ART THERAPY CREDENTIALS BOARD, INC. | ATCB

New York Art Therapist State Licensure Examination Registration

Art Therapy Credentials Board Certification Examination

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 New York state licensure? ___NO ___ YES

If yes, indicate date: – – (month – day – year)

Have you previously taken the ATCBE for state licensure in another state? ___NO ___ YES

If yes, indicate date: – – (month – day – year)

For which state? _____

I understand that I am taking the ATCBE for the purpose of fulfilling requirements for counselor licensure in New York. A passing score does not guarantee approval of any other licensure or credentialing requirements. I authorize ATCB to provide the New York State Education Department with examination results. Use of the ATCBE scores for licensure in other states may not occur until licensure is granted in New York. I understand that there is a separate application process to become nationally certified as an art therapist.

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 ticket approximately two weeks prior to the exam date.
- Your admission ticket 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).

Exam Date	Registration Deadline	Exam Location
Nov. 6, 2010	Sept. 17, 2010	New York, NY

Send registration materials and payment to:
ATCB National Office
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: 336-213-2822 • WEB: www.atcb.org

☐ Enclosed is a check or money order, made payable to "ATCB," in the amount of **$235.00**:

☐ Please charge the credit card as listed below in the amount of **$235.00**:

Card Type: ☐ VISA ☐ MasterCard

Name on Card:

Acct.#:

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

Cardholder Signature: _____ Date: _____