

2009 ATR-BC APPLICATION PACKET for STATE LICENSED ATRs



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 two credentials; Registered Art Therapist (ATR), and Board-Certified Art Therapist (ATR-BC). A third credential, the Supervisor Credential, is in development and is expected to be available soon. 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 under this option	\$75.00
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Annual Recertification Fee	\$20.00
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This amount is in addition to the annual ATR maintenance fee.

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

Maintaining Board Certification

Only 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) credential as evidence of their professional status. Fraudulent use of the ATR-BC 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(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.

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. Social Security Number (Optional):

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:
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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 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 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.

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.

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 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, remember to include your payment.

Make a copy of this application for your records.

