

ATR

Registered Art Therapist

Option A

Adopted Revised Standards
and Application Procedures for Registration

Use this application form ONLY if you graduated from a
master's degree program approved by AATA at the time of your
graduation.

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*

2009 APPLICATION

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The mission of the ATCB is to protect the public
by promoting the competent and
ethical practice of art therapy.

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3 Terrace Way
Greensboro, North Carolina 27403*

Option A Requirements

Option A is for applicants who graduated from a master's degree program approved by AATA at the time of graduation.

Education Required

Applicants under Option A must provide an official transcript verifying a master's degree from an AATA-approved program. The program must have been AATA approved at the time of graduation. With this official transcript, the applicant automatically meets the ATR educational requirements.

Applicants who have training from outside the United States must have a course-by-course equivalency review completed at their own expense. The equivalency must be conducted by an ATCB-approved reviewing organization and forwarded directly to ATCB's national office.

All application materials must be submitted in English. If application 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). The translation must be forwarded directly by University Language Services to ATCB.

Post-education Experience Required

Applicants under Option A must provide Verification of Post-education Experience Form(s) documenting:

- ◆ a minimum of 1,000 hours of supervised direct client contact using art therapy. (Hours used to complete administrative tasks cannot be included for the purpose of obtaining the ATR.)
- ◆ a minimum of 100 hours of supervision
 - At least 50 of the hours must be supervised by a current ATR or ATR-BC.
 - Additional hours may be supervised by a licensed or credentialed practitioner with a master's degree or higher in art therapy or a related mental health field. (Related fields are counseling, marriage and family therapy, social work, psychology, addictions counseling, psychiatric nursing, and psychiatry.)
 - Individual or group supervision is acceptable.

To obtain experience in a private practice setting, the applicant must be a licensed or certified practitioner in another psychotherapeutic discipline or working under the direct on-site supervision of a current ATR or ATR-BC.

References

Applicants under Option A must submit three (3) Reference forms and supporting letters from a combination of the following professionals:

- ◆ at least one (1) current ATR or ATR-BC who can support the applicant's competency for registration as an art therapist.
- ◆ an applicant's supervisor who possesses a credential or state license and who is familiar with the applicant's work performance and applied art therapy skills.
- ◆ a professional who can provide a reference pertaining to the applicant's work performance and art therapy skills.

Supervisors completing the Verification of Post-education Experience Form may also complete a Reference Form. In this case, the supervisor MUST complete both forms AND send in a letter of reference.

Fees

Application Fee

Application Fee for Option A \$125.00

Annual Maintenance Fee

Annual Maintenance Fee for ATRs who are members of AATA** \$ 50.00

****Please submit a copy of your current AATA membership ID card with your payment.**

Annual Maintenance Fee for ATRs who are not members of AATA \$100.00

All fees are nonrefundable, nontransferable, and subject to change. Submission of an application and fees does not guarantee approval.

How To Maintain Your ATR

Only applicants who have been approved for registration by the Art Therapy Credentials Board, Inc., are legally entitled to use the Registered Art Therapist (ATR) credential as evidence of their professional status. Fraudulent use of the ATR credential may subject the user to legal action. An invoice for the annual maintenance fee will be sent out in May of each year and payment is due by June 30th. In order to retain your credential, a maintenance fee must be paid annually. If the maintenance fee is not paid within 120 days, your credential will be placed into "lapsed" status.

ATRs who have not paid their maintenance fees will be placed in "lapsed" status. If the lapse is for less than three (3) years, the credential can be reinstated by paying all back maintenance and late fees. If the lapse is three (3) or more years, reapplication for ATR status under current standards will be required. Continued registration is also subject to compliance with the ATCB Code of Professional Practice.

Submitting Your Application

- ◆ Your application must be complete before it is submitted. Applications that are missing any information or missing payment will not be reviewed. Photocopied or facsimile application forms will not be accepted.
- ◆ All documentation, including a photocopy of your current AATA membership ID card (if you are a member), must be enclosed.
- ◆ All application materials must be submitted in English. If application 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). The translation must be forwarded directly by University Language Services to ATCB.
- ◆ Only applications from the current year will be accepted.
- ◆ All applications are reviewed in the order in which they are received.

In an effort to expedite the review process, we ask that applicants not call to confirm receipt of application materials. We will notify you via postcard when we have received your application and placed it under review. We will also notify you if we find that additional information is needed.

Mail your application to:

Art Therapy Credentials Board
3 Terrace Way
Greensboro, North Carolina 27403-3660

Board Certification (ATR-BC)

In order to take the ATCB Board Certification Exam, you must hold the ATR credential and be in good standing with the ATCB. To obtain more information, visit the ATCB's web site at www.atcb.org. You can also contact us by e-mail at atcb@nbcc.org, call us toll free at (877) 213-ATCB (2822), or fax us at (336) 482-2852.

ATR Registration Application (continued)

10. Education

A master's degree is required for ATR registration. Please list the academic institution where you received your master's degree. Include a sealed, official graduate transcript that identifies the title of the degree conferred upon you. Also include sealed, official transcripts that indicate completion of any other related coursework.

| College/University (include City and State) | Degree | Major | Date Conferred |
|--|--------|-------|----------------|
| | | | |

Do you have a master's degree (or higher) from a degree program approved by AATA at the time of your graduation? YES NO

11. 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 11, please attach an explanation and supporting documentation, including the complaint filed and sanctions issued (if any), in a sealed envelope marked DISCIPLINARY HISTORY.

12. I attest that the information I have supplied on this application and accompanying worksheet(s) and documentation is accurate. I have read and agree to abide by the ATCB Code of Professional Practice.

Applicant's Signature

Date

Be sure to include the payment voucher on page 9 with your application and documents.
For more information on fees, see page 2.

Option A: Photocopy this BLANK form as needed.

Applicant's Name:

(Last, First)

Your supervisor must complete this form and return it to you in a sealed envelope with his or her signature across the flap. Include the sealed envelope with your application materials. **DO NOT SEND SEPARATELY.** Include supervisor's resumé if he or she is not a current ATR or ATR-BC.

PARTS I, II, AND III TO BE COMPLETED BY THE APPLICANT'S SUPERVISOR

PLEASE PRINT OR TYPE. DO NOT USE PENCIL.

Part I - Supervisor's Information

1. Supervisor's Full Name: _____
2. Title: _____
3. Degree/Discipline: _____
4. ATR # (if you did not hold your ATR or ATR-BC during the entire time you provided supervision, please submit a resume and answer question 5 below):
5. Degree and License/Credential held during the entire time you provided supervision (must meet requirements specified on page 2.)
 Degree: _____ License: _____
6. Name of Institution: _____
7. Department: _____
8. Title of Program: _____
9. Address: _____
10. City/ State/ Zip Code: _____
11. Daytime Phone: _____ Ext: _____

Part II - About Applicant's Hours

| Dates of Experience | From (mm/dd/yy) | To (mm/dd/yy) |
|---------------------|-----------------|---------------|
| | | / / |

| Type of Hours | Hours Per Week | Total Hours |
|----------------------|----------------|-------------|
| Experience Hours | | |
| Direct Contact Hours | | |
| Supervision Hours | | |

Total Number of Weeks:

SUPERVISOR:

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

(continued on next page)

THIS PAGE MUST BE INCLUDED WITH YOUR APPLICATION PACKET

Applicant's Name:
(Last, First)

Please make checks or money orders payable to "ATCB."

Application Fee for Option A \$125.00

Application fees are nonrefundable, nontransferable, and subject to change.
Submission of an application and fees does not guarantee approval.

METHOD OF PAYMENT

Enclosed is a check or money order, made payable to "ATCB," in the amount of **\$125.00**:

Please charge the credit card as listed below in the amount of **\$125.00**:

Card Type: VISA MasterCard

Name on Card:

Acct.#: Exp. date:

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

Cardholder Signature: _____ Date: _____

Daytime Telephone: _____

Evening Telephone: _____

FOR OFFICE USE ONLY

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

APPLICATION PACKET CHECKLIST

Make sure your application packet includes the following:

- Registration Application Form
- Official transcripts from all educational programs attended in sealed envelopes
- Verification of Post-education Experience Forms in sealed envelopes
- Supervisor's résumé, if the supervisor is not a current ATR or ATR-BC
- Three references, each in a sealed envelope
- Check or money order payable to "ATCB" or completed charge information on Payment Voucher
- Copy of current AATA membership ID card (if you are a member)