

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

# ATCS

## Art Therapy Certified Supervisor

### 2012 APPLICATION

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The mission of the Art Therapy Credentials Board is to protect the public by promoting the competent and ethical practice of art therapy.

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# Requirements for Education-Based Entry to ATCS Certification

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Applicant must be a Board Certified Art Therapist (ATR-BC) whose ATR-BC credential has been in active status for a minimum of 24 months prior to application and who meets the education, endorsement, supervision and professional disclosure statement requirements detailed below.

## Education-Based Requirements

A course in clinical supervision awarding a minimum of three semester (or 4.5 quarter) hours of graduate level credit from a regionally or nationally accredited institution.

**OR**

A minimum of 35 continuing education credits in the area of clinical supervision, including supervision of art therapists. The credits must meet the ATCB recertification standards in place at the time of application. The current ATCB recertification standards (including acceptable forms of documentation) are available for review at [www.atcb.org/export/sites/atcb/\\_resources/author\\_files/ATCB\\_Recertification\\_Standards.pdf](http://www.atcb.org/export/sites/atcb/_resources/author_files/ATCB_Recertification_Standards.pdf).

## Endorsement Requirement

A letter of endorsement from a current ATR-BC attesting to the applicant's supervisory competency. The letter must be received by ATCB in a sealed envelope with endorser's signature across the back flap.

## Supervision Requirements

A completed Verification of Clinical Supervision or Attestation of Clinical Supervision Form documenting provision of a minimum of 100 hours of clinical supervision of supervisees providing art therapy services

**AND**

A completed Verification of Clinical Supervision of Supervision Form documenting receipt of a minimum of 20 hours of clinical supervision-of-supervision.

## Professional Disclosure Statement Requirement

ATCS applicants must present a Professional Disclosure Statement that demonstrates an understanding of the multiple responsibilities of clinical supervision. You may submit the disclosure statement currently distributed to supervisees only if all required information is included. The Professional Disclosure Statement submitted with this application must include:

- Your name
- Supervisor's name (if applicable)
- Business or employer's name, address, telephone number and e-mail address
- Description of formal training and education, including highest relevant degree and educational institution
- Description of relevant art therapy credentials
- Description of all professional affiliations, memberships, licensing and certifications, including credential number and state of issue
- Affirmation of past and present adherence to the ATCB *Code of Professional Practice*
- Areas of competence and services provided
- Philosophical / theoretical approach to supervision
- Description of relevant academic training or professional experience in demonstrating competency in supervision
- Fees for supervision (must state specific fee or fee range)
- Instructions regarding how to file a complaint with ATCB, Inc., including the ATCB's address, telephone number and e-mail address

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## Requirements for Experience-Based Entry to ATCS Certification

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Applicant must be a Board Certified Art Therapist (ATR-BC) whose ATR-BC credential has been in active status for a minimum of 24 months prior to application and who meets the experience/credentialing, endorsement and professional disclosure statement requirements detailed below.

### Experience-Based Requirements

A completed Verification of Clinical Supervision or Attestation of Clinical Supervision Form documenting a minimum of 36 months and 500 hours of experience as a clinical supervisor of supervisees providing art therapy services.

**OR**

A completed Verification of Academic Supervision Form documenting a minimum of 36 months and 500 hours of experience as an academic supervisor of supervisees providing art therapy services as part of a master's degree program approved by the American Art Therapy Association (AATA).

**OR**

A copy of your national or state credential in clinical supervision. Acceptable credentials include:

- Approved Supervisor through the American Association for Marriage and Family Therapy
- Certified Supervisor through the American Association of Pastoral Counselors
- Counselling Supervisor Accreditation through the British Association for Counselling and Psychotherapy
- NCCs who formerly held the designation of Clinical Supervisor through the Academy of Mental Health Counselors
- Counselors, Marriage and Family Therapists, Psychologists and Clinical Social Workers who are currently licensed or certified as clinical supervisors by a state licensing board

Other credentials will be reviewed on a case-by-case basis. In order to request such consideration, submit your inquiry along with a copy of your credentials to [atcb@nbcc.org](mailto:atcb@nbcc.org) or fax to 336.482.2852.

### Endorsement Requirement

Letter of endorsement from a current ATR-BC attesting to the applicant's supervisory competency. Letter must be received by ATCB in a sealed envelope with endorser's signature across the back flap.

### Professional Disclosure Statement Requirement

ATCS applicants must present a Professional Disclosure Statement that demonstrates an understanding of the multiple responsibilities of clinical supervision. You may submit the disclosure statement currently distributed to supervisees only if all required information is included. The Professional Disclosure Statement submitted with this application must include:

- Your name
- Supervisor's name (if applicable)
- Business or employer's name, address, telephone number and e-mail address
- Description of formal training and education, including highest relevant degree and educational institution
- Description of relevant art therapy credentials
- Description of all professional affiliations, memberships, licensing and certifications, including credential number and state of issue
- Affirmation of past and present adherence to the ATCB *Code of Professional Practice*
- Areas of competence and services provided
- Philosophical / theoretical approach to supervision
- Description of relevant academic training or professional experience in demonstrating competency in supervision
- Fees for supervision (must be state fee or fee range)
- Instructions regarding how to file a complaint with ATCB, Inc., including ATCB's address, telephone number and e-mail address

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## Submitting the Application Packet

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- ◆ Applications must include the application fee of \$115. The application fee is nonrefundable and nontransferable. Submission of an application and fee does not guarantee the ATCS 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](http://www.atcb.org).)
- ◆ All application materials must be submitted in English. If required documentation 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](http://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 included in this application 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

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## The Application Process

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- ◆ 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 ATCS application, ATCB will contact you with details regarding the documentation needed and deadline for submission.
- ◆ If your application is denied after complete documentation has been received, you may appeal the decision if you have just cause.
- ◆ ATCB will mail a certificate to you once you have been granted the ATCS. Along with the certificate, you will receive information regarding maintenance of your ATCS credential.

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## How to Maintain Your ATCS

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### **Annual Maintenance Fee**

An invoice for the annual maintenance fee will be sent in May of each year, and payment is due by June 30th. The annual maintenance fee for the ATCS credential is \$25. In order to retain your credential, the maintenance fee must be paid annually. If the maintenance fee is not paid by October 30th, your credential 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 ATCS status under current standards will be required.

### **Recertification**

Recertification will be required every five years, and will coincide with your ATR-BC recertification cycle. Recertification requires documentation of a minimum of 10 hours of continuing education based upon the theory and technique of clinical supervision. The 10 hours of continuing education in supervision can also be used toward recertification of your ATR-BC.

### **ATCB Code of Professional Practice**

Continued certification is subject to compliance with the ATCB *Code of Professional Practice*.

Only applicants who have been awarded the Art Therapy Certified Supervisor (ATCS) credential by the Art Therapy Credentials Board, Inc., are legally entitled to use the ATCS credential as evidence of their professional status. Fraudulent use of the ATCS credential may subject the user to legal action.

**INSTRUCTIONS**

1. 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.
2. Type or print all information.
3. Include your name as you want it to appear on your certificate. Certificates will not include titles or educational degrees.
4. Read the ATCB *Code of Professional Practice* (available at [www.atcb.org](http://www.atcb.org)).

**CHECK ONE:**     I am applying for ATCS via Education-Based Entry as detailed on page 2  
 I am applying for ATCS via Experience-Based Entry as detailed on page 3

**PLEASE PRINT CLEARLY WITH INK**

1. First name/MI:   
 Last name:   
 Other last 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. Preferred address:   
  
 City/State:   
 ZIP code+4:

4. Home telephone:   Fax:    
 Business telephone:   Extension:

5. If it is acceptable to correspond with you via e-mail, please provide your e-mail address:

6. Indicate your preference for correspondence (check one).     Home     Business

7. Gender:     M     F    8. Date of birth (MM/YYYY):  /

**ATCS Attestation Form continues on the next page**

**FOR OFFICE USE ONLY**

REF.#: \_\_\_\_\_      DATE: \_\_\_\_\_      BATCH #: \_\_\_\_\_      AMOUNT: \_\_\_\_\_

9. 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 9, please attach an explanation and supporting documentation, including the complaint filed and sanctions issued (if any), in a sealed envelope marked DISCIPLINARY HISTORY.

By signing below I attest that:

- a) The information I have supplied on this Attestation Form and all accompanying forms and documentation is accurate.
- b) I have read and agree to abide by the ATCB *Code of Professional Practice*.
- c) I understand that professional and certification data are considered public information and will be made available in response to consumer/client inquiries.
- d) I agree that for research and statistical purposes, data resulting from my participation in the ATCB credentialing processes may be used in an anonymous and unidentifiable manner.
- e) I understand that all materials submitted to the ATCB become ATCB property upon receipt and that neither originals nor photocopies will be returned.
- f) I understand that the application fee is nonrefundable and nontransferable, and submission of an application packet and application fee does not guarantee the ATCS will be granted.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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

Mail application, payment and other documents to:

**ATCB  
3 Terrace Way  
Greensboro, NC 27403 USA**

**THIS FORM MAY NOT BE FAXED**

PLEASE PRINT CLEARLY

This form is to be completed and signed by a representative of the agency at which the applicant provided clinical supervision of individuals providing art therapy services.

Applicant's name: \_\_\_\_\_

Agency name: \_\_\_\_\_

Agency address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Agency representative's full name: \_\_\_\_\_

Agency telephone number: (      ) \_\_\_\_\_

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

Dates of supervision (If supervision was not continuous, please indicate the multiple time spans.):

From \_\_\_\_\_ to \_\_\_\_\_.  
From \_\_\_\_\_ to \_\_\_\_\_.  
From \_\_\_\_\_ to \_\_\_\_\_.

Clock hours of supervision provided: \_\_\_\_\_

*My signature below indicates my attestation that the information provided above is true and correct. I agree to provide any additional information request by ATCB.*

\_\_\_\_\_  
Agency representative's signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

This form is to be completed by the individual who supervised the applicant's work with developing art therapists. Specifically, if the applicant met with you for feedback in their work as a supervisor of art therapists, you are asked to complete this form. You should indicate only the dates and hours for which you supervised the applicant's work with developing art therapists. You should return this completed form to the applicant in a sealed envelope with your signature across the flap. The applicant will submit the envelope(s) with the application packet.

\*Please note that a supervisor of developing art therapists has already attained the ATR-BC credential.

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

Applicant's name: \_\_\_\_\_

Name of supervisor completing this form: \_\_\_\_\_

Supervisor's daytime telephone number: (    ) \_\_\_\_\_

Supervisor's e-mail address: \_\_\_\_\_

Name of agency where applicant completed supervision under my supervision:

Agency address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Date span in which you met with the applicant to provide supervision of his/her work with developing art therapists.

From \_\_\_\_\_ to \_\_\_\_\_.

From \_\_\_\_\_ to \_\_\_\_\_.

From \_\_\_\_\_ to \_\_\_\_\_.

Total clock hours of supervision of supervision I provided: \_\_\_\_\_

*My signature below indicates my attestation that the information provided above is true and correct. I agree to provide any additional information requested by ATCB.*

\_\_\_\_\_  
Agency representative's signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

This form is to be completed by a representative of the master's degree program in which the applicant provided academic supervision to supervisees providing art therapy services. The program must have been approved by the American Art Therapy Association (AATA) at the time of the supervision.

Applicant's name: \_\_\_\_\_

University at which academic supervision was provided: \_\_\_\_\_

AATA -approved degree program in which academic supervision was provided: \_\_\_\_\_

Full name of degree program representative completing this form: \_\_\_\_\_

Representative's address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Representative's telephone number: (    ) \_\_\_\_\_

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

The applicant named above provided a total of \_\_\_\_\_ hours of academic supervision to students over a period of \_\_\_\_\_ years and \_\_\_\_\_ months. The degree program was approved by AATA the entire time.

*My signature below indicates my attestation that the information provided above is true and correct. I agree to provide any additional information requested by ATCB.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

**THIS PAGE MUST BE INCLUDED WITH YOUR APPLICATION PACKET**

Check each item you have included in your application packet. All items are required.

### **Education-Based Entry Applicants**

- Official transcript documenting clinical supervision coursework **OR** acceptable documentation of continuing education credits as outlined in the current ATR-BC recertification standards
- Letter of endorsement from a current ATR-BC in sealed envelope with endorser's signature across the flap
- Completed Verification of Clinical Supervision Form **OR** Attestation of Clinical Supervision Form
- Completed Verification of Clinical Supervision of Supervision Form
- Professional Disclosure Statement
- A check or money order payable to "ATCB" or completed charge information on Payment Voucher (for \$115 U.S.Dollars)
- Payment Voucher
- ATCS Attestation Form

### **Experience-Based Entry Applicants**

- A completed Verification of Clinical Supervision or Attestation of Clinical Supervision **OR** Verification of Academic Supervision Form **OR** a copy of your national or state credential in clinical supervision.
- Letter of endorsement from a current ATR-BC in sealed envelope with endorser's signature across the flap
- Professional Disclosure Statement
- A check or money order payable to "ATCB" or completed charge information on Payment Voucher (for \$115 U.S.Dollars)
- Payment Voucher
- ATCS Attestation Form

