

**IEATA Professional Standards Committee
For Expressive Arts Therapists**

c/o Nina "Anin" Utigaard, MFT, REAT
870 Market St, Ste. 569
San Francisco, CA 94102.

Email: reat@ieata.org or Anin4Creativity@Yahoo.com

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**APPLICATION FOR REGISTERED EXPRESSIVE ARTS THERAPIST
(R.E.A.T.)**

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** and with the specific type of documentation requested. 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. 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 or contact us at 415/974-9303. If you need to review the guidelines and requirements again for professional registration, you may view them on our website at www.ieata.org.

Again, good luck and we look forward to reviewing your R.E.A.T. application.

Respectfully,

The Professional Standards Committee for Expressive Arts Therapists

APPLICATION FORM

APPLICANT INFORMATION:

NAME: _____

EMAIL: _____

ADDRESS: (OFFICE) _____

ADDRESS: (HOME) _____

PHONE: (OFFICE) _____

(HOME) _____

DATE SUBMITTED MATERIAL: _____

DATE RECEIVED MATERIAL: _____

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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 \$120.00**

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

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 (R.E.A.T.).

(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: Professional Standards Committee
IEATA
c/o Nina "Anin" Utigaard, MFT, REAT
870 Market St, Ste. 569
San Francisco, CA 94102.

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. _____

Please copy this form as needed.

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

1. _____

2. _____

3. _____

4. _____

5. _____

