

ATR

Registered Art Therapist

Option B

Adopted Revised Standards
and Application Procedures for Registration

Use this application form if you graduated from a master's degree program that was NOT 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.

*Application, documentation, and
payment should be mailed to:*

*ATCB
3 Terrace Way
Greensboro, North Carolina 27403*

Option B Requirements

Option B is for applicants who graduated from a master's degree program NOT approved by AATA at the time of graduation.

If you graduated from a master's degree program that was approved by AATA at the time of your graduation, use Option A.

Education Required

Option B applicants must provide official transcripts that document completion of:

- ◆ A master's degree in art therapy or a related field from a program not approved by AATA at the time of applicant's graduation.
- ◆ A minimum of 24 graduate semester credits (or 34 quarter credits) in art therapy core curriculum (not including credits earned for practicum/internship) that include the following content:
 - history of art therapy
 - theory of art therapy
 - techniques of practice in art therapy
 - application of art therapy with people in different treatment settings
 - psychopathology
 - art therapy assessment
 - ethical and legal issues of art therapy practice
 - matters of cultural and social diversity bearing on the practice of art therapy
 - standards of good art therapy practice

Applicants must provide copies of college catalog descriptions for all courses claimed to fulfill the art therapy core curriculum.

- ◆ A minimum of 700 hours of supervised art therapy practicum/internship, including a minimum of 350 hours of direct provision of art therapy services to individuals, groups, and/or families. The remaining hours may include supervision, case review, record keeping, preparation, staff meetings, and other administrative functions. Supervision must be provided by a current ATR or ATR-BC. One (1) hour of individual supervision and/or two (2) hours of group supervision must be documented for every 10 hours of practicum/internship. A ratio of eight (8) students to one (1) ATR or ATR-BC supervisor may not be exceeded for group supervision.

In addition, Option B applicants must provide documentation of completion of:

- ◆ 15 semester credits* (or 22 quarter credits) in studio art. These may be undergraduate or graduate level courses.
*Applicants wishing to fulfill some or all of the studio art requirements outside of traditional academic settings must document 45 clock hours of studio time as equivalent to three (3) semester credits. This documentation must be in the form of a signed letter (on letterhead) from the instructor.
- ◆ 12 semester credits (or 18 quarter credits) in psychology (including abnormal and developmental psychology). These may be undergraduate or graduate level courses.

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 B must provide Post-education Verification Form(s) documenting:

- ◆ a minimum of 1,500 hours of supervised direct client contact hours using art therapy. (Hours used to complete administrative tasks cannot be included for the purpose of obtaining the ATR.)
- ◆ a minimum of 150 hours of supervision.
 - * At least 75 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 B 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 Post-education Experience Verification Form may also complete a Reference Form. In this case, the supervisor **MUST** complete both forms **AND** send in a letter of reference.

Changes in Option B Requirements

Effective on Option B Applications postmarked after January 1, 2010, applicants must also document (in addition to the requirements listed on pages 2 and 3):

- group work
- thesis or culminating project
- 18 semester credits of studio art

Psychopathology will no longer be required.

Graduates of 30 credit post-master's art therapy master's degree programs will be required to submit an official transcript for the first master's degree (completed in a related field) as well as a transcript for the 30 credit post-master's art therapy master's degree.

Fees

Application Fee

Application Fee for Option B \$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.

INSTRUCTIONS

1. Carefully read the application and requirements before completing this application. Applications must be complete prior to submission. Incomplete applications will not be reviewed. Fees must also be included. The ATCB will accept payment in the form of a money order, cashier's check, personal check, or credit card (Visa or MasterCard). All fees are nonrefundable and nontransferable. Make checks/money orders payable to "ATCB."
2. Type or print all information.
3. You will be notified of your eligibility for registration in APPROXIMATELY eight weeks after receipt of your complete application.
4. Include your name as you want it to appear on your certificate. Certificates will not include titles or educational degrees.
5. Pursuant to ATCB Board policy, ATCB will hold applications open for three years from the date of receipt. After three years, applicants must reapply under current standards.

ATR
 Registered
 Art Therapist

Option B

Mail application, payment, and other documents to:

ATCB
3 Terrace Way
Greensboro,
NC 27403

This form may not be faxed.

Please print or type. Do not use pencil.

1. First Name/MI:

 Last Name:

 Other Names: (maiden name/other names used in transcripts and records, including dates -in years- of use)

2. Social Security Number or Passport Number:

3. Residence Address:

 City/ State/ ZIP+4:

4. Business Address:

 City/ State/ ZIP+4:

5. Home Phone: Fax:

Business Phone: Extension:

6. Email:

7. Indicate your preference for mail correspondence. (check one) Home Business

FOR OFFICE USE ONLY	
Date	
Charge	
Check	
Amt	\$

8. Gender: M F 9. Date of Birth (MM/YY): /

Application continues on the next page.

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

Check YES or NO to the following questions. You must be able to truthfully answer YES to all in order to qualify for the ATR credential.

	Yes	No
Do you have a master's degree (or higher) in art therapy or a related field?		
Do you have 15 semester credits (or 22 quarter credits) in studio art?		
Do you have 12 semester credits (or 18 quarter credits) in psychology (including developmental and abnormal psychology)?		
Do you have 24 graduate semester credits in art therapy core curriculum (equal to 34 quarter credits)? This does not include credits earned for practicum/internship.		
Did you complete a 700 hour practicum/internship?		
Was your art therapy practicum/internship taught, supervised, or advised by a current ATR or ATR-BC?		

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 13 with your application and documents.
For more information on fees, see page 3.

Option B: Photocopy BLANK form as needed.

Applicant's Name:

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(Last, First)

You must include three references with your ATR registration packet. One of the references **must** be from a current **ATR or ATR-BC**. 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 a letter of reference.

Photocopy this BLANK form and provide a copy to each of your references. Each reference should complete the form, attach a letter of reference, and return it to you in a sealed envelope with his or her signature across the flap. A reference letter must be attached to this form.

Include each sealed envelope with your application materials. **DO NOT SEND SEPARATELY.**

A letter of reference must be attached to this form.

**INFORMATION BELOW TO BE COMPLETED
BY THE PERSON PROVIDING THE REFERENCE.**

PLEASE PRINT OR TYPE. DO NOT USE PENCIL.

1. Reference's Full Name: _____
2. Profession: _____
3. Degree, Professional Certification and/or License: _____
4. Credentialing Organization or Licensing Body: _____
5. Business Address: _____

6. City/ State/ Zip Code: _____
7. Daytime Telephone: _____ Ext. _____

If you are a current ATR or ATR-BC, what is your Registration/Board Certification number? _____

Relationship to applicant:

- ____ Trainer/Educator
- ____ Immediate Supervisor
- ____ Professional Colleague
- ____ Other (specify): _____

REFERENCE PROVIDER:

**Please return this form,
along with a letter of
reference, to the applicant in
a sealed envelope with your
signature across the flap.**

