

Art Therapy Credentials Board Examination (ATCBE)

Registration Form

Return this completed form with a copy of your approval letter from the Kentucky Board of Licensure for Professional Art Therapists, along with the \$235 fee (non-refundable and payable to ATCB) by May 15, 2014 to:

ATCB – ATTN KENTUCKY EXAM REGISTRATION • 3 Terrace Way • Greensboro, NC 27403

Complete all requested information to ensure processing. (Print clearly in black ink. Do not use pencil):

Last Name:

First Name: Middle initial:

Address:

City:

State: Zip code:

Daytime Phone: - -

Email Address:

Date of Birth: - - Last 4 digits of SSN (required):

Candidate Statement of Understanding (you must read and sign the document to be considered for testing.)

I, _____, understand that:

- 1) I am registering to take the ATCBE as a requirement for Kentucky’s Licensed Professional Art Therapist (LPAT);
- 2) I am authorizing ATCB to provide the Kentucky Board of Licensure for Professional Art Therapists with my examination results;
- 3) A passing score does not guarantee approval for any license or credential;
- 4) Use of the ATCBE scores for licensure in another state may not occur until licensure is granted in Kentucky;
- 5) There is a separate application process to become credentialed through ATCB as a Registered (ATR) or Board Certified (ATR-BC) Art Therapist;
- 6) I must not refer to myself as an ATR or ATR-BC until and unless I successfully apply for credentialing through ATCB and am informed by ATCB that I may now use the ATR or ATR-BC designation; and
- 7) Sharing information obtained from taking the examination with others violates the *ATCB Code of Professional Practice* and could also result in legal action.

By signing, I acknowledge having read and understood the above information, and agree to abide by these terms.

Required Signature _____ Date _____

Enclosed is a check for money order payable to ATCB in the amount of \$235.00 (USDollars).

Please charge the credit card as listed below in the amount of: \$ 235.00 (USD).

Card Type VISA MasterCard

Cardholder’s Name:

Account #: Exp. Date: /

Verification Code Numbers (from back of card):

Cardholder Signature: _____ Date: _____

Daytime Phone: _____ Evening Phone: _____