

## **APPLICATION FOR REGISTRATION**

### **Expressive Arts Consultant/Educator - REACE**

IEATA welcomes your application for Registration as an Expressive Arts Consultant/Educator (REACE) and we thank you for your interest. We encourage you to engage in this process as a creative challenge in describing your professional path and philosophy of Expressive Arts Consulting and Education. It will be helpful to set aside the time it takes to format your application in an articulate, organized and professional manner. All REACE applications submitted must reflect the formal standards of grammar and APA style with citations.

In order to assess your qualifications, please provide all information in **four complete packets**, which include all required information and support material. One copy should be designated as “Master” and hold all originals, particularly where your signature is requested. Applications must be bound and indexed so that reviewers may access specific items easily and efficiently. Sections must follow the order indicated on the application checklist. We will be unable to accept any applications that are not in the requested format or that are incomplete. We understand transcripts and letters of reference will be mailed separately.

Completed applications for registration may be submitted at any time throughout the year. You will be notified once we have received your application and all necessary documents. As IEATA committees function on a fully volunteer basis, please allow up to four months for the review of your application. Two to three anonymous reviewers from the Professional Standards Committee for Expressive Arts Consultant/Educators will review your application. After a final determination is made, the Master application will be kept in the REACE archives. Please make a copy of your application prior to submission if you would like an application for your personal files. All additional copies of the application will be shredded to protect confidentiality.

#### **The application fee is \$120.00.**

You are encouraged to become an IEATA member prior to application. (If you are approved as a REACE, you will be required to become a member on your first renewal date, if you are not already a member.)

Should you have any questions regarding the application process, please contact us by email at [reace@ieata.org](mailto:reace@ieata.org). All Guidelines and Requirements for registration can be found on our website at [www.ieata.org/reace.html](http://www.ieata.org/reace.html).

We wish you good luck and we look forward to receiving your REACE application.

Sincerely,

Susan O’Connell, Terri Goslin-Jones, Kathleen Horne

Co-Chairs, IEATA Professional Standards Committee – REACE

**APPLICATION FOR REGISTRATION  
EXPRESSIVE ARTS CONSULTANT/EDUCATOR (REACE)**

**APPLICATION CHECK LIST**

Applicant Name \_\_\_\_\_

All items **MUST** be submitted and received in **FOUR COMPLETE PACKETS** in order for your application to be reviewed. The completed packet(s) must be bound and indexed and sent to the Professional Standards address below unless otherwise advised. We wish you good luck!

- Cover Letter of Intention**
- Applicant Information Form**
- Pathway of Application Page (Formal or Non-Formal Pathway)**
- Tracking Form**
- IEATA Application**
  - Autobiographical Statement (7-10 pages)
  - Statement of Philosophy (7-10 pages)
  - Education and Training Form
  - Work Experience Form
  - Portfolio (Case Study and Personal Process)
  - Adjunct to Training and Work Experience
  - Promotional Material
- Resume**
- Ethical Guidelines Agreement Form**
- Official Transcript (3)** (if applying through the Formal Training Pathway)
- Three (3) Letters of Reference** (Note: It is preferable for at least one of the references to be a member of IEATA)
- Application Fee: \$120**

**Note: Please include this page at the beginning of each (4) application packet.**

**PLEASE EMAIL [reace@ieata.org](mailto:reace@ieata.org) FOR THE MAILING ADDRESS.**

**APPLICATION FOR REGISTRATION  
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**APPLICATION INFORMATION FORM**

**APPLICANT INFORMATION:**

NAME: \_\_\_\_\_

OFFICE ADDRESS: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMAIL: \_\_\_\_\_

OFFICE PHONE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

DATE SUBMITTED MATERIAL: \_\_\_\_\_

DATE RECEIVED MATERIAL: \_\_\_\_\_

DATE APPLICATION COMPLETE: \_\_\_\_\_

DATE APPLICATION SENT TO REVIEWERS: \_\_\_\_\_

## PATHWAY SELECTION

APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_

Please select a pathway from the list below that you will be applying under. **If you are not sure Which one best fits your experience please review detailed descriptions of each in the Registration requirements.**

A. Formal Training Pathway

B. Non-Formal Training Pathway

## TRACKING FORM

**Name and Address of individuals who will be sending Letters of Reference:**

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name and Address of Institutes or Academic Programs that will be sending Transcripts:**

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EXPRESSIVE ARTS EDUCATION AND TRAINING

If you are applying under the Formal Training Pathway, a transcript must be provided for this Section and must be official. Please ask your academic institution (related graduate program Only) to mail 3 copies to us in a sealed envelope with the signature or seal of the registrar or other designated official across the seal. If your education has been obtained from a graduate institute that is not state accredited, you must include an official syllabus for each course taken. If necessary, you may want to make additional copies of this page.

### Academic Degrees:

Degree \_\_\_\_\_ Major \_\_\_\_\_ Institution \_\_\_\_\_ Year \_\_\_\_\_

Degree \_\_\_\_\_ Major \_\_\_\_\_ Institution \_\_\_\_\_ Year \_\_\_\_\_

Degree \_\_\_\_\_ Major \_\_\_\_\_ Institution \_\_\_\_\_ Year \_\_\_\_\_

### Expressive Arts Training: (Trainings, Workshops, Educational Programs, Self-Generated Study)

**\*Please attach detailed documentation in support of each entry.** Attach an addendum as noted in Registration Requirements (brief description of each entry of expressive arts training, and in addition, fliers, brochures or other verification). Please see Section III: Expressive Arts Education and Training, for a complete description of acceptable training criteria. It is very important that education and trainings have prepared an applicant to fulfill the competencies required to work in an integrated multi-modal arts process. Please place the addendum in the Expressive Arts Training section of your application.

Entry 1. Type of Training \_\_\_\_\_ Year \_\_\_\_\_

Instructor (If applicable): \_\_\_\_\_

Total Hours: \_\_\_\_\_

2. Type of Training \_\_\_\_\_ Year \_\_\_\_\_

Instructor (If applicable): \_\_\_\_\_

Total Hours: \_\_\_\_\_

3. Type of Training \_\_\_\_\_ Year \_\_\_\_\_

Instructor (If applicable): \_\_\_\_\_

Total Hours: \_\_\_\_\_

**Total Training Hours:** \_\_\_\_\_

## **EXPRESSIVE ARTS CONSULTING AND EDUCATION WORK EXPERIENCE**

**Note: Beyond minimum hours required, it is your choice to include further related work. If necessary, you may want to copy this page for additional entries.** Expressive Arts Consulting and Education work experience must be multi-modal expressive arts work. Successful applicants will demonstrate a deep understanding and experience in integrated multi-modals arts processes, and a clear knowledge and ability to offer EXA processes and modalities to best address their clients' needs.

For the **Formal Training Pathway**, please include information on your 1200 hours of work experience. Please attach an addendum that gives a description of your work duties for each entry, showing your experience with expressive arts consulting/education and evidence of core competencies indicated in the application guidelines. A detailed descriptive paragraph for each entry will suffice. In addition, include fliers, brochures, and other support material for verification of work experience. Indicate number of hours worked over a time frame of five to ten years or longer, specifying the hours worked per year.

For the **Non-Formal Training Pathway**, please include information on your 2500 hours of work experience. Please attach an addendum that gives a description of your work duties for each entry, showing your experience with expressive arts consulting/education and evidence of core competencies indicated in the application guidelines. A detailed descriptive paragraph for each entry will suffice. In addition, include fliers, brochures, and other support material for verification of work experience. Indicate number of hours worked over a time frame of five to ten years or longer, specifying the hours worked per year.

### **Employment History:**

Entry 1. Title/Role: \_\_\_\_\_ Position Description: \_\_\_\_\_  
\_\_\_\_\_ Year \_\_\_\_\_

Location: \_\_\_\_\_ Supervisor (If applicable): \_\_\_\_\_

Total Hours Per Week: \_\_\_\_\_ Total Hours: \_\_\_\_\_

2. Title/Role: \_\_\_\_\_ Position Description: \_\_\_\_\_  
\_\_\_\_\_ Year \_\_\_\_\_

Location: \_\_\_\_\_ Supervisor (If applicable): \_\_\_\_\_

Total Hours Per Week: \_\_\_\_\_ Total Hours: \_\_\_\_\_

3. Title/Role: \_\_\_\_\_ Position Description: \_\_\_\_\_  
\_\_\_\_\_ Year \_\_\_\_\_

Location: \_\_\_\_\_ Supervisor (If applicable): \_\_\_\_\_

Total Hours Per Week: \_\_\_\_\_ Total Hours: \_\_\_\_\_

4. Title/Role: \_\_\_\_\_ Position Description: \_\_\_\_\_  
\_\_\_\_\_  
Year \_\_\_\_\_  
Location: \_\_\_\_\_ Supervisor (If applicable): \_\_\_\_\_  
Total Hours Per Week: \_\_\_\_\_ Total Hours: \_\_\_\_\_

5. Title/Role: \_\_\_\_\_ Position Description: \_\_\_\_\_  
\_\_\_\_\_  
Year \_\_\_\_\_  
Location: \_\_\_\_\_ Supervisor (If applicable): \_\_\_\_\_  
Total Hours Per Week: \_\_\_\_\_ Total Hours: \_\_\_\_\_

6. Title/Role: \_\_\_\_\_ Position Description: \_\_\_\_\_  
\_\_\_\_\_  
Year \_\_\_\_\_  
Location: \_\_\_\_\_ Supervisor (If applicable): \_\_\_\_\_  
Total Hours Per Week: \_\_\_\_\_ Total Hours: \_\_\_\_\_

7. Title/Role: \_\_\_\_\_ Position Description: \_\_\_\_\_  
\_\_\_\_\_  
Year \_\_\_\_\_  
Location: \_\_\_\_\_ Supervisor (If applicable): \_\_\_\_\_  
Total Hours Per Week: \_\_\_\_\_ Total Hours: \_\_\_\_\_

8. Title/Role: \_\_\_\_\_ Position Description: \_\_\_\_\_  
\_\_\_\_\_  
Year \_\_\_\_\_  
Location: \_\_\_\_\_ Supervisor (If applicable): \_\_\_\_\_  
Total Hours Per Week: \_\_\_\_\_ Total Hours: \_\_\_\_\_

**Grand Total Hours of Experience:** \_\_\_\_\_



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**GUIDELINES FOR LETTER OF REFERENCE**

Name of Reference: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_

Phone: \_\_\_\_\_ Zip Code: \_\_\_\_\_

(Name of Applicant) \_\_\_\_\_ has applied for Registration as an Expressive Arts Consultant/Educator (REACE). We thank you for participating in our review process by providing a letter of reference. We would like your comments on the above named applicant regarding the areas outlined below. Please use these questions as a guideline and address them in a separate letter of reference.

We ask that all references include a short paragraph regarding their background and experience in the body of the reference. The salutation in the letter should be addressed to the REACE Review Committee. Please submit four copies, one with the original signature, to the address below. Include this form with your statement, and be sure to sign the reference letter. Thank you for completing these important steps in your letter of reference.

Please state whether you have supervised, facilitated with or observed the applicant's work.

- How long have you known the applicant and in what capacity?
- How would you assess the applicant's competencies in the expressive arts, individual and group facilitation, consultation, and/or education?
- How would you assess the applicant's understanding of human development as well as their understanding of group process?
- How would you assess the applicant's personal development and growth?
- How would you assess the applicant's contributions to the field of Expressive Arts?
- Consultation and Education?
- Please provide any relevant information about this applicant in relation to their registration as an Expressive Arts Consultant/Educator (REACE).

**IEATA REACE Committee Co-Chair**

**PLEASE EMAIL [reace@ieata.org](mailto:reace@ieata.org) FOR THE MAILING ADDRESS.**

**ETHICAL GUIDELINES AGREEMENT FOR  
REGISTRATION AS EXPRESSIVE ARTS CONSULTANT/EDUCATORS**

Please sign and return with your application. Keep a copy of this agreement for your records.

**IEATA Mission Statement**

The International Expressive Arts Therapy Association (IEATA) supports artists, educators, consultants and therapists using multi-modal arts processes for personal and community transformation. We provide a global forum for dialogue, promote guiding principles for professional practice, and work to increase recognition and use of expressive arts as a powerful tool for psychological, physical and spiritual wellness.

**REACE Ethics Preamble – Excerpt**

In order to serve a community with integrity, an established community must create its own “way of community,” what the Greeks called “ethos.” In the modern world, this is called ethics- a code of values and goals that helps us to define our behavior as a professional community. In order to keep the highest standards of professional practice, each registered member shall enter into agreement to hold and practice our code of ethics.



I have thoroughly read and understand the ethical guidelines for Registered Expressive Arts Consultant/Educator. I fully accept this code as my own and agree to uphold these standards in my practice as a REACE.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**IEATA REACE Committee Co-Chair**  
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