



Application for Retired Status

This application is to be used only by those requesting that their current ATR, ATR-BC, and/or ATCS status be changed to a retired status. This form must be submitted directly to the ATCB National Office for consideration. In order to request Retired Status, your ATR or ATR-BC and/ or ATCS must be current and in good standing. Please print clearly.

I, _____ have retired from the provision of art therapy service, education, and/or supervision, in a paid position or on a volunteer basis and wish to change my current ATR or ATR-BC and/or ATCS to a retired status.

By signing below I attest that I will adhere to the requirements below to maintain retired status:

- I may provide service to a national art therapy organization.
- I may not use the ATR, ATR-BC, or ATCS designation. In its place, I may use ATR-Retired, ATR-BC Retired and/or ATCS Retired (depending on prior status).
- I may not work as an art therapist.
- I may not provide volunteer art therapy services.
- I may not provide ATR supervision. I can only verify supervision completed prior to my retirement for supervisees whose applications for registration were submitted after my retirement.
- I will be billed and must remit an annual maintenance fee of \$25 to the ATCB National Office.

AND

- I will continue to receive all ATCB publications and information (for which I will inform ATCB of any changes in my contact information).
- I will retain all voting rights with the ATCB.
- I will be exempt from the procedures required to maintain the ATR, ATR-BC, and the ATCS with my retired credential status (i.e. Continuing Education).
- If I am an ATR-BC and I am granted retired status and later wish to return to active status, I understand that before requesting to return to active status, I must first complete five (5) CECs in ethics in the field of art therapy or a related mental health field within six (6) months of requesting reactivation of my ATR-BC. Documentation of completing the CECs in ethics must be included with my letter requesting reactivation.

Signature: _____

Date: _____

Print Name: _____

ATR# or ATR-BC# _____

Mailing Address: _____

E-mail Address: _____ Telephone Number: (____) _____

Mail this completed form to ATCB · 3 Terrace Way · Greensboro, NC 27403

The ATCB National Office staff will contact you following the review of your request for retired status. Until you receive notification of your change of status from ATCB, please continue to use your current ATR or ATR-BC designation. You may expect a response within four weeks of submitting the form.