Affairs
Board of Creative Arts and Activities Therapies
124 Halsey Street, 6th Floor, P.O. Box 45055
Newark, New Jersey 07101
(973) 504-6299

Instructions for Reinstating/Reactivating a License

In accordance with the Uniform Enforcement Act, a professional or occupational license or registration may be reinstated or reactivated, provided that the applicant otherwise qualifies for licensure or registration and complies with the provisions of N.J.S.A. 45: 1-7.4. The necessary application and materials for applying for reinstatement or reactivation are enclosed.

1. Complete:

- The enclosed application for reinstatement or reactivation.
- Certification and Authorization Form for a Criminal History Background Check

2. Enclose:

- A certification of employment listing each job held during the suspended or inactive period. This
 certification of employment must include the names, addresses, and telephone numbers of each employer;
- Proof of having satisfied all conditions precedent to reactivation as set forth under N.J.A.C. 13:34D-1.11, or reinstatement as set forth under N.J.A.C. 13:34D-1.12; or fees as set forth under N.J.A.C. 13:34D-1.3 and
- Proof of having completed all continuing education credit hours as required for the biennial period immediately prior to the renewal period for which reactivation or reinstatement is sought.

3. Submit your application. *Submission of your application via an electronic method is preferred.:

- Upload your application and supporting documents to your eGov account or;
- Email your completed application and supporting documents to: creativearts@dca.njoag.gov

In the subject line: Reinstatement

4. *Pay:

☐ Licensure as a Licensed Professional Art Therapist (LPAT) Fee Schedule	☐ Licensure as an Licensed Associate Art Therapis (LAAT) Fee Schedule	
Reinstatement Fee \$ 150.00	Reinstatement Fee \$ 150.00	
Current Renewal Fee \$ 250.00	Current Renewal Fee \$ 180.00	
Fingerprint Resubmit Fee \$ 18.75	Fingerprint Resubmit Fee \$ 18.75	
Continuing Education Courses - 40 Credit Hours (LPAT)	Continuing Education Courses - 40 Credit Hours (LAAT)	

Please note: Your application will not be processed until the Board has received this completed application and **all** of the required documents noted above. Failure to submit all of the requested documentation will delay the processing of your application. Please be advised that the Board may request that you submit additional information in order to process your application.



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Application to Reinstate/Reactivate a License or Registration

Please	check one:	I am applying to have n	ny license/certificate	Reinstated	☐ Reactivate	d
N.J. Li	cense/Certif	icate No.:	Туре о	f License/Certificate	e:	
Initial	License/Cer	tificate Date:	Year o	f last renewal:		-
For re order (Appli	activations: made out t cants should	a nonrefundable currer to the State of New Je d understand that if the a	nstatement fee, the current renewal fee. The fee(streey and must be submit application filing fee is paing the reinstatement pro) must be submitted ted with this app d with a personal c	ed in the form lication for reins check, and the ch	of a check or money statement/reactivation. neck is returned by the
conser to oth of reco of you	nt. However, ner requests ord, we will ur place of re	, you are required to pro (by putting a check in t assume that you have c esidence, you should pro	closing to the public the povide an address that may he appropriate box). If yo consented to have that address of recordinclude a street, city, state	be released to the u provide your pla Iress be disclosed. I other than your p	public in our direction of residence and the second of residence and the second of the	ectories or in response as your public address nsent to the disclosure
		ou provide on this app Open Public Records A	lication (including your a	ddress of record) r	may be subject t	o public disclosure
Please	print clearl	y. You must answer all o	of the questions on this ap	plication.		
Persor	nal Informat	ion		Date	of birth:	
						, , , , , , , , , , , , , , , , , , , ,
1. N	ame	Last name	First name	Middle initia	al	Maiden name
_	ddress 					
	Home:	Street or P.O. Box	City	State	ZIP code	County
		Telephone number (include a	area code)		E-ma	ail address
	Business:					
		Name of company			Telephone num	ber (include area code)
	-	Street	City	State	ZIP code	County
	Mailing: _	Street or P.O. Box	City	State	ZIP code	County

3.	Social Security Number				
	You <u>must</u> provide your Social Security number to the Board or Committee. Failure to do so will reslicensure or certification.	ult in de	nial/nor	nrenev	val of
	*Social Security Number:				
	*Pursuant to N.J.S.A. 54:50-24 et seq. of the New Jersey taxation law, N.J.S.A. 2A:17-56.44 Support Enforcement Law, Section 1128E(b)(2)A of the Social Security Act and 45 C.F.R. 60.7,6 Committee is required to obtain your Social Security number. Pursuant to these authorities, the obligated to provide your Social Security number to:	0.8 and	60.9, th	ie Boa	rd or
	 a. the Director of Taxation to assist in the administration and enforcement of any tax law, including compliance with State tax law and updating and correcting tax records; 	for the p	ırpose c	f revie	wing
	b. the Probation Division or any other agency responsible for child support enforcement, upo	n reques	t; and		
	c. the National Practitioner Data Bank and the H.I.P. Data Bank, when reporting adverse act professionals.	ons rela	ting to	health	care
4.	Child Support (You must answer a, b, c, and d.)				
	Please certify, under penalty of perjury, the following:				
	a. Do you currently have a child-support obligation?		Yes		No
	(1) If "Yes," are you in arrears in payment of said obligation?		Yes		No
	(2) If "Yes," does the arrearage match or exceed the total amount payable for the past six mon	ths?	Yes		No
	b. Have you failed to provide any court-ordered health insurance coverage during the past six mon	ths?	Yes		No
	c. Have you failed to respond to a subpoena relating to either a paternity or child-support proceedi	ng?	Yes		No
	d. Are you the subject of a child-support-related arrest warrant?		Yes		No
	In accordance with <u>N.J.S.A.</u> 2A:17-56.44d, an answer of "Yes" to any of the questions a(1) through the filter of licensure or certification. Furthermore, any false certification of the above may subject you not limited to, immediate revocation or suspension of licensure.				
	Applicant's name (please print) Applicant's signature		Date		
5.	Illegal Use of Controlled Dangerous Substances				
	The question below pertains to the illegal use of controlled dangerous substances. Please rea Your responses will be treated confidentially and retained separately. Please be aware that y not to answer this question if you have reasonable cause to believe that answering may expo criminal prosecution. In that event, you may assert the Fifth Amendment privilege against sel of Fifth Amendment privilege must be made in good faith. If you choose to assert the Fifth An in writing. You must fully respond to all other questions on the application. Your application for will be processed if you claim the Fifth Amendment privilege against self-incrimination. You set that you may later be directed by the Attorney General to answer a question that you have refu on the Fifth Amendment, provided that the Attorney General first grants you immunity afforded 45:1-20).	rou have se you to f-incrimi nendmer or licens hould bo sed to a	e the rigo the po- nation. nt, you ure or co e aware nswer co	ght to ossibility Any of must of ertification on the	elect ity of claim do so ation ever, basis
	"Currently" does not mean on the day of, or even in the weeks or months preceding the com Rather, it means recently enough so that the use of drugs may have an ongoing impact on one's or within the previous 365 days, whichever is longer.				
	"Illegal use of controlled dangerous substance" means the use of a controlled dangerous su (e.g. heroin or cocaine) as well as the use of controlled dangerous substances which are not of prescription or not taken in accordance with the directions of a licensed health care practitioned	otained _l			
	a. Are you currently engaged in the illegal use of controlled dangerous substances? (As stated about recently enough [to] have an ongoing impact" or "within the previous 365 days," where the controlled dangerous substances?	ve, "curi ichever	ently" i s longe	s defin r.)	ed as
			Yes		No
	If you answered "Yes," are you currently participating in a supervised rehabilitation program or pro	· · ·			σram
	that monitors you in order to assure that you are not engaging in the illegal use of controlle				
		d dange			

Date

Applicant's signature

7.	Have you ever changed you If "Yes," please submit with	r name? $\ \square$ Yes this application a copy of the	☐ No e marriage certificate, divo	rce decree or cou	rt order.	
	Have you ever been summoned; arrested; taken into custody; indicted; tried; charged with; admitted into pre-trial intervention P.T.I.; or pled guilty to any violation of law, ordinance, felony, misdemeanor or disorderly persons offense, in New Jersey, any other state, the District of Columbia or in any other jurisdiction? Parking or speeding violations need not be disclosed, but motor vehicle violations such as driving while impaired or into icated must be.					
	Have you ever been convicted of any crime or offense under any circumstances? This includes, but is not limited to, a plea of guilty, non vult, nolo contendere, no contest, or a finding of guilt by a judge or jury. \Box Yes \Box No If Yes, provide a copy of the judgment of conviction and the release from parole or probation. Please provide a complete e planation. Attach additional sheets of paper to this application.					
1 .	criminal indictment; a com- arbitration forum; a compl- an employer, educational If Yes, please submit a v	re you aware of any person uct, se ual harassment, or aplaint submitted to an alteraint filed by or with a licerinstitution, professional assowritten e planation stating the sheets of paper to this apples.	se ual assault, including ernative dispute resolution ensing authority or goverrociation, or other entity? the circumstances that led	but not limited forum including ment agency; or	to a civil comp g but not limite a complaint fil \(\sum Yes\)	olaint or ed to an led with No
11.	Do you currently hold, or h the District of Columbia or i If "Yes," for each license or co under a different name, plea	In any other jurisdiction? ertificate held, provide the da		•	' □ Ýes	☐ No
			Last name	First name	Middle initial	
	Type of license or certificate	Number	State or jurisdiction that issued the license	se or certificate	Date issued/expired	
	Type of license or certificate	Number	State or jurisdiction that issued the licens	se or certificate	Date issued/expired	
	Type of license or certificate	Number	State or jurisdiction that issued the licens	se or certificate	Date issued/expired	
	Type of license or certificate	Number	State or jurisdiction that issued the licens	se or certificate	Date issued/expired	
	Type of license or certificate	Number	State or jurisdiction that issued the licens	se or certificate	Date issued/expire	
12.	Have you ever been discipl District of Columbia or in a	ined or denied a professiona ny other jurisdiction?	al license or certificate of a	ny kind in New Je	ersey, any other s Yes	tate, the
13.	Have you ever had a profes other state, the District of C	ssional license or certificate o columbia or in any other juris		oked or surrender	ed in New Jersey Yes	/, any □ No
14.	Has any action including t any agency or certification	he assessment of fines or oth board in New Jersey, any otl	ner penalties ever been tak her state, the District of Co	en against your pr lumbia or in any c	rofessional practi other jurisdiction Yes	ice by ? □ No
15.	Have you ever been named practice in New Jersey, any	l as a defendant in any litigat other state, the District of C	tion related to the practice folumbia or in any other jui	of counseling or or risdiction?	other professiona Yes	al No
1 .	Are you aware of any investin New Jersey, any other sta	tigation pending against a pr ate, the District of Columbia	rofessional license or certifi or in any other jurisdiction	icate issued to you ?	u by a profession Yes	al board No
17.	Are there any criminal char other jurisdiction?	ges now pending against yo	u in New Jersey, any other	state, the District	of Columbia or i □ Yes	in any □ No
1 .	Have you ever been sanctic group related to the practic Columbia or in any other ju	e of counseling or other prof				

If the answer to any of the above questions, numbers 11 through 17, is "Yes," provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

Continuing Education

Please list all of the courses that you have successfully completed since your license expired or became inactive.

<u>Date</u>	<u>Title</u>	Subject Matter	<u>Sponsor</u>	No. of Hours

Employment since your license expired (You may photocopy this page if necessary.) Employer's name: _____ Employer's address: ZIP code State Immediate supervisor's name: _____ _____ Hours per week: _____ Employer's telephone number:_____ (Include area code) Your major responsibilities (use additional sheets of paper if necessary): _____ Dates employed: from: _____ Employer's name: ___ Employer's address: State City ZIP code Immediate supervisor's name: _____ Employer's telephone number:_____ ____ Hours per week: _____ (Include area code) Your major responsibilities (use additional sheets of paper if necessary): Dates employed: from: ____ Employer's name: Employer's address: ZIP code Immediate supervisor's name: Employer's telephone number:_____ _____ Hours per week: _____ (Include area code) Your major responsibilities (use additional sheets of paper if necessary): _____ Dates employed: from: ___ Applicant's name (Please print) Applicant's signature Date

CERTIFICATION FOR REINSTATEMENT/REACTIVATION APPLICATION

reinstatement/reactivation of my license or registration information provided in connection with this application is	in making this application to the Board or Committee fo ation, certify that I am the applicant and that all of the true to the best of my knowledge and belief. I understand that any may be deemed sufficient to deny reinstatement/reactivation or to tration issued by the Board or Committee.
of verifying my qualifications for reinstatement/reactivati	resent and past employment and other activities for the purpose on. I further authorize all institutions, employers, agencies and te, federal or foreign) to release any information, files or records
I certify that the foregoing statements made by me are true. willfully false, I am subject to punishment.	I am aware that if any of the foregoing statements made by me are
Signature of applicant	Date

Official Use Only Dual License License Type 1
Applicant's Number
License Type 2
Applicant's Number

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Official Use Only
Resubmit
Board or Committee

CERTIFICATION AND AUTHORIZATION FORM FOR A CRIMINAL HISTORY BACKGROUND CHECK

	e 🗌]	Mr. Mrs			(
		Ms. Last	First	Middle	Maiden Name
2. Addı	ess				
2. 1100		Street or P.	O. Box	ity State	ZIP code
3. Date	of birth	Month Day Year	Sex: Male	Female	
4. Soci	al Securi	ity number	//		
Affa If "N chec	irs since o," you k proces	e November 2003? will receive a separa s. No payment is nec	ate mailing from the Board	☐ Yell or Committee regarding	the criminal history record background
		Board or committee requiring the	fingerprinting		onth and year you were fingerprinted
	ou were fication 1	fingerprinted after by any other Board	November 2003 as part or Committee of the No	of the criminal history ew Jersey Division of C	onth and year you were fingerprinted background process for Consumer Affairs (a backgres not apply) you will not be

for licensure or certification. The fee for this service is \$18.75. Payment should be made in the form of a check or money order payable to the State of New Jersey and should accompany your application packet.

Have you ever been arrested and/or convicted of a crime or offense? (Minor traffic offenses such as a parking or speeding violations need not be listed.) ☐ Yes

Every such conviction on record must be disclosed. A true copy of every police report, judgment of conviction, sentencing order and termination of probation order, if applicable, must be submitted with this form. Any documents (including employer or supervisor letters of reference, if applicable) which present clear and convincing evidence of rehabilitation must be submitted with this form. Failure to follow these instructions may result in the denial of an initial application.

Note: Copies of judgments, sentencing and termination of probation orders may be obtained from the clerk of the county where those orders, disposing of the conviction, were issued and filed.

Your continuing responsibility to disclose convictions of crimes or offenses: You must notify the Board or Committee within five (5) business days if you are convicted of any crimes or offenses after this form has been completed.

CERTIFICATION

I,, in making this applicat	tion to the Board or Committee for
certification or licensure, certify that I am the applicant and that all of the informal application is true to the best of my knowledge and belief. I understand that any omission disclosures may be deemed sufficient to deny certification or licensure or to withhold renor license issued by the Board or Committee.	ation provided in connection with this ions, inaccuracies or failure to make full
I voluntarily consent to a thorough investigation of my present and past employme of verifying my qualifications for certification or licensure. I further authorize all in governmental agencies and instrumentalities (local, state, federal or foreign) to rerequested by the Board or Committee.	nstitutions, employers, agencies and all
I certify that the foregoing statements made by me are true. I am aware that if any of the willfully false, I am subject to punishment.	he foregoing statements made by me are
Signature of applicant	Deto