

ART THERAPY | ATCB

CREDENTIALS BOARD, INC.

Continuing Education Credits (CEC) Tracking Form

Please print or type. Activities should be listed in order by date. For additional instructions, please refer to recertification standards.

Name: _____ ATR-BC #: ____ - ____ Exp. Date: _____

Activity Date	Activity Type	Presented by	Name of Approved Provider	Content Area	Number of CECs Claimed
<i>(sample)</i> 1/25/2008	<i>Attended a conference workshop</i>	<i>John A. Therapist, ATR-BC</i>	<i>AATA</i>	<i>Art Therapy Assessment</i>	<i>2 hrs.</i>
Total for This Page					