



APPLICATION FOR REGISTRATION

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 requested. Only completed applications will be reviewed. To facilitate diverse reviewers from different regions/countries and to maximize efficiency, IEATA will create a digital copy (PDF) of your completed application and email it for review. Please submit as many documents electronically as possible, using Google Docs file sharing or emailing .doc or PDF scans of documents. We understand transcripts and references will be coming separately. Where items must be mailed, please use the address below.

You will be notified when your application is complete and will commence review. Your application will be reviewed by two (2) anonymous reviewers from the Professional Standards Committee for Expressive Arts Therapists. We kindly request your patience with the review process. All reviewers, co-chairs, and IEATA board members are volunteers with busy schedules in addition to their work with IEATA. We appreciate your patience with this process, as it can take up to 2 months to review a completed application. **Again, the review process does not begin until we have all required documents.**

If you have any further questions, please email us at reat@ieata.org. You may review the Standards and Requirements under Professional Registration on our website at www.ieata.org, or by clicking [HERE](#). This application is designed for you to document each requirement clearly and completely.

Thank you for your dedication to Expressive Arts Therapy and your interest in becoming a REAT with IEATA. Good luck and we look forward to reviewing your application.

Respectfully,

The Professional Standards Committee for Expressive Arts Therapists
c/o International Expressive Arts Therapy Association

PO Box 40707
San Francisco, CA 94140-0707, U.S.A.
reat@ieata.org

APPLICATION FOR REGISTERED EXPRESSIVE ARTS THERAPIST (REAT)

Applicant Contact Information

NAME: _____
EMAIL: _____
MAILING ADDRESS: _____
PHONE: _____
OTHER (e.g., Skype ID/etc.): _____

APPLICATION CHECK LIST

Please send in one email the following documents (.doc, .pdf):

- Cover Letter of Intention (can be in body of email)
- Application for REAT registration, including the following:
 - Contact Information & Checklist Page
 - Transcripts & References
 - Education & Training
 - Practicum Supervision Confirmation Form
 - Supervised Post-Masters Expressive Art Therapy Experience
 - Post-Master Supervision Confirmation Form
 - 2 Letters of Reference
- 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 OR Resume
- Autobiographical Statement (5 page minimum, double spaced)
- Expressive Arts Philosophy Statement (5 page minimum, double spaced)
NEW Requirement – must include a Case Study (This is more of a prospective method.)
Case Study Guidelines:
 - Be sure not to breach confidentiality
 - Minimum of 1 paragraph; Can include images
 - Should include an appropriate level of information describing how you approached the use of EXA with a client. (Possible information to include, but not limited to: minor demographics/history & background of a client, observations, analysis of symptoms/challenges, your EXA approach, any goals or processes, and a discussion of outcome.)
- Electronically Initial and Date here: Click or tap here to enter text.
By initialing in the box above you are confirming you have read the REAT Code of Ethics and that you agree to comply.
- Application Fee of \$120.00** (You must be a Professional Member of IEATA to apply. *Not a member?* Click [HERE](#) to join IEATA. *Already a member?* Click [HERE](#) to pay the application fee.)

TRANSCRIPTS & REFERENCES

Please request transcripts and letters of reference to be sent directly to reat@ieata.org or by mail (address above and instructions below).

List all institutions from which you have requested transcripts:

List all individuals from whom you have requested references (2 for Categories A-D):

1.	
2.	

EDUCATION & TRAINING

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 the detailed description of each in the Standards and Requirements of REAT by clicking [HERE](#).

<input type="checkbox"/> A. Masters Degree in Expressive Arts Therapy (University provides a specialization in EXA)
<input type="checkbox"/> B. Masters Degree in Psychology or Related Counseling Discipline, Plus Training in Expressive Arts Therapy Institute
<input type="checkbox"/> C. Masters Degree in Fine Arts Plus Training of Expressive Arts Therapy, Psychology, and the Therapeutic Process.
<input type="checkbox"/> D. Doctoral Degree in Expressive Arts Therapy

Please submit official transcripts for all institutions being claimed for this application. Transcripts sent by mail should be 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, please include a detailed syllabus for each course taken.** Please include information about your practicum and your practicum supervisor. Additionally, have your practicum supervisor(s) complete the Practicum Supervision Confirmation Form in this application packet.

APPLICATION FOR REGISTERED EXPRESSIVE ARTS THERAPIST (REAT)

Please summarize each academic degree and/or post-graduate training experience being claimed for this application using this format (copy/add additional as needed):

<u>Academic Degree:</u>	
Institution:	
Degree Earned (MA, PhD, etc.):	
Year completed:	
Practicum location:	
Supervisor:	
Total Credits:	
<u>Training Institute and Other Training:</u>	
Name of Institution:	
Year completed:	
Practicum location:	
Supervisor:	
Total Hours:	

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:				

SUPERVISED POST-MASTERS EXPRESSIVE ARTS THERAPY EXPERIENCE

Please include information on your 1,000 hours post-master's supervised experience. 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 50 hours of individual supervision or 100 hours of group supervision or any combination. Please submit supervisor forms to verify hours and dates (next page).

Please list all sites of Employment being claimed for this application using this format (copy/paste additional, as needed):

Job Title:	
Job Description:	
Location:	
Year Supervisor:	
Total Hours of Supervision:	
Hours Per Week:	
Total Hours:	
Job Title:	
Job Description:	
Location:	
Year Supervisor:	
Total Hours of Supervision:	
Hours Per Week:	
Total Hours:	
Grand Total Hours of Experience:	
Grand Total Hours of Supervision:	

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:				

INTERNATIONAL EXPRESSIVE ARTS THERAPY ASSOCIATION LETTER OF REFERENCE

Referent's Name:	
Address:	
City:	
Phone:	
State:	
Zipcode:	
<p>_____ 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.</p>	
	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 also include a short statement of your background.
<p>Please include this form with your statement and submit electronically to reat@ieata.org or mail to:</p> <p>The Professional Standards Committee for Expressive Arts Therapists c/o International Expressive Arts Therapy Association P.O Box 40707 San Francisco, CA 94140- 0707 U.S.A.</p>	

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)	Was founded by or currently has courses/classes taught by a Registered Expressive Arts Therapist REAT® with IEATA and...
2)	Has facilitators/instructors who had training and experience as a creative or expressive arts therapist with equivalent qualifications set forth in IEATA's general registration Standards and Requirements of REAT®.

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 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 the above paragraph. A list of REATs may be obtained by going to [Memberclicks](#) as an IEATA member and searching for REATs in your area. If you are having problems finding someone please email us at reat@ieata.org, or by calling us at +1 (415) 487-0698 (U.S.A.).

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:

A non-REAT potential supervisor who is not registered or certified as a Drama Therapist, Music Therapist, Art Therapist, Etc., or one of the 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:

**The Professional Standards Committee for Expressive Arts Therapists
c/o International Expressive Arts Therapy Association
P.O Box 40707
San Francisco, CA 94140- 0707
U.S.A.**

Any questions about whether your supervisor meets criteria before collecting your hours or before applying for REAT status, should be clarified by contacting the REAT Co-chairs by email at reat@ieata.org or phone at +1 (415) 487-0698 (U.S.A.).

APPLICATION FOR REGISTERED EXPRESSIVE ARTS THERAPIST (REAT)

Please be aware that the REAT Co-Chairs 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.