



**ieata**

International Expressive Arts Therapy Association

## **APPLICATION FOR REGISTERED EXPRESSIVE ARTS THERAPIST (REAT)**

IEATA welcomes your application for Registration as an Expressive Arts Therapist (REAT). Please engage in this process as a creative challenge in describing your professional path and philosophy of Expressive Arts Therapy.

In order to assess your qualifications, please provide all information in **triplicate**. We will be unable to accept any application that is not in the requested format. We are accepting applications on a revolving basis now. Please do not send us your packet until it is complete. Incomplete packets will be returned after four months if remaining materials are not received within that time. We understand transcripts and references will be coming separately.

You will be notified once we've received everything and then again with the outcome in approximately three (3) months of receiving all documents (4 months if applying under "exceptional category"). Your application will be reviewed by three (3) anonymous reviewers from the Professional Standards Committee for Expressive Arts Therapists. We ask that you be patient as all reviewers are volunteers. If you have any further questions, please email us at [reat@ieata.org](mailto:reat@ieata.org) or contact us at 415-533-6896. If you need to review the guidelines and requirements again for professional registration, you may view them on our website at [www.ieata.org](http://www.ieata.org).

Again, good luck and we look forward to reviewing your REAT application.

Respectfully,

*The Professional Standards Committee for Expressive Arts Therapists*

c/o Laury Rappaport, Ph.D., REAT, ATR-BC  
1515 Riebli Road  
Santa Rosa, CA 95404  
**[reat@ieata.org](mailto:reat@ieata.org)**  
**[www.ieata.org](http://www.ieata.org)**

# APPLICATION FORM

## APPLICANT INFORMATION:

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

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

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

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

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

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

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

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

**IEATA Professional Standards Committee  
for Expressive Arts Therapists**  
c/o Laury Rappaport, Ph.D., REAT, ATR-BC  
1515 Riebli Road  
Santa Rosa, CA 95404

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## APPLICATION CHECK LIST

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

**Cover Letter of Intention**

**Applicant Information Form**

**Category Selection Page**

**IEATA Application**

Autobiographical Statement (minimum 5 pages)

Expressive Arts Philosophy Statement (minimum 5 pages)

Supervision Forms for Pre-Masters Practicum \*

Supervision Forms for Post-Masters Practicum \*

Education and Training Form

Supervised Post-Masters Expressive Arts Therapy Experience \*

Expressive Arts Therapist Confirmation Form (personal therapy) \*

**Curriculum Vitae or Resume**

**Tracking Form for Letters of Reference and Transcripts**

**Official Transcripts** (mailed to IEATA directly by University or Institute in separate, sealed/signed envelope)

**Two (2) Letters of Reference** (Note: Five (5) are needed if applying under Exceptional Category (E). All letters of reference must be sent directly to IEATA in sealed envelope.)

**Application Fee of \$150.00**

**Note: Please include this page at the beginning of each set (3) of application documents.** Any incomplete applications will be held for three months until all materials are received. We will then notify you of missing articles and if we have not received everything within the next three months after notification of missing articles, we will need to return your incomplete application.

\* These are not required if applying under “**Exceptional Category**” but we’d like you to provide these articles if you have them.

# APPLICATION FOR REGISTERED EXPRESSIVE ARTS THERAPIST

## Category Selection

Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Please select a category from the list below that you will be applying under. **If you are not sure which one best fits your experience please review detailed description of each in registration requirements outline.**

- A. Masters Degree in Expressive Arts Therapy
- B. Masters Degree in Psychology or Related Counseling Discipline, Plus Training in Expressive Arts Therapy Training
- C. Masters Degree in Fine Arts Plus Training of Expressive Arts Therapy and Therapeutic Process.
- D. Doctoral Degree in Expressive Arts Therapy
- E. Exceptional Category with Masters Degree or Higher in Expressive Arts, Psychology or Fine Arts (per above).

## **PRACTICUM SUPERVISION CONFIRMATION FORM**

Please request each supervisor of your practicum experience to complete this confirmation form. Include this form in your application packet. Please do not have supervisors send this under separate cover. Please feel free to copy this form for additional practicum supervisors. Thank you.

**Name of Applicant:** \_\_\_\_\_

**Name of Supervisor:** \_\_\_\_\_

Total Number of Clinical Hours: \_\_\_\_\_

Total Hours of Supervision: \_\_\_\_\_

Place of Clinical Experience: \_\_\_\_\_

Dates of Supervision: From \_\_\_\_\_ To \_\_\_\_\_

Comments on Applicant's EXA Work:

**Signature of Supervisor:** \_\_\_\_\_

**Title of Supervisor:** \_\_\_\_\_

**License or Registration** \_\_\_\_\_

## EDUCATION AND TRAINING

Transcripts must be provided for this section and must be official, that is, sent in a sealed envelope with the signature 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. Please include information about your practicum and your practicum supervisor. Additionally, have your practicum supervisor(s) complete the supervisor form included in this packet.

### Academic Degrees:

Degree \_\_\_\_\_ Institution \_\_\_\_\_ Year \_\_\_\_\_  
Practicum \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Total Hours: \_\_\_\_\_

Degree \_\_\_\_\_ Institution \_\_\_\_\_ Year \_\_\_\_\_  
Practicum \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Total Hours: \_\_\_\_\_

Degree \_\_\_\_\_ Institution \_\_\_\_\_ Year \_\_\_\_\_  
Practicum \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Total Hours: \_\_\_\_\_

### Training Institute and Other Training:

Institute \_\_\_\_\_ Type of training \_\_\_\_\_ Year \_\_\_\_\_  
Practicum \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Total Hours: \_\_\_\_\_

Institute \_\_\_\_\_ Type of training \_\_\_\_\_ Year \_\_\_\_\_  
Practicum \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Total Hours: \_\_\_\_\_

Institute \_\_\_\_\_ Type of training \_\_\_\_\_ Year \_\_\_\_\_  
Practicum \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Total Hours: \_\_\_\_\_

**Total Academic and Institute Hours:** \_\_\_\_\_

### IEATA Professional Standards Committee for Expressive Arts Therapists

c/o Laury Rappaport, Ph.D., REAT, ATR-BC  
1515 Riebli Road  
Santa Rosa, CA 95404

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## POST-MASTERS SUPERVISION CONFIRMATION FORM

Please request each supervisor of your post-master's experience to complete this confirmation form. Include this form in your application packet. Please do not have supervisors send this under separate cover. Please feel free to copy this form for additional supervisors. Thank you.

**Name of Applicant:** \_\_\_\_\_

**Name of Supervisor:** \_\_\_\_\_

Total Number of Clinical Hours: \_\_\_\_\_

Total Hours of Supervision: \_\_\_\_\_

Place of Clinical Experience: \_\_\_\_\_

Dates of Supervision: From \_\_\_\_\_ To \_\_\_\_\_

Comments on Applicant's EXA Work:

**Signature of Supervisor:** \_\_\_\_\_

**Title of Supervisor:** \_\_\_\_\_

**License or Registration** \_\_\_\_\_

## SUPERVISED POST-MASTERS EXPRESSIVE ARTS THERAPY EXPERIENCE

Please include information on your 2,000 hours post-masters supervised experience (1,500 for PhD). These hours must be collected within a 48-month time frame. Employment can also be post-masters non-paid internship. Please include a description of your supervision hours and supervisor. There must be a total of 100 hours of individual supervision or 200 hours of group supervision or any combination. Please submit supervisor forms to verify hours and dates. The form is included in this packet.

### **Employment:**

Title: \_\_\_\_\_ Job Description: \_\_\_\_\_

Location: \_\_\_\_\_ Year \_\_\_\_\_

Supervisor: \_\_\_\_\_ Total Hours of Supervision: \_\_\_\_\_

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

Title: \_\_\_\_\_ Job Description: \_\_\_\_\_

Location: \_\_\_\_\_ Year \_\_\_\_\_

Supervisor: \_\_\_\_\_ Total Hours of Supervision: \_\_\_\_\_

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

Title: \_\_\_\_\_ Job Description: \_\_\_\_\_

Location: \_\_\_\_\_ Year \_\_\_\_\_

Supervisor: \_\_\_\_\_ Total Hours of Supervision: \_\_\_\_\_

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

Title: \_\_\_\_\_ Job Description: \_\_\_\_\_

Location: \_\_\_\_\_ Year \_\_\_\_\_

Supervisor: \_\_\_\_\_ Total Hours of Supervision: \_\_\_\_\_

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

Please use the back of the form if more space is required.

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

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

## EXPRESSIVE ARTS THERAPIST CONFIRMATION FORM

Please request that all Expressive Arts Therapists, whom you have seen, for personal counseling and/or to fulfill your Expressive Arts Personal Process, complete this form. Include this form in your application packet. Do not have therapists send this form under a separate cover. Feel free to copy additional forms as needed. Thank you.

**Name of Applicant:** \_\_\_\_\_

**Name of EXA Therapist:** \_\_\_\_\_

Type of Personal EXA Process: \_\_\_\_\_

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

Comment on your assessment of the level of participation of this applicant. Please do not discuss personal issues, but your sense that the applicant has completed this competency as part of the registration process. Thank you.

**Signature of EXA Therapist:** \_\_\_\_\_

**Title of EXA Therapist:** \_\_\_\_\_

**License or Registration Information:** \_\_\_\_\_

**INTERNATIONAL EXPRESSIVE ARTS THERAPY ASSOCIATION  
LETTER OF REFERENCE**

Referent's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_  
Phone: \_\_\_\_\_ Zipcode: \_\_\_\_\_

\_\_\_\_\_ has applied for Registration as an Expressive Arts Therapist. We thank you for participating in our review process by providing a letter of reference. We would like you to comment on the above named applicant regarding the areas outlined below on a separate sheet of paper. Please use these questions as guidelines and address them on a separate sheet of paper. Thank you.

- How long have you known the applicant and in what capacity?
- How would you assess the applicant's competencies in the arts and psychological domain?
- 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?
- Therapy?
- Please provide any relevant information about this applicant in relation to their registration as an Expressive Arts Therapist (REAT).

(Please include a short statement of your background.)

Please include this form with your statement and enclose both in a sealed envelope with your signature across the seal. Please be sure to sign the reference letter.

**Send to:**

IEATA Professional Standards Committee  
c/o Laury Rappaport, Ph.D., REAT, ATR-BC  
1515 Riebli Road  
Santa Rosa, CA 95404

# TRACKING FORMS

## Name and Address of Supervisors who will be sending in Letters of Reference:

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Name and Address of Academic Programs and Institutes that will be sending in transcripts or program confirmation/details:

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Copy this form as needed.  
Please submit three copies of this form.

**Name and Address of Supervisors who will be sending in Letters of Reference: (For Exceptional Category - Five)**

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Copy this form as needed.  
Please submit three copies of this form.

# HELPFUL DEFINITIONS AND CLARIFICATIONS FOR THE REAT APPLICATION PROCESS

## (Document A)

**Professional Expressive Arts Therapy Institute:** a program which is conducted by a person(s) who:

- 1) Is a Registered Expressive Arts Therapist with IEATA or
- 2) Has training and experience as a creative or expressive arts therapist, which is equivalent to the qualifications set forth in IEATA's general registration standards.

**Supervision:** is defined as direct contact with a supervisor for the purpose of reviewing therapeutic work either in an individual or group setting. Direct contact may be on-site or through video or audiocassettes accompanied by transcripts of sessions. A ratio of ten hours of client contact to one hour of supervision is recommended. Supervision time includes time for reviewing of work and giving feedback to supervisee.

**Supervisor Qualifications:** It is strongly urged that an individual conducting supervision as defined above, should be a REAT. "Distant supervision" may be conducted as explained in above paragraph. A list of REATs may be obtained by calling IEATA at **415-533-6896 (USA)**.

If access to a REAT is impossible, a case-by-case evaluation of another supervisor will be made by the Professional Standards Committee for Expressive Arts Therapists, prior to their submission of an application, at the applicant's request.

**The non-REAT supervisor will be considered in one of the two following manners:**

- 1) The supervisor is a certified or registered creative arts therapist in one of the other nationally recognized arts therapy professions such as but not limited to: Drama Therapy, Movement Therapy, Art Therapy or Music Therapy.

A non-REAT potential supervisor who is not registered or certified by one of the above mentioned creative arts therapy professions must send two copies of his/her resume, including information on his/her own training and supervision regarding any creative arts background. This information should be sent to Laury Rappaport, Ph.D., REAT, ATR-BC, 1515 Riebli Road, Santa Rosa, CA 95404, (USA).

Any questions about whether your supervisor meets criteria before collecting your hours or before applying for REAT status, should be clarified by contacting the Professional Standards Committee for Expressive Arts Therapists by email at [reat@ieata.org](mailto:reat@ieata.org) or phone at **415-533-6896**.

Please be aware that the Co-Chairs for the Professional Standards Committee for Expressive Arts Therapists cannot review your application or coursework before you apply, as this would be considered an unfair business practice w/regards to other applicants. We usually recommend that you consult with your academic advisor or supervisor who can look through the requirements with you for clarification.

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# **GUIDELINES FOR EXCEPTIONAL APPLICATION**

## **(Document B)**

For applicants who have a master's degree or higher in a related field and:

- 1) have exceptional professional qualifications,
- 2) have practiced expressive arts therapy for a minimum of (10) years, and
- 3) have demonstrated a clear contribution to the field and are highly respected by their peers in the profession.

If applicants meet the criteria above but do not meet the current requirements for professional registration, they may apply under the EXCEPTIONAL CATEGORY. Applications may be submitted to the Co-Chairs of the Professional Standards Committee for consideration. The Co-Chairs will assign the application to two committee members who will then review the applicant's qualifications. Once the application has been evaluated by no less than two reviewers, their collective findings will be presented to the full Professional Standards Committee for approval.

To be considered by IEATA's Professional Standards Committee Reviewers, the "Exceptional" applicant must submit the following:

- Letter of intent and why the applicant feels that they should be considered under the Exceptional Category
- Application for REAT registration, completed as fully as possible
- Documentation that verifies applicant's prior 10 years+ experience in the field of expressive arts therapy, that clearly represents a multi-modal approach
- Curriculum Vitae, illustrating evidence of conference presentations, teaching positions and/or presentations, published works, etc., showing evidence of experience relevant to expressive arts therapy and professional standing
- Examples of authorship of publications, videos and/or audio works relevant to expressive arts therapy that illustrate the applicant's professional standing
- Minimum of five (5) letters of reference, with at least two of them being past supervisors.

The Professional Standards Committee will then assess the documentation and application supplied. Based upon its recommendations to the full committee, other materials, interviews and/or a video case presentation may be required. Because the documentation is lengthy and the Professional Standards Committee is made up of volunteers, the application review process under this option will take a minimum of four months.

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