



P.O. Box 75765

Washington, D.C. 20013
www.potomacarttherapy.org

The Potomac Art Therapy Association

2005 Membership and Referral Update Form

Name (First MI Last):		Credential: <input type="checkbox"/> ATR <input type="checkbox"/> ATR-BC	Other Titles/ Degrees:
Home Address:		Home Phone:	
Work Name & Address:		Work Phone:	
		Email address:	
PATA Membership Category: <input type="checkbox"/> Credentialed Professional <input type="checkbox"/> Professional <input type="checkbox"/> Retired Professional <input type="checkbox"/> Student <input type="checkbox"/> Contributor			
University Attended:		Degree Received & Date:	Years Experience in field:
If you DO NOT wish to have this information published in the membership directory, please initial here:			

Please complete the next section ONLY if you wish to be included in our referral service

Preferred contact information to provide to those requesting referrals (check one): <input type="checkbox"/> Home <input type="checkbox"/> Work																																					
If you prefer to have your referral information posted on the PATA website and made available to the public, in addition to it being available though the phone referral line, please initial here:																																					
<input type="checkbox"/> I meet AATA's guidelines as an Independent Practitioner of Art Therapy <input type="checkbox"/> I carry liability insurance																																					
<input type="checkbox"/> I accept insurance (list providers): <input type="checkbox"/> I will accept pro bono work	Fees: Hours:																																				
Population Served by Age Group (Please check all that apply): <input type="checkbox"/> Young Children (through age 5) <input type="checkbox"/> Children (ages 6-12) <input type="checkbox"/> Adolescents <input type="checkbox"/> Adults <input type="checkbox"/> Older Adults (over ages 65)																																					
Art Therapy Services Offered (Please check all that apply): <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Couples <input type="checkbox"/> Family <input type="checkbox"/> Assessments <input type="checkbox"/> Consultations <input type="checkbox"/> Educational Presentations <input type="checkbox"/> Supervision <input type="checkbox"/> Other:																																					
Areas of Specialization (Please check all that apply): <table border="0"> <tr> <td><input type="checkbox"/> ADHD</td> <td><input type="checkbox"/> Childhood Disorders</td> <td><input type="checkbox"/> Creativity Development</td> <td><input type="checkbox"/> Cross Cultural Issues</td> </tr> <tr> <td><input type="checkbox"/> Developmental Disorders</td> <td><input type="checkbox"/> Dissociative Disorders</td> <td><input type="checkbox"/> Domestic Violence</td> <td><input type="checkbox"/> Eating Disorders</td> </tr> <tr> <td><input type="checkbox"/> Emotional Disturbed Youth</td> <td><input type="checkbox"/> Forensics</td> <td><input type="checkbox"/> Gay/Lesbian/Bisexual/Transgender Issues</td> <td><input type="checkbox"/> Gerontology</td> </tr> <tr> <td><input type="checkbox"/> Grief & Loss</td> <td><input type="checkbox"/> HIV/AIDS</td> <td><input type="checkbox"/> Homelessness</td> <td><input type="checkbox"/> Incest/Sexual Abuse</td> </tr> <tr> <td><input type="checkbox"/> Learning Disabilities</td> <td><input type="checkbox"/> Life Coaching</td> <td><input type="checkbox"/> Medical Issues</td> <td><input type="checkbox"/> Men's Issues</td> </tr> <tr> <td><input type="checkbox"/> Mood Disorders</td> <td><input type="checkbox"/> Personality Disorders</td> <td><input type="checkbox"/> PTSD/Trauma Survivors</td> <td><input type="checkbox"/> Stress Management</td> </tr> <tr> <td><input type="checkbox"/> Substance Abuse</td> <td><input type="checkbox"/> Thought Disorders</td> <td><input type="checkbox"/> Veterans</td> <td><input type="checkbox"/> Wellness</td> </tr> <tr> <td><input type="checkbox"/> Women's Issues</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other:</td> <td></td> <td></td> <td></td> </tr> </table>		<input type="checkbox"/> ADHD	<input type="checkbox"/> Childhood Disorders	<input type="checkbox"/> Creativity Development	<input type="checkbox"/> Cross Cultural Issues	<input type="checkbox"/> Developmental Disorders	<input type="checkbox"/> Dissociative Disorders	<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Eating Disorders	<input type="checkbox"/> Emotional Disturbed Youth	<input type="checkbox"/> Forensics	<input type="checkbox"/> Gay/Lesbian/Bisexual/Transgender Issues	<input type="checkbox"/> Gerontology	<input type="checkbox"/> Grief & Loss	<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Homelessness	<input type="checkbox"/> Incest/Sexual Abuse	<input type="checkbox"/> Learning Disabilities	<input type="checkbox"/> Life Coaching	<input type="checkbox"/> Medical Issues	<input type="checkbox"/> Men's Issues	<input type="checkbox"/> Mood Disorders	<input type="checkbox"/> Personality Disorders	<input type="checkbox"/> PTSD/Trauma Survivors	<input type="checkbox"/> Stress Management	<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Thought Disorders	<input type="checkbox"/> Veterans	<input type="checkbox"/> Wellness	<input type="checkbox"/> Women's Issues				<input type="checkbox"/> Other:			
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Languages Spoken (please list):																																					
Other Information:																																					

PLEASE CONTINUE ON BACK

*******Local Art Therapy: Interests & Issues*******

By completing this section of the survey, your participation will facilitate PATA's program initiatives.

PATA Areas of Interest (Please check all that apply):

- Legislative Task Force Research Peer post-ATR Supervision (i.e., non-ATR supervision)
Other:

Focus Topics for Future Workshops and/or Lectures (Please check all that apply):

- Art (media, techniques, etc.) Cross-cultural Awareness Clinical Ethics
Other:

Skills or Talents that you would be willing to offer to PATA (Please check all that apply):

- Fundraising Graphic Design Running a Workshop Serving in a Board Position
Other:

Would you be interested in attending a regional conference hosted by PATA: Yes No

Please fold on lines, seal or staple, stamp, and return by May 1, 2005 – Thank You!

Return Address:

**Place
Stamp
Here**

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