

B: Complete this section if you are claiming additional credit for a MASTER'S DEGREE					For DCAS Use Only
Name of Master's degree completed:					
Name of College/Institution:					
Date degree completed:					

C: Complete this section if you are claiming additional credit for a CERTIFICATION, REGISTRATION OR LICENSE			
Certification/Registration/License	Year Issued	Issuing Organization	For DCAS Use Only
<input type="checkbox"/> Registered Art Therapist			
<input type="checkbox"/> Board Certified Art Therapist			
<input type="checkbox"/> Certified Therapeutic Recreation Specialist			
<input type="checkbox"/> Certified Park and Recreation Professional			
<input type="checkbox"/> Registered Music Therapist			
<input type="checkbox"/> Certified Music Therapist			
<input type="checkbox"/> Advanced Certified Music Therapist			
<input type="checkbox"/> Board Certified Music Therapist			
<input type="checkbox"/> Registered Drama Therapist			
<input type="checkbox"/> Board Certified Trainer			
<input type="checkbox"/> Dance Therapist Registered			
<input type="checkbox"/> Academy of Dance Therapist Registered			
<input type="checkbox"/> Registered Poetry Therapist			
<input type="checkbox"/> Certified Poetry Therapist			
<input type="checkbox"/> Certification in Psychodrama, Sociometry, and Group Psychotherapy			
<input type="checkbox"/> Licensed Creative Arts Therapist			