

ATR

Registered Art Therapist Option A

TEL: 877.213.ATCB (2822) Toll-Free
FAX: 336.482.2852
E-mail: atcb@nbcc.org
WEB: www.atcb.org

*Application, documentation, and
payment should be mailed to:*

*ATCB
3 Terrace Way
Greensboro, North Carolina 27403*

Adopted Revised Standards
and Application Procedures for Registration

Use this application form ONLY if you graduated from a
master's degree program approved by AATA at the time of your
graduation.

NOTE: Effective January 1, 2011, a revised single application
will replace the Option A, B and C applications.

APPLICATION (effective April 2010)

TABLE OF CONTENTS

Information and Instructions

Option A Requirements.....	2
Submitting the Application Packet	3
The Application Process	3
How to Maintain Your ATR.....	4
Board Certification (ATR-BC)	4

Forms

Registration Attestation Form	5-7
Verification of Post-education Experience Form (ATR or ATR-BC Supervisors).....	8
Verification of Post-education Experience Form (Non-ATR or ATR-BC Supervisors).....	9
Reference Form.....	10-11
Checklist and Payment Voucher.....	12

The mission of the ATCB is to protect the public
by promoting the competent and
ethical practice of art therapy.

Option A Requirements

Option A is for applicants who graduated from a master's degree program approved by AATA at the time of graduation.

Education Required

Applicants under Option A must provide an official transcript verifying a master's degree from an AATA-approved program. The program must have been AATA approved at the time of graduation. With this official transcript, the applicant automatically meets the ATR educational requirements.

Post-education Experience Required

Option A applicants must provide Verification of Post-education Experience Form(s) documenting:

- ◆ A minimum of 100 hours of supervision. A minimum of 50 hours must be provided by an ATR or ATR-BC.* Additional hours may be supervised by a licensed or credentialed master's level mental health practitioner with a master's degree or higher in art therapy or a related mental health field.** (Automatically acceptable related fields are counseling, marriage and family therapy, social work, psychology, addictions counseling, psychiatric nursing, and psychiatry. Other related mental health fields will be considered on a case-by-case basis. In order to request such consideration, submit written information regarding your employment setting along with your supervisor's resume to atcb@nbcc.org or fax to 336-482-2852). A copy of your supervisor's license or credential must be submitted with the application.
- ◆ a minimum of 1,000 hours of supervised direct client contact hours using art therapy. (Hours used to complete administrative tasks cannot be included for the purpose of obtaining the ATR).

* Any applicant who wishes to obtain post-education art therapy experience in his/her own private practice must be a licensed or certified practitioner in another psychotherapeutic discipline. ALL post-education art therapy experience hours completed in an applicant's private practice MUST be supervised by a current ATR or ATR-BC. The applicant is responsible for obtaining information about and adhering to the requirements of relevant state licensure boards.

** In order for a supervisor's license or credential to be accepted, a master's degree must be required to obtain that license or credential. Licenses or credentials that an organization grants to non-master's level degree holders are not accepted. If you have any questions as to whether the credentials of your supervisor(s) meet these criteria, please contact the ATCB National Office immediately.

References Required

Option A applicants must submit three positive Reference Forms.

- ◆ At least one Reference Form MUST be completed by a current ATR or ATR-BC who can support the applicant's competency for registration as an art therapist.
- ◆ Two additional Reference Forms may be completed by any of the following professionals who are familiar with the applicant's work performance and art therapy skills:
 - a current ATR or ATR-BC
 - a supervisor who possesses a license or credential in a related mental health field
 - a professional who is not an ATR or ATR-BC, and who did not supervise the applicant

Supervisors completing the Verification of Post-education Experience Form may also submit a Reference Form.

Submitting the Application Packet

- ◆ Applications must include the application fee of \$125.00. The application fee is nonrefundable and nontransferable. Submission of an application and fee does not guarantee the ATR will be granted.
- ◆ Only application forms from the current year will be accepted. (Be sure you are using the most current form available at www.atcb.org).
- ◆ All application materials must be submitted in English. If application materials are not available in English, applicants must arrange to have an English translation provided at their own expense. ATCB accepts translations from University Language Services (www.universitylanguage.com). The translation must be forwarded directly by University Language Services to ATCB's national office.
- ◆ All forms must include original ink signatures. Photocopied or facsimile signatures will not be accepted.
- ◆ All application materials must be submitted to ATCB in one packet.
- ◆ Use the application checklist on page 12 to ensure your packet is complete before sending.
- ◆ Make copies of all unsealed application materials before submitting the originals to ATCB's national office.
- ◆ Mail your application packet to: ATCB; 3 Terrace Way; Greensboro, NC 27403-3660.

The Application Process

- ◆ Applications are reviewed in the order of receipt and completed within eight weeks. Failure to include all required items (correctly completed) listed on page 12 will result in the need for additional reviews. Each subsequent review will take eight weeks from the date of document receipt.
- ◆ Within 10 business days of receipt, ATCB will send you a postcard verifying that the application has been received and placed in queue for review. *We ask that applicants not call to confirm receipt of applications as time spent answering these inquiries slows the review process.*
- ◆ Within eight weeks of receipt, your application will be reviewed. Review results will be sent via postal mail to your preferred address.
- ◆ If additional documentation is needed for your Option A application, ATCB will contact you with details regarding the documentation needed and deadline for submission. ATCB reserves the right to request clarifying information as needed.
- ◆ If your application is denied after complete documentation has been received, you will be entitled to an appeal procedure.
- ◆ ATCB will mail you a certificate once you have been granted the ATR. Along with the certificate, you will receive information regarding maintenance of your ATR credential and how to register for the ATCB exam to earn the ATR-BC credential.

How To Maintain Your ATR

Only applicants who have been approved for registration by the Art Therapy Credentials Board, Inc., are legally entitled to use the Registered Art Therapist (ATR) credential as evidence of their professional status. Fraudulent use of the ATR credential may subject the user to legal action. An invoice for the annual maintenance fee will be sent out in May of each year, and payment is due by June 30th. The annual maintenance fee for the ATR credential is \$100.00. Members of the American Art Therapy Association (AATA) will receive a \$50.00 discount if a current AATA membership card is submitted with their payment each year. In order to retain your credential, a maintenance fee must be paid annually. If the maintenance fee is not paid by October 30, your credential will be placed in "lapsed" status.

ATRs who have not paid their maintenance fees will be placed in "lapsed" status. If the lapse is for less than three years, the credential can be reinstated by paying all back maintenance and late fees. If the lapse is three or more years, reapplication for ATR status under current standards will be required. Continued registration is also subject to compliance with the ATCB Code of Professional Practice.

Board Certification (ATR-BC)

In order to take the ATCB Board Certification exam, you must hold the ATR credential and be in good standing with ATCB. To obtain more information, visit ATCB's Web site at www.atcb.org. You can also e-mail us at atcb@nbcc.org, call us toll free at (877) 213-ATCB (2822), or fax us at (336) 482-2852.

Special note for those wishing to take the ATCB Examination in the same year that the ATR is granted: Results of your ATR application review will be available eight weeks after your **complete** application is received. Therefore, your **complete** application packet must be received in the ATCB national office no later than July 23, 2010, in order to meet the September 17, 2010, registration deadline for the November 2010 exam.

10. Education

A master's degree is required for ATR registration. Please list the academic institution where you received your master's degree. Include a sealed, official graduate transcript that identifies the title of the degree conferred upon you.

College/University (include City and State)	Degree (e.g., MA, MS, Ph.D., Ed.D.)	Degree Title	Date Conferred

Do you have a master's degree (or higher) from a degree program approved by AATA at the time of your graduation?

YES
 NO

11. Disciplinary History: Has any disciplinary action been taken against you within the last 10 years by any of the following?

	Yes	No
Governmental Authority (e.g., professional licensing board)		
Third-party insurance carrier		
Professional association or organization		
Credentialing board		
Have you voluntarily surrendered an active professional license within the last 10 years pending the outcome of a hearing?		
Are you the subject of pending disciplinary action from a professional licensure/credentialing board or association?		
Have you been convicted of a criminal offense other than a misdemeanor?		
Have you been placed on a governmental abuse registry?		

If you answered YES to any of the items in Section 11, please attach an explanation and supporting documentation, including the complaint filed and sanctions issued (if any), in a sealed envelope marked DISCIPLINARY HISTORY.

ATR Release Authorization

I, _____, hereby certify that all information contained in my application for certification as a Registered Art Therapist (ATR) by the Art therapy Credentials Board, Inc. (ATCB) is true and accurate to the best of my knowledge. I hereby apply for registration offered by ATCB in accordance with and subject to its rules. I understand that the information resulting from the registration process may be used for statistical purposes and for evaluation of certification programs. I further understand that the information for registration records will be treated confidentially. To the best of my knowledge, the information contained in this application is true, complete, correct, and is made in good faith. I understand that ATCB reserves the right to verify any or all information on this application and that any incorrect or misleading information may constitute grounds for rejection of my application, revocation of my registration, or other disciplinary actions.

I authorize ATCB, its officers, directors, employees, agents, and assigned reviewers (ATCB's designated parties) to review my application and to determine whether I have met ATCB's standards for registration. I understand and agree that in the consideration of my application, the Board may make inquiry of such persons as it deems appropriate; that if information is received that would adversely affect my application, I will be so advised and given an opportunity to rebut such allegations, but I may not be advised as to the identity of individuals who have furnished adverse information concerning me; and that all statements and other information furnished to the Board in connection with such inquiry shall be confidential and not subject to examination by me or by anyone acting on my behalf. I authorize the ATCB's designated parties to communicate any and all information relating to any application, registration status, and review thereof,

including, but not limited to, pending or outcome of disciplinary proceedings to state and federal authorities, employers, and others.

By signing this Authorization, I acknowledge that I have received, read, and understand the ATCB Code of Professional Practice. I understand that if I am granted registration as an ATR, it will be my responsibility to remain in compliance with all ATCB standards, including the ATCB Code of Professional Practice. I understand and agree to the rejection of my application, revocation of my registration, or other disciplinary action if I violate any of the rules or standards of ATCB. I understand that any credential granted by ATCB does not entitle me to state licensure.

I release ATCB from all liability and claims arising from any art therapy activity.

The credential abbreviations and related names, and any certificates, cards, and other items displaying the emblems of ATCB are all the exclusive property of ATCB. I agree to abide by ATCB's instructions regarding use of its intellectual property, and to not use this intellectual property in any way without the express prior written consent of ATCB. I agree to correct at my own expense any inaccurate or unauthorized use by me of ATCB's intellectual property. I agree that if I refuse to make corrections, then ATCB is entitled to obtain all relief permitted by law.

I agree to cooperate promptly and fully in any review of any credentialing by ATCB, including submitting such documents and information as it may be required in the sole discretion of ATCB to confirm the information in this application. I authorize ATCB and ATCB's designated parties to communicate any and all information relating to my ATCB application and review thereof.

I agree to report within 60 days of my notification of them, the following matters related to me:

- Any formal charge, complaint or conviction related to a criminal or quasi-criminal act, civil action or civil litigation;
- Any other charge or complaint by a regulatory or professional organization, including any corrective action(s) issued.

Upon registration, I understand that credentialing data is considered to be public information, and I authorize ATCB to release such information and my name and address in its listing of registered art therapists, unless I indicate otherwise to the National Office.

By signing, I acknowledge that I have read and understood this information, and agreed to abide by these terms.

Applicant's Signature

Date

Applicants are encouraged to make copies of all unsealed application materials before sending the originals to ATCB.

Option A: Photocopy BLANK form as needed.

Applicant's Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(Last, First)

You must include three references with your application packet. One of the references **must** be from a current **ATR or ATR-BC**. Supervisors completing the Verification of Post-education Experience Form may also complete a Reference Form.

Photocopy this BLANK form and provide a copy to each of your references. Each reference should complete the form and return it to you in a sealed envelope with his or her signature across the flap.

Include each sealed envelope in your application packet. **DO NOT SEND SEPARATELY.**

**INFORMATION BELOW TO BE COMPLETED
BY THE PERSON PROVIDING THE REFERENCE**

PLEASE PRINT OR TYPE. DO NOT USE PENCIL.

1. Reference's Full Name: _____
2. Profession: _____
3. Degree, Professional Certification and/or License: _____
4. Credentialing Organization or Licensing Body: _____
5. Business Address: _____

6. City/ State/ Zip Code: _____
7. Daytime Telephone: _____ Ext. _____

If you are a current ATR or ATR-BC, what is your Registration/Board Certification number? _____

Relationship to applicant:

- ____ Trainer/Educator
- ____ Immediate Supervisor
- ____ Professional Colleague
- ____ Other (specify): _____

REFERENCE PROVIDER:

Please return both pages of this form to the applicant in a sealed envelope with your signature across the flap.

Reference Form continues on the next page

