



Check here if you do not wish to renew

MISSISSIPPI STATE DEPARTMENT OF HEALTH

LATE APPLICATION – 2021-2023 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... YES NO
2. Have any criminal charges... YES NO
3. Has any license or permit... 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...

(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 THE RENEWAL FEE OF \$75.00... 5. ENCLOSED 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