

ATR

Registered Art Therapist

Option B

Adopted Revised Standards
and Application Procedures for Registration

Use this application form if you graduated from a master's degree program that included all core curriculum courses and practicum/internship requirements of this application, but was NOT 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.

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*

APPLICATION (effective April 2010)

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

Option B Requirements

Option B is for applicants who graduated from a master's degree program that included all core curriculum courses and practicum/internship requirements of this application, but was **NOT** approved by AATA at the time of graduation.

If you graduated from a master's degree program that **was** approved by AATA at the time of your graduation, use Option A.

Education Required

Option B applicants must provide official transcripts that document completion of a master's degree in art therapy or a related field from a program not approved by AATA at the time of applicant's graduation, which included:

- ◆ A minimum of 24 graduate semester credits (or 36 quarter credits) in art therapy core curriculum (not including credits earned for practicum/internship) that include the following content:
 - history of art therapy
 - theory of art therapy
 - techniques of practice in art therapy
 - application of art therapy with people in different treatment settings
 - psychopathology
 - art therapy assessment
 - ethical and legal issues of art therapy practice
 - matters of cultural and social diversity bearing on the practice of art therapy
 - standards of good art therapy practice

Applicants must provide copies of college catalog descriptions for all relevant coursework. Applicants may be required to submit course syllabi if requested by the national office.

- ◆ A minimum of 700 hours of supervised art therapy practicum/internship, including a minimum of 350 hours of direct provision of art therapy services to individuals, groups, and/or families. The remaining hours may include supervision, case review, record keeping, preparation, staff meetings, and other administrative functions. Practicum/internship must be supervised or advised by a current ATR or ATR-BC. One hour of individual supervision and/or two hours of group supervision must be documented for every 10 hours of practicum/internship.

In addition to the 24 semester (or 34 quarter) credits of art therapy core curriculum identified above, Option B applicants must provide documentation of completion of:

- ◆ 15 semester credits* (or 22 quarter credits) in studio art. These may be undergraduate or graduate level courses.
*Applicants wishing to fulfill some or all of the studio art requirements outside of traditional academic settings may document clock hours of studio time using the ratio of 15 contact hours as equivalent to one semester credit. This documentation must be in the form of a signed letter (on official letterhead) from the instructor.
- ◆ 12 semester credits (or 18 quarter credits) in psychology (including abnormal and developmental psychology). These may be undergraduate or graduate level courses.

Post-education Experience Required

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

- ◆ A minimum of 150 hours of supervision. A minimum of 75 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 potential supervisor's résumé 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 1,500 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 B 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).
- ◆ Applicants who were educated outside the United States must have a course-by-course equivalency review completed at their own expense. The review must be conducted by an ATCB-approved reviewing organization and forwarded directly to ATCB's national office. ATCB-approved reviewing organizations include World Education Services (www.wes.org) and Educational Credential Evaluators, Inc. (www.ece.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 18 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. Failure to include all required items (correctly completed) listed on page 18 will result in the need for additional reviews. Each subsequent review will take eight weeks or more 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.*
- ◆ Following your review, results will be sent via postal mail to your preferred address.
- ◆ If additional documentation is needed for your Option B 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.

INSTRUCTIONS

- Carefully read all requirements and instructions on all pages before completing these application forms. Application packets must be **complete** prior to submission. Fee must be included.
- Type or print all information.
- Include your name as you want it to appear on your certificate. Certificates will not include titles or educational degrees.
- Read the ATCB Code of Professional Practice (available at www.atcb.org)

ATR
Registered
Art Therapist

Option B

Mail application, payment, and other documents to:

ATCB
3 Terrace Way
Greensboro,
NC 27403

This form may not be faxed.

Please print or type. Do not use pencil.

FOR OFFICE USE ONLY	
Date	
Charge	
Check	
Amt	\$

1. First Name/MI:

Last Name:

Other Names: (maiden name/other names used in transcripts and records, including dates -in years- of use)
2. Last Four Digits of Social Security Number
3. Residence Address:

City/ State/ ZIP+4:
4. Business Address:

City/ State/ ZIP+4:
5. Home Phone: Fax:

Business Phone: Extension:
6. If it is acceptable to correspond with you via e-mail, please provide your e-mail address:
7. Indicate your preference for mail correspondence. (check one) Home Business
8. Gender: M F
9. Date of Birth (MM/YY): /

Registration Attestation Form continues on the next page

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. Also include sealed, official transcripts that indicate completion of any other related coursework.

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

Check YES or NO to the following questions. You must be able to truthfully answer YES to all in order to qualify for the ATR credential.

	Yes	No
Do you have a master's degree (or higher) in art therapy or a related field?		
Do you have 15 semester credits (or 22 quarter credits) in studio art?		
Do you have 12 semester credits (or 18 quarter credits) in psychology (including developmental and abnormal psychology)?		
Do you have 24 graduate semester credits in art therapy core curriculum (equal to 36 quarter credits)? This does not include credits earned for practicum/internship.		
Did you complete a 700 hour practicum/internship?		
Was your art therapy practicum/internship taught, supervised, or advised by a current ATR or ATR-BC?		

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.

PART II: RELATED CONTENT

STUDIO ART

- Applicants must document 15 semester credits (or 22 quarter credits) in studio art.
- Studio art courses may be undergraduate or graduate level. (Please include course descriptions.)
- Official transcripts, in sealed envelopes, must accompany this form.
- Applicants wishing to fulfill some or all of the studio art requirements outside of traditional academic settings may document clock hours of studio time using the ratio of 15 contact hours as equivalent to one semester credit. This documentation must be in the form of an original signed letter (on official letterhead) from the studio art instructor. Provide original letter(s) with this Verification of Coursework Form.
- Credits used to fulfill Art Therapy Core Curriculum content areas above may not also be used to fulfill the Studio Art requirement.

For art courses taken in academic settings:

Course No. or Code	Course Title	Semester/Quarter Credits	College or University or other institution where course was completed

For art courses taken outside of traditional academic settings:

Course Title	Course Instructor	No. of Contact Hours	No. of Credit(s) Equivalency	Institution where course was completed

Verification of Coursework Form continues on the next page

PSYCHOLOGY

- Applicants must document 12 semester credits (or 18 quarter credits) in psychology.
- Psychology courses may be undergraduate or graduate level. (Please include course descriptions.)
- All courses must be from a college or university approved by a national or regional accrediting agency.
- Official transcripts, in sealed envelopes, must accompany this form.
- Credits used to fulfill Art Therapy Core Curriculum content areas above may not also be used to fulfill the Psychology requirement.

Course No. or Code	Course Title	Semester/ Quarter Credits	College or University where course was completed

