

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 application fee.
- All application materials must be submitted in English.
- Only applications 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 ATR-BC application)

In an effort to expedite the review process, we ask that applicants not call to confirm receipt of application materials. We will 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**

APPLICATION FORM

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:
 - -

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 professional and certification data is considered public and will be made available in response to consumer/client inquiries. I further agree that for research and statistical purposes, data resulting from my participation in ATCB credentialing process(es) may be used in an anonymous, unidentifiable manner. I understand that all materials submitted to the ATCB become ATCB property upon receipt and that neither originals nor photocopies will be returned. 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 authorize ATCB, its officers, directors, employees, agents, and assigned examiners (ATCB's designated parties) to review my application and

Application continued on next page

