International Expressive Arts Therapy Association

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.

Presently, there are two ways you can submit your application. The preferred method is via email.

1. E-Mail: Scan the completed application and submit it along with your documentation. **The documentation must be organized in the order outlined on the application form and saved as one PDF document. We recognize that both the letters of reference and official transcripts will be mailed by the responsible parties and not included in the application packet.** Please forward completed information to reace@ieata.org.

2. Regular Mail: In order to assess your qualifications, please provide all information in **three complete packets**, which includes all required information and support material. One copy should be designated as "Master" and hold all originals, particularly where your signature is requested. Applications must be bound and indexed so that reviewers may access specific items easily and efficiently. Sections must follow the order indicated on the application checklist. We will be unable to accept any applications that are not in the requested format or that are incomplete.

NOTE: In either case, the transcripts and letters of reference will be mailed separately by the responsible parties to the Chair/Co-Chair of the Professional Standards Committee. Please make sure to notify those who will serve as your reference that the reference letters must have the official IEATA reference form completed and attached. Contact reace@ieata.org for the mailing address.

You are asked to submit the completed documents as described. Completed applications for registration may be submitted at any time throughout the year. 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. After a final determination is made, the Master application will be kept in the REACE archives. All additional applications will be shredded. Applications will not be returned whether complete/incomplete or approved/denied. Please make a copy of your application prior to submission if you would like an application for our personal files.

The application fee is $120.00.
Applicants must be professional members of IEATA. The membership and application fee can be paid at the same time upon application through the IEATA Join IEATA Membership Link

Should you have any questions regarding the application process, please contact us by email at reace@ieata.org. All Guidelines and Requirements for registration can be found on our website at **www.ieata.org/reace.html**.

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

Sincerely,

Terri Goslin-Jones
Susan O'Connell

Co-Chairs, IEATA Professional Standards Committee – REACE

IEATA Professional Standards Committee for Expressive Arts Consultant/Educators

APPLICATION FOR REGISTRATION EXPRESSIVE ARTS CONSULTANT/EDUCATOR (REACE)

APPLICATION CHECK LIST

Applicant Name_____

If sent by regular mail, all items **MUST** be submitted and received in THREE **COMPLETE PACKETS** in order for your application to be reviewed. The completed packet(s) must be bound and indexed and sent to the Professional Standards address below unless otherwise advised. If sent by mail, the scanned application and **ONE** PDF document containing all the other information in the order stated should be submitted. We wish you good luck!

__ **Cover Letter of Intention**

__ **Applicant Information Form**

__ **Pathway of Application Page (Formal or Non-Formal Pathway)**

__ **Tracking Form**

__ **IEATA Application**

___Autobiographical Statement (7-10 pages)

___Statement of Philosophy (7-10 pages)

___Education and Training Form

___Work Experience Form

___Portfolio (Case Study and Personal Process)

___Adjunct to Training and Work Experience

___Promotional Material

__ **Resume**

__ **Ethical Guidelines Agreement Form**

__ **Insurance Certificate or Waiver**

__ **Official Transcript (3)** (if applying through the Formal Training Pathway)

__ **Three (3) Letters of Reference** (Note: It is preferable for at least one of the references to be a member of IEATA)

__ **Application Fee: $120 (May also be paid online)**

Please include this page at the beginning of each application if sent by email or each of the (3) application packets if sent my regular mail. Please email reace@ieata.org for the current mailing address.

APPLICATION FOR REGISTRATION EXPRESSIVE ARTS CONSULTANT/EDUCATOR (REACE)

APPLICATION INFORMATION FORM

APPLICANT INFORMATION:

NAME: _____

OFFICE ADDRESS: _____

HOME ADDRESS: _____

_____

_____

EMAIL: _____

OFFICE PHONE: _____

HOME PHONE: _____

DATE SUBMITTED MATERIAL: _____

DATE RECEIVED MATERIAL: _____

DATE APPLICATION COMPLETE: _____

DATE APPLICATION SENT TO REVIEWERS: _____

PATHWAY SELECTION

APPLICANT: _____

DATE: _____

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

__ **A.** Formal Training Pathway

__ **B.** Non-Formal Training Pathway

TRACKING FORM

Name and Address of individuals who will be sending Letters of Reference:

1. _____
   _____
   _____
   _____

2. _____
   _____
   _____
   _____

3. _____
   _____
   _____
   _____

Name and Address of Institutes or Academic Programs that will be sending Transcripts:

1. _____
   _____
   _____
   _____

2. _____
   _____
   _____
   _____

3. _____
   _____
   _____
   _____

EXPRESSIVE ARTS EDUCATION AND TRAINING

If you are applying under the Formal Training Pathway, a transcript must be provided for this Section and must be official. Please ask your academic institution (related graduate program only) to mail 3 copies to us in a sealed envelope with the signature or seal 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. If necessary, you may want to make additional copies of this page.

Academic Degrees:

Degree_____Major_____Institution_____Year_____

Degree_____Major_____Institution_____Year_____

Degree_____Major_____Institution_____Year_____

Expressive Arts Training: (Trainings, Workshops, Educational Programs, Self-Generated Study)

***Please attach detailed documentation in support of each entry.** Attach an addendum as noted in Registration Requirements (brief description of each entry of expressive arts training, and in addition, fliers, brochures or other verification). Please see Section III: Expressive Arts Education and Training, for a complete description of acceptable training criteria. It is very important that education and trainings have prepared an applicant to fulfill the competencies required to work in an integrated multi-modal arts process. Please place the addendum in the Expressive Arts Training section of your application.

Entry 1. Type of Training_____Year_____

Instructor (If applicable): _____

Total Hours: _____

2. Type of Training_____Year_____

Instructor (If applicable): _____

Total Hours: _____

3. Type of Training_____Year_____

Instructor (If applicable): _____

Total Hours: _____

Total Training Hours: _____

EXPRESSIVE ARTS CONSULTING AND EDUCATION WORK EXPERIENCE

Note: Beyond minimum hours required, it is your choice to include further related work. If necessary, you may want to copy this page for additional entries. Expressive Arts Consulting and Education work experience ***must be multi-modal expressive arts work***. Successful applicants will demonstrate a deep understanding and experience in integrated multi-modals arts processes, and a clear knowledge and ability to offer EXA processes and modalities to best address their clients' needs. Please do not include work as expressive art therapist for the REACE credential.

For the **Formal Training Pathway**, please include information on your 1200 hours of work experience. Please attach an addendum that gives a description of your work duties for each entry, showing your experience with expressive arts consulting/education and evidence of core competencies indicated in the application guidelines. A detailed descriptive paragraph for each entry will suffice. In addition, include fliers, brochures, and other support material for Verification of work experience. Indicate number of hours worked over a time frame of five to ten years or longer, specifying the hours worked per year.

For the **Non-Formal Training Pathway**, please include information on your 2500 hours of work experience. Please attach an addendum that gives a description of your work duties for each entry, showing your experience with expressive arts consulting/education and evidence of core competencies indicated in the application guidelines. A detailed descriptive paragraph for each entry will suffice. In addition, include fliers, brochures, and other support material for verification of work experience. Indicate number of hours worked over a time frame of five to ten years or longer, specifying the hours worked per year.

Employment History:

Entry 1.Title/Role:_____Position Description: _____
_____Year_____
Location:_____Supervisor (If applicable): _____
Total Hours Per Week:_____Total Hours: _____

2. Title/Role:_____Position Description: _____
_____Year_____
Location:_____Supervisor (If applicable): _____
Total Hours Per Week:_____Total Hours: _____

3. Title/Role:_____Position Description: _____
_____Year_____
Location:_____Supervisor (If applicable): _____
Total Hours Per Week:_____Total Hours: _____

4. Title/Role:_____Position Description: _____
_____Year_____
Location:_____Supervisor (If applicable): _____
Total Hours Per Week:_____Total Hours: _____

5. Title/Role:_____Position Description: _____
_____Year_____
Location:_____Supervisor (If applicable): _____
Total Hours Per Week:_____Total Hours: _____

6. Title/Role:_____Position Description: _____
_____Year_____
Location:_____Supervisor (If applicable): _____
Total Hours Per Week:_____Total Hours: _____

7. Title/Role:_____Position Description: _____
_____Year_____
Location:_____Supervisor (If applicable): _____
Total Hours Per Week:_____Total Hours: _____

8. Title/Role:_____Position Description: _____
_____Year_____
Location:_____Supervisor (If applicable): _____
Total Hours Per Week:_____Total Hours: _____

Grand Total Hours of Experience: _____

APPLICATION FOR REGISTRATION EXPRESSIVE ARTS CONSULTANT/EDUCATOR (REACE)

GUIDELINES FOR LETTER OF REFERENCE

Name of Reference: _____

Relationship to Applicant: _____

Address: _____

City: _____ State_____

Phone: _____ Zip Code: _____

(Name of Applicant)_____has applied for Registration as an Expressive Arts Consultant/Educator (REACE). We thank you for participating in our review process by providing a letter of reference. We would like your comments on the above named applicant regarding the areas outlined below. Please use these questions as a guideline and address them in a separate letter of reference.

We ask that all references include a short paragraph regarding their background and experience in the body of the reference. The salutation in the letter should be addressed to the REACE Review Committee. Please submit four copies, one with the original signature, to the address below. Include this form with your statement, and be sure to sign the reference letter. Thank you for completing these important steps in your letter of 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?
- How would you assess the applicant's competencies in the expressive arts, 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?
- Please provide any relevant information about this applicant in relation to their registration as an Expressive Arts Consultant/Educator (REACE).

IEATA REACE Committee Co-Chair
PLEASE EMAIL reace@ieata.org FOR THE MAILING ADDRESS.

PROOF OF PROFESSIONAL LIABILITY INSURANCE FORM

NOTE: 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. You do not need to have this insurance to apply for REACE designation rather you might choose to obtain it once you have been approved for professional designation. IEATA will issue your professional certificate once you qualify and the information regarding liability insurance is received.

I, _____agree to hold IEATA and IEATA Board Members harmless and release them of any responsibility, financially or legally, should I become involved in any legal actions against me related to my professional role as an Expressive Arts Consultant-Educator. I also confirm that I currently have Professional Liability Insurance, and have included a copy of my "Certificate of Insurance" (Proof of Coverage) form for my professional file.

Signature

I do not currently have Professional Liability Insurance because: (initial all that apply)

____I am not currently practicing as an Expressive Arts Consultant-Educator.
____I am retired and not practicing.
____I am currently covered by insurance through my employer (please provide name and contact information of employer)

I, _____have reviewed the IEATA Code of Ethics for Expressive Arts Consultant Educator (found on the IEATA web site www.ieata.org and agree to accept and uphold the outlined Code of Ethics when offering my services as an Expressive Arts Consultant Educator.

Signature Date

ETHICAL GUIDELINES AGREEMENT FOR REGISTRATION AS EXPRESSIVE ARTS CONSULTANT/EDUCATORS

Please sign and return 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 helps 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.

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I have thoroughly read and understand the ethical guidelines for Registered Expressive Arts Consultant/Educator. I fully accept this code as my own and agree to uphold these standards in my practice as a REACE.

_____

Print Name

_____

Signature Date

IEATA REACE Committee Co-Chair

PLEASE EMAIL APPLICATION TO: reace@ieata.org

IF YOU WILL BE USING REGULAR MAIL, PLEASE EMAIL reace@ieata.org TO OBTAIN THE MAILING ADDRESS.