



ART THERAPY SUPERVISOR DIRECTORY APPLICATION

I request that my name and contact information appear on the ART THERAPY SUPERVISOR DIRECTORY on the SoCalATA website: socalarttherapy.org

Name: _____

Business/Location Address _____

Business Phone Number: _____

Business URL (if any) _____

Business E-Mail Address: _____

ATR - BC Registration #: _____

I verify that I carry malpractice insurance (please initial) _____

I agree to the following conditions (please initial)

- _____ I am a current member of SoCalATA
- _____ I will provide a sliding scale to SoCalATA members
- _____ I understand that being on this list is not an *endorsement* from SoCalATA and that it is up to me to maintain my membership, my credentials, my licensure and my liability insurance.

Signature: _____ **Date:** _____

Please scan and return to:
Southern California Art Therapy Association

info@socalarttherapy.org