



## APPLICATION FOR REGISTRATION - Exceptional Category

### 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](mailto:reat@ieata.org). You may review the Standards and Requirements under Professional Registration on our website at [www.ieata.org](http://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](mailto:reat@ieata.org)

## GUIDELINES FOR EXCEPTIONAL APPLICATION

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For applicants that do not meet the current requirements for professional registration, but meet the criteria below, may apply under the **EXCEPTIONAL CATEGORY**.

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 (15) years, and
- 3) have demonstrated a clear contribution to the field and are highly respected by their peers in the profession and can demonstrate this by publications, videos, brochures, testimonies, awards, etc.

### Applicant Contact Information

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

## APPLICATION CHECK LIST

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- Cover Letter of Intention (can be in body of email) and why the applicant feels that they should be considered under the Exceptional Category
- Application for REAT registration, including the following:
  - Contact Information & Checklist Page
  - Transcripts & References
  - Education & Training
  - 5 Letters of Reference, with at least two of them being past supervisors
- Documentation that verifies applicant's prior 15 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 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](mailto:reat@ieata.org) or by mail (address above and instructions below).

**List all institutions from which you have requested transcripts:**

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**List all individuals from whom you have requested references (5 for “Exceptional Category”):**

1. 

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2. 

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3. 

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4. 

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5. 

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

**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.

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

Academic Degree:

Institution: \_\_\_\_\_  
Degree Earned (MA, PhD, etc.): \_\_\_\_\_  
Year completed: \_\_\_\_\_  
Practicum location: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Total Credits: \_\_\_\_\_

Training Institute and Other Training:

Name of Institution: \_\_\_\_\_  
Year completed: \_\_\_\_\_  
Practicum location: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Total Hours: \_\_\_\_\_

## INTERNATIONAL EXPRESSIVE ARTS THERAPY ASSOCIATION LETTER OF REFERENCE

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Referent's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Phone: \_\_\_\_\_  
State: \_\_\_\_\_  
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 also include a short statement of your background.

**Please include this form with your statement and submit electronically to [reat@ieata.org](mailto:reat@ieata.org) or mail 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.**