

6. Home Phone

7. FAX number:

8. Business Phone:

Extension

9. Date of Birth: - -

10. Education- Please list your current level of education.

Education	College/University (include City and State)	Degree (BS, BA, MA, MS, etc.)	Major	Date Conferred
Undergraduate				
Master's Degree (list all)				
Post-Master's Degrees				

11. Proposed ATR Release Authorization

I, _____, hereby certify that all information contained in my application for certification as a Registered Art Therapist (ATR) by the Art therapy Credentials Board, Inc. (ATCB) is true and accurate to the best of my knowledge. I hereby apply for registration offered by ATCB in accordance with and subject to its rules. I understand that the information resulting from the registration process may be used for statistical purposes and for evaluation of certification programs. I further understand that the information for registration records will be treated confidentially. To the best of my knowledge, the information contained in this application is true, complete, correct, and is made in good faith. I understand that ATCB reserves the right to verify any or all information on this application and that any incorrect or misleading information may constitute grounds for rejection of my application, revocation of my registration, or other disciplinary actions.

I authorize ATCB, its officers, directors, employees, agents, and assigned reviewers (ATCB's designated parties) to review my application and to determine whether I have met ATCB's standards for registration. I understand and agree that in the consideration of my application, the Board may make inquiry of such persons as it deems appropriate; that if information is received that would adversely affect my application, I will be so advised and given an opportunity to rebut such allegations, but I may not be advised as to the identity of individuals who have furnished adverse information concerning me; and that all statements and other information furnished to the Board in connection with such inquiry shall be confidential and not subject to examination by me or by anyone acting on my behalf. I authorize the ATCB's designated parties to communicate any and all information relating to any application, registration status, and review thereof, including, but not limited to, pending or outcome of disciplinary proceedings to state and federal authorities, employers, and others.

By signing this Authorization, I acknowledge that I have received, read, and understand the ATCB Code of Professional Practice. I understand that if I am granted registration as an ATR, it will be my responsibility to remain in compliance with all ATCB standards, including the ATCB Code of Professional Practice. I understand and agree to the rejection of my application, revocation of my registration, or other disciplinary action if I violate any of the rules or standards of ATCB. I understand that any credential granted by ATCB does not entitle me to state licensure.

I release ATCB from all liability and claims arising from any art therapy activity.

The credential abbreviations and related names, and any certificates, cards, and other items displaying the emblems of ATCB are all the exclusive property of ATCB. I agree to abide by ATCB's instructions regarding use of

its intellectual property, and to not use this intellectual property in any way without the express prior written consent of ATCB. I agree to correct at my own expense any inaccurate or unauthorized use by me of ATCB's intellectual property. I agree that if I refuse to make corrections, then ATCB is entitled to obtain all relief permitted by law.

I agree to cooperate promptly and fully in any review of any credentialing by ATCB, including submitting such documents and information as it may be required in the sole discretion of ATCB to confirm the information in this application. I authorize ATCB and ATCB's designated parties to communicate any and all information relating to my ATCB application and review thereof.

I agree to report within 60 days of my notification of them, the following matters related to me:

- Any formal charge, complaint or conviction related to a criminal or quasi-criminal act, civil action or civil litigation;
- Any other charge or complaint by a regulatory or professional organization, including any corrective action(s) issued.

Upon registration, I understand that credentialing data is considered to be public information, and I authorize ATCB to release such information and my name and address in its listing of registered art therapists, unless I indicate otherwise to the National Office.

By signing, I acknowledge that I have read and understood this information, and agreed to abide by these terms.

Signature

Date

REMEMBER: You must possess a current ATR credential to apply for the ATR-BC.

Before mailing this application, be sure to include your payment.

If you are registering for the examination, you will receive your admission packet approximately 20 days prior to the test. This packet will contain your ID number, the test date, reporting time, the test center address, and your admission document.

Make a copy of this application for your records.