

2012 ATR-BC APPLICATION PACKET



3 TERRACE WAY
GREENSBORO, NORTH CAROLINA 27403-3660 USA
TEL: 336-482-2856 * FAX: 336-482-2852
www.atcb.org * atcb@nbcc.org

This application is for board certification through the Art Therapy Credentials Board.

It was developed for applicants who:

- are a current ATR
- have successfully completed the Art Therapy Credentials Board Examination (ATCBE) within three years or 36 months.

The Art Therapy Credentials Board (ATCB)

Founded in 1993 as an art therapy credentialing organization, the ATCB creates and maintains standards associated with earning art therapy credentials. Its mission is to protect the public by promoting the competent and ethical practice of art therapy.

In response to its mission, the ATCB offers three credentials; Registered Art Therapist (ATR), Board-Certified Art Therapist (ATR-BC) and Art Therapy Certified Supervisor (ATCS). ATCB credentials are solely owned and granted by the ATCB. Credential holders must adhere to the ATCB's *Code of Professional Practice*, thus ensuring that the public is protected. The ATCB protects the public by reviewing and adjudicating ethical complaints made against credential holders as warranted and outlined by the *Code of Professional Practice*.

FEES

ATR-BC Application Fee for those qualifying for this application **\$75.00 (U.S. dollars)**

Annual Recertification Fee **\$20.00 (U.S. dollars)**

This amount is in addition to the annual ATR maintenance fee and will be billed annually after the first five years of board certification.

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

Maintaining Board Certification

Applicants who have been approved for board certification by the Art Therapy Credentials Board, Inc., are legally entitled to use the Board Certified Art Therapist (ATR-BC) designation as evidence of their professional status. Fraudulent use of the ATR-BC designation 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(s), maintenance fees must be paid annually. If the maintenance fee is not paid within 120 days, your credentials will be placed into "lapsed" status. If the lapse is for less than three years, the credential can be reinstated by paying all back maintenance and late fees. If the lapse is three or more years, reapplication under current standards will be required. Continued board certification is also subject to compliance with the ATCB *Code of Professional Practice*.

All Board Certified Art Therapists (ATR-BCs) must recertify every five (5) years. The purpose of the ATR-BC recertification process is to ensure that any person board certified by the ATCB continues to meet standards for board certification, as demonstrated by the accrual of 100 qualifying continuing education credits during the five-year certification cycle or by re-taking and passing the Art Therapy Credentials Board Examination (ATCBE), which is updated annually. The five (5) year Recertification requirement, an industry-standard time frame, ensures that ATR-BCs are current in maintaining the knowledge and skills necessary to demonstrate proficiency in the field in order to protection the public.

Submitting an 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 must be enclosed with your \$75 (U.S. dollars) application fee.
- All application materials must be submitted in English.
- Only applications forms from the current year will be accepted.
- All applications are reviewed in the order in which they are received.
- Include a copy of your ATCBE score report (must be within 36 months of submitting your ATR-BC application).

In an effort to expedite the review process, we ask that applicants do not call to confirm receipt of application materials. We will notify you if we find that additional information is needed. If you do not hear from us after eight weeks and your payment has been processed by your financial institution, please contact us at that time. Please inform us if your address or other contact information changes. Please keep a copy of any documents submitted.

Mail your application to:

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

2012 ATR-BC APPLICATION PACKET

PLEASE TYPE OR PRINT CLEARLY. DO NOT USE PENCIL

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

2. First Name/MI:

Last Name:

Previous Names. Please attach a separate sheet if necessary.

3. Last Four Digits of Social Security Number:

4. Street Address:

City/State/Zip/Country:

5. E-mail Address (print clearly): _____

6. Home Phone

7. FAX number:

8. Business Phone:

Extension

9. Date of Birth:
 - -

| FOR OFFICE USE ONLY | |
|---------------------|---------------|
| REF.#: _____ | DATE: _____ |
| BATCH #: _____ | AMOUNT: _____ |

10. ATR-BC 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 board certification offered by ATCB in accordance with and subject to its rules. I understand that the information resulting from the board 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 registration, or other disciplinary actions. _____ (initial)

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 board 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 authorize the ATCB's designated parties to communicate any and all information relating to any application, registration and/or board certification status, and review thereof, including, but not limited to, pending status or outcome of disciplinary proceedings to state and federal authorities, employers, and others. _____ (initial)

By signing this Authorization, I acknowledge that I have received, read, and understand the ATCB *Code of Professional Practice* (available at www.atcb.org). I understand that as a credential holder through the ATCB, it is my responsibility to remain in compliance with all ATCB standards, including those expressed in the *ATCB Code of Professional Practice*. I further understand that I will need to accrue continuing education in order to meet the requirements for recertification as an ATR-BC. 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. _____ (initial)

I release ATCB from all liability and claims arising from any art therapy activity. _____ (initial)

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. _____ (initial)

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 certification, 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 credentialed 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 and you must have passed the ATCBE within 36 months to use this application. Before mailing this application, be sure to include your \$75 (U.S. dollars) payment.

Make a copy of this application for your records.

PAYMENT VOUCHER

PLEASE PRINT CLEARLY

Enclosed is a check or money order - payable to ATCB- in the amount of \$75 (U.S. dollars).
Note: A \$20 returned check fee will be charged if your check does not clear your financial institution.

Please charge the credit card as listed below in the amount of \$75 (U.S. dollars).

Card Type: VISA MasterCard

Name on Card:

Acct.#: Exp. date: /

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

Cardholder Signature: _____ Date: _____

Daytime Telephone: _____ Evening Telephone: _____