

#### **APPLICATION FOR REGISTRATION**

## Expressive Arts Consultant/Educator – REACE®

IEATA® welcomes your application for Registration as an Expressive Arts Consultant/Educator (REACE®). 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.

Applications must thoroughly document education, work experience, expressive arts training, and personal and professional competency as an expressive arts consultant/educator, particularly utilizing a multimodal (integrative) expressive arts approach. When reporting work experience hours, be sure to include only the hours that were completed as an educator/consultant; expressive arts therapy hours do not count towards the REACE® credential.

In order to assess your qualifications, please provide all information requested. Only completed applications will be reviewed. Applications are to be submitted:

- Electronically by email to <u>reace@ieata.org</u>.
- Submit in a single PDF document, in the order outlined on the checklist.
- Letters of Reference should be emailed to <a href="reace@ieata.org">reace@ieata.org</a> directly from the author and accompanied by the official IEATA® reference form.
- Transcripts must be official and can be sent to IEATA® two ways. They may be sent electronically to reace@ieata.org, or mailed to IEATA® in a sealed envelope, with the signature of the registrar or other designated official across the back seal.
- Note that documents will **not** be returned to the applicant.

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.

Should you have any questions regarding the application process, please contact us by email at reace@ieata.org. The Standards and Requirements provides the guidelines for the REACE® application and can be found on our website at <a href="https://www.ieata.org/apply-reace">https://www.ieata.org/apply-reace</a>.

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

Sincerely,

Topaz Weis, BA, REACE & Tamara Knapp, MA, REACE® Co-Chairs, IEATA Professional Standards Committee – REACE®

IEATA PO Box 40707 San Francisco, CA 94140-0707, U.S.A.

## **APPLICATION CHECKLIST**

Applic	cant Name:
	Please include this checklist at the beginning of your application.
	Cover Letter of Intention
	Which Pathway are you applying for:  ☐ Formal Pathway  ☐ Non-Formal Pathway
	REACE® IEATA® Application
	□ Applicant Information Form
	□ References and Transcripts Form
	□ Expressive Arts Training Form
	☐ Work Experience Form
	$\hfill \square$ Addendum including verification of work experience and promotional material
	☐ Insurance Agreement Form
	☐ Include a copy of certificate or waiver
	□ Ethical Guidelines Agreement Form
	☐ Completed Ethical Questionnaire
	Autobiographical Statement
	Statement of Philosophy
	Portfolio
	Case Study
	Personal Process
	Adjunct to Training and Work Experience
	Resume or CV
	Application Fee \$120 (Click Here To Pay Online)

## **APPLICANT INFORMATION FORM**

## Please complete the following information:

Αp	pplicant Name:
0	ffice Street Address:
Ci	ity / State / Zip Code:
Н	ome Street Address:
Ci	ity / State / Zip Code:
Er	mail:
0	ffice Phone:
Da	ate of Application Submission:

## This section to be completed by office administration:

Date Application Received:	
Date Application Sent to Reviewers:	
Date Application Completed:	

#### **REFERENCES**

List all 3 individuals from whom you have requested references: (please make sure

	erson who is submitting a reference sends in a completed Reference Cover Letter with their letter of reference):
1.	
2.	
3.	
	TRANSCRIPTS Formal Pathway (Master's Degree)
acade	al transcripts, from an accredited institute, must be provided. Please ask your emic institution (related graduate program only) to email transcripts to <a href="mailto:@ieata.org">@ieata.org</a> , or mail to IEATA PO Box 40707 San Francisco, CA 94140-0707, U.S.A.
If you	For Non-Formal Pathway have an academic degree, providing official transcripts will help support your eation, but is not required.

• For "Other" degree, include an addendum describing the relationship between your master's degree and your work as an Educator/Consultant

Degree	Major	Institution	Year	
Degree	Major	Institution	Year	

☐ Check this box if your degree is in "Other Related Field Not Listed" on the REACE®

## **List Institutions From Which Official Transcripts Will Be Sent:**

1.	
2.	
3.	

#### □ <u>25 Hours of in Person Practicum:</u>

Standards and Requirements website.

Attach documentation showing a minimum 25 hours of in person practicum, or internship, working in a group or individual setting (can be completed as part of the required Expressive Arts training post master's degree)

(Duplicate page as needed to add additional Entries)

## **Expressive Arts Training:**

(Trainings, Workshops, Educational Programs, Self- Generated Study)

The applicant must complete 200 hours of training in <u>intermodal expressive arts</u> <u>facilitation</u> (not to include expressive arts therapy training).

**Both Pathways:** Of the 200 hours, 60 of these hours needs to come from inperson training.

**Formal Pathway:** 25 of the 60 hours can come from the in-person practicum or internship.

Attach an addendum for each *Entry* that includes the following:

- Provide an official course description that should articulate the training in facilitation of intermodal expressive arts as a consultant or educator.
  - \*If you do not have an official course description, include a paragraph that demonstrates how your training informs your work as an expressive arts consultant/educator.
- Proof of hours and certificate (or official letter) of completion.

Entry 1. Type of Training	Year
Course Title / Instructor	
Total Hours	
Entry 2. Type of Training	Year
Course Title / Instructor	
Total Hours	
Entry 3. Type of Training	Year
Course Title / Instructor	
Total Hours	
Entry 4. Type of Training	Year
Course Title / Instructor	
Total Hours	
	Total
	Hours

(Duplicate page as needed to add additional Entries)

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

Expressive Arts Consulting and Education work experience must be multimodal and used to facilitate intermodal expressive arts processes in a non-clinical setting. Hours cannot include expressive arts therapy hours.

**Attach an addendum** for each *Entry* of work experience that documents and demonstrates how you facilitated intermodal arts processes to best address your clients' needs.

Verification of work experience is required: can include fliers, brochures, business cards, and other support materials. If you are unable to supply verification, please list a reason (for example if the employer is no longer active).

	hway: Requires 1200 hours of work experience  g Pathway: Requires 2500 hours of work experience
Entry 1:	
Title/Role:	
Year:	
Address/Location:	
Name of Employer	
Supervisor	
Total Hours/Week:	
Position Title:	
Job Description:	
	L
Entry 2:	
Title/Role:	
Year:	
Address/Location:	
Name of Employer	
Supervisor	
Total Hours/Week:	
Position Title:	
Job Description:	
	L

Entry 3:							
Title/Role:							
Year:							
Address/Location:							
Name of Employer							
Supervisor							
Total Hours/Week:							
Position Title:							
Job Description:							
Entry 4:							
Title/Role:							
Year:							
Address/Location:							
Name of Employer							
Supervisor							
Total Hours/Week:							
Position Title:							
Job Description:							
Entry 5:							
Title/Role:							
Year:							
Address/Location:							
Name of Employer							
Supervisor							
Total Hours/Week:							
Position Title:							
Job Description:							
		TOTA OVER	VORK	EXP	ERIENCE	HOUR	S
	L						

(Duplicate page as needed to add additional Entries)

#### **COVER LETTER FOR LETTER OF REFERENCE**

## (To be completed by the person providing a letter of reference for the applicant)

Name of Reference:			
Relationship to Applicant:			
Street Address:			
City / State / Zip Code:			
Country:			
Phone Number:			
(Name of Applicant)	has applied	for Registration	as an
Expressive Arts Consultant/Educator (REACE®).	We thank you f	or participating	in our
review process by providing a letter of reference	. We would like y	your comments	on the
above-named applicant regarding the areas outling	ed below.		

### Please include the following in your letter of reference:

- The salutation in the letter should be addressed to the REACE® Review Committee.
- Include a short paragraph regarding your background and experience in the body of the 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?
- Include this form with your statement and be sure to sign the reference letter.
- Please submit a scanned copy with your original signature to reace@ieata.org.

#### Please use these questions as a guideline to include in your reference letter:

- How would you assess the applicant's competencies in the use of intermodal expressive arts with 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?

Thank you for completing these important steps in your letter of reference.

Please send letter and completed cover letter to the IEATA® REACE® Committee Co-Chairs at reace@ieata.org

## PROOF OF PROFESSIONAL LIABILITY INSURANCE FORM

IEATA® requires each approved REACE® member to either have liability insurance or to submit a request for exemption from this requirement. Generally, the reasons for exemption are that you are covered by the organization that you work for, or you are not doing active work in the Expressive Arts field currently.

Note, insurance is not required to a you are working in the field as a RE	pply for the REACE® credential but is required once ACE®.
	Professional Liability Insurance and have included a urance" (Proof of Coverage) form for my professional
☐ I am currently covered by insu of Coverage from my employe	rance through my employer and have included Proof er.
☐ I do not currently have Profe apply)	essional Liability Insurance because: (initial all that
I will purchase and pro (initial) I agree and because I am currently not	cticing as an Expressive Arts Consultant-Educator.  Divide insurance once if I am approved as a REACE®  understand that if I do not have insurance  working as a REACE®, I must obtain the  REACE® designation in my work.
I,and IEATA Board Members harmles legally, should I become involved in role as an Expressive Arts Consultar	agree to hold IEATA® agree to hold IEATA® as and release them of any responsibility, financially or any legal actions against me related to my professional at-Educator.
Signature	Date

Ι,

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

Please read the <u>REACE®</u> ethical guidelines and only then sign and return this form 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 help 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.

Please complete the following questions regarding REACE® Ethics:

a)	) Is it ever appropriate to provide psychotherapy to a client when pr REACE®?	roviding services as a
b)	) Does the REACE® have a responsibility to avoid and monitor corclients/students?	nflicts of interest with
c)	) Does the REACE® have an obligation to inform clients about confi ensure confidentiality of client's information, materials, and photograph	-
Consu	ve thoroughly read and understand the ethical guidelines for Regisultant/Educator. I fully accept this code as my own and agree to upholoice as a REACE <sup>®</sup> .	
Prin	nt Name	
Sign	gnature Date	