

SUPERVISEE INFORMATION

The required hours of supervision are outlined in the Registration Standards on the ATCB website. A minimum of half of the required hours must be provided by a current ATR-BC or ATCS. Additional hours may be supervised by an ATR or a master's or higher fully licensed or credentialed practitioner with a master's degree or higher in art therapy or a related mental health field and whose license/credential is for independent practice. Automatically acceptable related fields are counseling, marriage and family therapy, social work, psychology, addictions counseling, psychiatric nursing, and psychiatry. Other related mental health fields are considered on a case-by-case basis. In order for a supervisor's license or credential to be accepted, a master's or higher degree in a mental health field must be required to obtain that license/credential. Credentials that do not require a master's degree are not accepted.

Name of Applicant: _____

Address: _____

Phone: _____ E-mail: _____

Place of employment: _____

Agency address: _____

Job position/title: _____

SUPERVISOR INFORMATION

Name of Supervisor: _____

Address: _____

Phone: _____ E-mail: _____

Place of employment: _____

Job position/title: _____

Supervisor's license/credential: _____ License/credential number: _____

ATCB credential & number (if applicable): _____

ATR-P supervisor must be a credentialed art therapist (ATR, ATR-BC or ATCS)

Supervisors:

- I have and will maintain my credentials and/or license during the period of time I am providing supervision to the applicant and will provide immediate notification of any lapse or revocation in my credentials and/or license to both the applicant and to the ATCB.
- I understand that the hours of supervision I provide cannot be counted if I knowingly or unknowingly allow my credential(s) to lapse during the time I provide supervision.
- I shall maintain records of the supervision I provide to the applicant.
- I have a working knowledge of art therapy and sufficient experience, training, and education in the areas of therapy and supervision to competently provide quality supervision.
- I shall ensure that the extent, kind, and quality of art therapy performed and provided by the applicant are consistent with the education, training and experience of the applicant.
- I shall recommend further education or training in areas in which I believe the applicant is deficient.
- I have read, understand and agree to abide by the most recent version of the ATCB *Code of Ethics, Conduct, and Disciplinary Procedures* and am able to discuss its importance with the applicant. I understand that it is my duty to report any suspected violations of the *Code* to the Board as specified within the *Code*.
- If my license or credential is in a related mental health field, I have read, understand and agree to abide by my profession's Code of Ethics.
- I understand that it is my responsibility to give notice of at least two weeks, unless otherwise unavoidable, if I wish to terminate my supervisory relationship.

By signing this document, I attest that I have read, understand, and will abide by the contents set forth in this document.

Projected **beginning date** for supervision: _____

Projected **ending date** for supervision: _____

(if **uncertain** of an ending date for supervision, you may indicate **"To Be Determined"** or **"TBD"**)

Name of Applicant (*please print or type*)

Date

Signature of Applicant

Name of Supervisor (*please print or type*)

Date

Signature of Supervisor

Applicants:

- I understand that it is my responsibility to maintain accurate records of my direct client contact hours as well as my supervision hours. Hours completed while not under supervision may not count toward my total hours.
- I understand that I will have up to five years to complete my hours toward the ATR. I understand that the ATR-Provisional credential cannot be renewed after five years.
- I understand that I need to complete the annual renewal of the ATR-P credential to ensure my annual ethics attestation is completed and filed and that my ATR-P will become inactive if I don't.
- I understand that supervision is a learning experience and I must be honest with my supervisor in discussing my work with clients in order to learn from my supervision.
- I understand that it is my responsibility to read and ask questions concerning the ATCB *Code of Ethics, Conduct, and Disciplinary Procedures*. I understand that it is my responsibility to understand and abide by the most recent version of the *Code of Ethics, Conduct, and Disciplinary Procedures*.
- I understand that if I believe I am not getting my needs met from my supervisor, that I should discuss my concerns with my supervisor. If after discussing my concerns, I still believe that I am not getting my needs met, I should seek supervision from another qualified professional.

By signing this document, I attest that I have read, understand, and will abide by the contents set forth in this document.

Name of Applicant (please print or type)

Date

Signature of Applicant

Name of Supervisor (please print or type)

Date

Signature of Supervisor

The supervisor shall provide the applicant being supervised with the original of this signed statement prior to the commencement of supervision and prior to any provision of art therapy services to any clients or patients. The completed form (including all three pages and signatures and dates) are required for the ATR-Provisional application. Both the applicant and supervisor should retain a copy of this form for their records.