



**Application for Listing On Public
Post-Grad Art Therapy Supervision Referral List**

Graduate Department of Marital and Family Therapy with Specialization in Art Therapy

Email to: MFTHdept@lmu.edu

Name		My Fee Range for Students	
Business Specialty		Business Phone Number	
Business Website (if applicable)		Business Email	
Professional Licenses			Expiration Date
ATR-BC#			
ATCS (Optional) #			
I am willing to offer a sliding scale to LMU alumni.			
I will maintain my ATCB credentials and notify LMU if my status changes.			
I have fulfilled the ATCB's experience and continuing education requirements for supervision.			
I would like the referral list to indicate that I will provide: (check all that apply)			
		Group Supervision	
		Individual Supervision	
		Both Group and Individual Supervision	
		In-person	
		Telehealth	
		Both In-person and Telehealth	
		City (If In-person):	

Signature

Date