ART THERAPY CREDENTIALS BOARD, INC. | ATCB

New York Art Therapist State Licensure Examination Registration

Art Therapy Credentials Board Examination (ATCBE)

Last Name:

First Name: MI: Last Four Digits of Social Security No.:

Address:

City: State:

Zip Code: – Male: Female:

Home Phone: – – Business: – –

E-mail:

Have you previously taken the ATCBE for state licensure? ___ NO ___ YES

If **yes**, indicate state: Indicate date of exam: – – (month / day / year)

I understand that 1) I am taking the ATCBE as a requirement for licensure as a Creative Arts Therapist (LCAT) in New York, 2) I am authorizing ATCB to provide the New York State Education Department with my examination results, 3) A passing score does not guarantee approval for any license or credential, 4) Use of the ATCBE scores for licensure in another state may not occur until licensure is granted in New York, 5) There is a separate application process to become an ATR or ATR-BC, 6) I must not refer to myself as an ATR or ATR-BC until and unless I successfully apply for credentialing through the ATCB and am informed that I may now refer to myself as an ATR or ATR-BC.

Signature: _____ Date: _____

About registration

- The cost to register is $235. This examination fee is non-refundable/non-transferable.
- Registration is required. Deadlines are strictly enforced.
- All exam registration materials must be received by the registration deadline (postmarks do NOT count).
- You will receive your admission letter approximately two weeks prior to the exam date.
- Your admission letter will include information regarding the date and location of the exam.

Please include with your materials

- your completed registration form with signature
- your $235 examination fee (please make check or money order payable to ATCB)
- a copy of your approval letter from the New York Office of the Professions.

Registration Deadline: May 21, 2012
Examination Date: July 14, 2012

Please select your preferred testing location:
☐ New York, NY ☐ Rochester, NY ☐ Savannah, GA (AATA Conference)

Send registration materials and payment to:
ATCB, 3 Terrace Way, Greensboro, NC 27403

Registration form and credit card payments can be faxed to 336-482-2852. Please call ATCB (877-213-2822) on the next business day to confirm receipt of the fax.

OFFICE USE ONLY

REF.#:_____ DATE: _____ BATCH #: _____ AMOUNT: _____

Questions about the exam administration? TEL: 877-213-2822 • FAX: 336-482-2852 • WEB: www.atcb.org

☐ Enclosed is a check or money order, made payable to "ATCB," in the amount of **$235.00 (U.S. Dollars)**:

☐ Please charge the credit card as listed below in the amount of **$235.00 (U.S.Dollars):**

Card Type: ☐ VISA ☐ MasterCard

Name on Card:

Acct.#:

Three-digit verification number (located on back of card): Exp. date: /

Cardholder Signature: _____ Date: _____