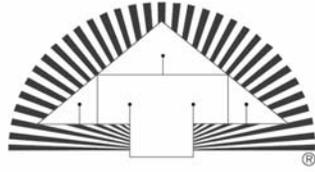


AMERICAN ART THERAPY ASSOCIATION, INC.

PROFESSIONAL MEMBERSHIP APPLICATION

1202 Allanson Road
Mundelein, IL 60060-3808
1-888-290-0878 (toll free)
847-949-6064
Fax 847-566-4580



AMERICAN ART THERAPY ASSOCIATION, INC.

1202 Allanson Road, Mundelein, Illinois 60060-3808 847-949-6064 1-888-290-0878

Fax: 847-566-4580 E-mail: info@arththerapy.org Web Site: www.arththerapy.org

We welcome your request to apply for Professional Membership with the American Art Therapy Association, Inc. (AATA). In order to facilitate the process, please read the enclosed *Ethics Document* brochure, the *Professional Membership Criteria* flyer, and then study the enclosed application information to be completed prior to mailing your materials.

Professional Membership should not be confused with Registration (ATR) which is conferred by the Art Therapy Credentials Board, Inc. (ATCB). Professional Membership is open to individuals who have completed graduate level art therapy education requirements.

The AATA invites your active participation in their growing organization. We wish you success in your career goals.

INSTRUCTIONS FOR APPLICANT

Please read this application carefully before completing the required forms. **All** application forms and supporting materials must be **submitted in duplicate** and mailed together to the AATA National Office. Each applicant is urged to maintain a copy of all application materials in his/her personal file.

Please type or print clearly. Forms will be returned if documentation is incomplete or illegible. **The applicant is responsible for securing all information requested and directing it to the AATA National Office, 1202 Allanson Road, Mundelein, Illinois 60060-3808.**

Applications from individuals who attended AATA Approved Programs are reviewed upon receipt by the AATA National Office. Applications from individuals who attended AATA Non-Approved Programs are reviewed four times a year. Deadlines for review periods are as follows: February 15, May 15, August 15, and November 15. Applications must be **received in full** by the AATA National Office by one of those dates. **Only completed applications will be reviewed.** Incomplete applications will be returned.

PROFESSIONAL MEMBERSHIP CHECKLIST

1. Read the enclosed *AATA Professional Membership Criteria* flyer.
2. Read the enclosed *AATA Ethical Principles for Art Therapists* brochure.
3. Personal Information (page 3).
4. Academic Background (page 4).
5. Official transcript mailed directly to the AATA National Office from Graduate Facilities attended.
(Those who attended AATA Approved Programs need evidence of graduation with an art therapy Master's degree only. *)
6. Professional Reference Form (page 5).
7. Art Therapy Internship/Practicum Verification (page 7). (Graduates of AATA Approved Programs may omit.)
8. Send an original and one (1) copy of application.
9. Check made out to AATA for the Professional Membership fee of \$140. (If the applicant is a current Associate Member, no fee is required; however, a current Student Member needs to submit the fee difference of \$80.)

*If diploma does not specify art therapy in the degree, transcripts must be included in the application.

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PERSONAL INFORMATION

Please type or print.

Name		()	Home Telephone
Address		()	Business Telephone
City	State	Zip Code	/ / Date of Birth
*Place of Employment			*Type of Facility
*Employer's Address			*Your Title
*City	*State	*Zip Code	*Length of Employment at Present Position
E-mail Address			

**For information purposes only. Employment is not a prerequisite for Professional Membership.*

- Graduation from:**
- AATA Approved Graduate Degree Program.
 - Twenty-one (21) additional credit hours in art therapy.
(For those holding another graduate degree).
(Increases to twenty-four [24] credit hours if completion of certificate program occurs after July 1, 2002).
 - AATA Non-Approved Accredited Art Therapy Education Program.

"I have read the document entitled *Ethics Document*." _____ (Initials)

CERTIFICATION

I hereby certify that the application information is true and accurate to the best of my knowledge and understanding.

Applicant's Signature	Date
-----------------------	------

ACADEMIC BACKGROUND

Please list all colleges and universities attended, listing the most recent first.

Institution	AATA Approved?	Circle One	Major	Dates Attended	Degree & Date Received	Credits
		Graduate				
		Undergraduate				
		Graduate				
		Undergraduate				
		Graduate				
		Undergraduate				
		Graduate				
		Undergraduate				
		Graduate				
		Undergraduate				
		Graduate				
		Undergraduate				
		Graduate				
		Undergraduate				
		Graduate				
		Undergraduate				

GRADUATES OF AATA APPROVED PROGRAMS MAY OMIT THE REMAINDER OF THE INFORMATION REQUIRED ON THIS PAGE.

Total number of graduate level credits..... _____

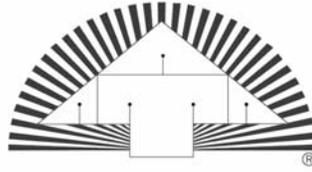
Total number of graduate level credits in art therapy..... _____

Total number of graduate level credits in related field..... _____

If additional space is needed, please attach a separate sheet and list information in the same format as above.

Please convert all credits from accredited institution to semester units.

Non-accredited programs must comply with AATA's *Education Standards for Programs Providing Art Therapy Education* for clock hours of coursework. 2/3 of a quarter hour = 1 semester hour.



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PROFESSIONAL REFERENCE FORM

To be completed by applicant's reference.

Applicant's Name

Address

City

State

Zip Code

The person named above has applied to become a Professional Member of the American Art Therapy Association, Inc. Your assessment of the applicant's characteristics will assist the Board in evaluating whether this applicant meets its standards. Please respond to all questions to the best of your ability.

Your Name

Profession

Business Address

Degree

Position Title

City

State

Zip Code

Phone Number

Professional Certification or License

State or Certifying Organization

Relationship to Applicant:

Trainer/Educator

Immediate Supervisor

Professional Colleague

Other _____

I recommend this applicant for Professional Membership with the American Art Therapy Association, Inc.

Yes

No

Please comment about this applicant as an art therapist in training, based on his/her knowledge of art therapy, history/therapy, general psychological theory, diagnostic skills, art therapy process/interpersonal skills, ability to stimulate expression, interdisciplinary skilled, professional self-development, etc. (Please feel free to use the other side of this sheet):

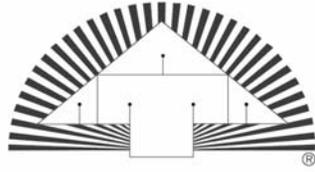
The above information is based upon my best judgment.

Signature

Please print your name here

Date

After completing this form, please enclose original and one copy in a sealed envelope, sign the sealed flap, and return it to the applicant.



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ART THERAPY INTERNSHIP/PRACTICUM VERIFICATION

To be completed by internship supervisor.
Omit if a graduate from AATA Approved Program.

Return to:

Applicant's Name

Address

City

State

Zip Code

_____ has applied for Professional Membership with the American Art Therapy Association, Inc.

Internship Type

Name and Type of Facility

Title of Position

Length of Internship Training

Total Number of Hours per Week

Number of Hours of Patient Contact per Week

Total Hours of Internship/Practicum

Number of Hours Supervision per Week

Total Number of Direct Patient Contact

Total Number of Supervision Hours

Internship Description: Please describe duties for which the applicant was responsible in the position. Answer as fully as possible. If desired, you may enclose the facility Internship description Please include description of individuals strengths and weaknesses and competency in art therapy. (Please feel free to use the other side of this sheet).

Signature

Date

Title

Degree/Discipline

After completing this form, please enclose original and one copy in a sealed envelope, sign the sealed flap, and return it to the applicant.

