

2009 Board Certification Application Form

Mail completed application and payment to:

ATCB
3 Terrace Way
Greensboro, NC
27403

Please print or type.
Do not use pencil.

FOR OFFICE USE ONLY

REF.#1: _____
 BATCH #1: _____
 DATE: _____
 AMOUNT: _____

Applications must be postmarked before 10/2/09 in order to be processed for the November 21, 2009 examination.

1. Exam Location Choice (check one): Please arrive at the testing center 30 minutes before the exam. For information regarding the exam location, please contact ATCB. Do NOT contact the test center.

CITY

START TIME

- Hartford, CT 9:00 a.m. Eastern Time
- Detroit, MI 9:00 a.m. Eastern Time
- Dallas, TX 9:00 a.m. Central Time
- Atlanta, GA 9:00 a.m. Eastern Time
- Portland, OR 9:00 a.m. Pacific Time

2. ATR Registration Number (ATR must be current): -

3. First Name/MI:

Last Name:

Previous Names. Please attach a separate sheet if necessary.

4. Social Security Number (Optional):

5. Street Address:

City/State/Zip/Country:

Application continued.

PAYMENT VOUCHER

- Enclosed is a check or money order - payable to ATCB- in the amount of: _____
- Please charge the credit card as listed below in the amount of: _____

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: _____

6. Home Phone

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7. FAX number:

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8. Business Phone:

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Extension

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9. Date of Birth:

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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 Release Authorization

I, _____, hereby certify that all information contained in my application for certification as a Board-Certified Art Therapist (ATR-BC) by the Art therapy Credentials Board, Inc. (ATCB) is true and accurate to the best of my knowledge. I hereby apply for certification offered by ATCB in accordance with and subject to its rules. I understand that the information resulting from the certification process may be used for statistical purposes and for evaluation of certification programs. I further understand that the information for certification 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 certification, or other disciplinary actions. I understand that I can be disqualified from taking or continuing to sit for an examination or from receiving examination scores of ATCB determines either through proctor observation or statistical analysis that I was engaged in collaborative, disruptive, or other prohibited behavior during the administration of the examination.

I authorize ATCB, its officers, directors, employees, agents, and assigned examiners (ATCB's designated parties) to review my application and to determine whether I have met ATCB's standards for certification.

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 understand and agree that if I am granted the ATR-BC, it will be my responsibility to remain in compliance with all ATCB certification standards. I understand that ATR-BC certification lasts for five years and that if I seek recertification, it is my responsibility to maintain valid certification status either by taking and passing the examination during my fifth year of certification or by demonstrating my successful accrual of at least one-hundred continuing education credits during the five-year certification cycle.

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 certification as an ATR-BC, it will be my responsibility to remain in compliance with all ATCB certification standards, including the ATCB Code of Professional Practice. I understand and agree to the rejection of my application, revocation of my certification, or other disciplinary action if I violate any of the rules or standards of ATCB. I understand that I may only seek admission to take the ATCB examination for the purpose of seeking ATR-BC certification and for no other purpose. Because of the confidential nature of the ATCB examination, I will not take any examination materials from the test site, reproduce the examination materials, or transmit examination questions or answers in any form to any other person.

I waive all further claims of examination review and agree to indemnify and hold harmless ATCB's designated parties for any action taken pursuant to the rules and standards of ATCB with regard to this application, the ATCB examination, and/or my certification.

I agree to cooperate promptly and fully in any review of any certification 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.

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.