NEW YORK ART THERAPIST STATE LICENSURE EXAMINATION REGISTRATION

Last name:

First name: MI Soc. Sec. #: - -

Address:

City: State

Zip Code: - Male Female

Home phone: - - Business - -

EMAIL:

Exam Date	Registration Deadline	Exam Location
November 22, 2008	October 1, 2008	New York, NY

ABOUT REGISTRATION

- The cost to register is **$235**. This examination fee is **non-refundable/non-transferable.**
- A completed registration form is required. Deadlines are strictly enforced.
- All exam registration materials must be received by the registration deadline (**postmarks do NOT count**).
- You will receive your admission ticket approximately two weeks prior to the exam date.
- Your admission ticket will include information regarding the date and location of the exam.

PLEASE INCLUDE WITH YOUR MATERIALS

- Your completed registration form with signature.
- Your **$235** examination fee (please make check or money order payable to ATCB).

WHERE TO SEND YOUR REGISTRATION MATERIALS

ATCB National Office
3 Terrace Way
Greensboro, NC 27403

QUESTIONS ABOUT THE EXAM ADMINISTRATION? *Tel: 877-213-2822; Fax: 336-482-2852; Website: www.atcb.org.*
If you fax your registration form with your credit card payment, call ATCB the next business day to confirm receipt of the fax.

Have you previously taken the ATCBE for New York State Licensure? Yes No

If yes, on which date? / / (Month / Day / Year)

Have you previously taken the ATCBE for state licensure? Yes No

If yes, on which date? / / (Month / Day / Year)

What state? _____

I understand that I am taking the ATCBE for the purpose of fulfilling requirements for licensure in New York. A passing score does not guarantee approval of any other licensure requirements. I authorize ATCB to provide the New York State Education Department with examination results. Use of the ATCBE scores for licensure in other states may not occur until licensure is granted in New York. I understand that there is a separate process to become nationally certified as an art therapist.

Signature: _____ Date: _____

CHARGE ORDER FORM - DO NOT DETACH

Credit card type: VISA Mastercard American Express

Account number: Exp. date: /

Name on card: Amt. charged: $

Signature: _____ Date: _____