

Applicant: Fill in your name only. Your supervisor is to complete the remainder of this form.

Applicant's Name: _____
(Last, _____ First)

Dear Supervisor: Please document ONLY the dates of supervision you provided and during which you were credentialed by ATCB. If you are not ATR/ATR-BC/ATCS please also submit a photocopy of your current license or credential.

Supervisor's Full Name: _____

Supervisor's Contact Information: Phone: _____

E-mail: _____

Supervisor's ATCB credential number (ATR, ATR-BC, and/or ATCS#): _____

Supervisor's License or Credential: _____ **License/Credential Number:** _____

Dates of applicant's post-education experience under my supervision: From _____ To _____

Agency in which the applicant named above obtained post-education art therapy experience while under my supervision.

Agency Name: _____

Agency Address: _____ **City:** _____ **State:** _____ **ZIP:** _____

Type of hours completed under my supervision	Total Hours
Direct Client Contact Hours (post-degree date only)	
Supervision Hours * (post-degree date only)	

I, the undersigned, do state that the information provided above is correct. I agree to provide any additional information requested by ATCB.

Supervisor's Signature

Date