

**IEATA Professional Standards Committee
For Expressive Arts Consultant/Educators
C/O Karen Berg-Smith
436 William Avenue
Larkspur, CA 94939**

Phone: 415-924-2163 Email: consult-educators@ieata.org

**APPLICATION FOR REGISTRATION
EXPRESSIVE ARTS CONSULTANT/EDUCATOR – REACE**

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

In order to assess your qualifications, please provide all information in **four complete packets**, which include 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 in some way for ease in accessing specific items. We will be unable to accept any applications that are not in the requested format or that are incomplete. We understand transcripts and letters of reference will be mailed separately.

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 three to six months for review of your application. Two to three anonymous reviewers from the Professional Standards Committee for Expressive Arts Consultant/Educators will review your application.

The application fee is \$120.00 for IEATA Members and \$200 for non-members.

Should you have any questions regarding the application process, please contact us by email, consult-educators@ieata.org or call Kathleen Horne, 941-365-6466 or Karen Berg-Smith, 415-924-2163. All Guidelines and Requirements for registration can be found on our website, ieata.org.

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

Sincerely,

IEATA
Kathleen Horne and Karen Berg-Smith
Co-Chairs, Professional Standards Committee, Consultant/Educators
Professional Standards Committee for Consultant/Educators

**IEATA Professional Standards Committee
For Expressive Arts Consultant/Educators**

**APPLICATION FOR REGISTRATION
EXPRESSIVE ARTS CONSULTANT/EDUCATOR**

APPLICATION CHECK LIST

Applicant Name _____

All items **MUST** be submitted and received in **FOUR 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 above unless otherwise advised. 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
 - ___ Adjunct to Training and Work Experience
 - ___ Promotional Material
- ___ **Resume**
- ___ **Ethical Guidelines Agreement Form**
- ___ **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: IEATA Members \$120.00. Non-members \$200**

Note: Please include this page at the beginning of each (4) application packet.

Mail applications to the address listed below

**IEATA Consultant/Educator Committee
C/O Karen Berg-Smith
436 William Avenue
Larkspur, CA 94939
U.S.A.**

**APPLICATION FOR REGISTRATION
EXPRESSIVE ARTS CONSULTANT/EDUCATOR
(REACE)**

APPLICATION INFORMATION FORM

APPLICANT INFORMATION:

NAME: _____

ADDRESS: (OFFICE) _____

ADDRESS: (HOME) _____

EMAIL: _____

PHONE: (OFFICE) _____

(HOME) _____

DATE SUBMITTED MATERIAL: _____

DATE RECEIVED MATERIAL: _____

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 in Letters of Reference:

1. _____

2. _____

3. _____

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

1. _____

2. _____

3. _____

4. _____

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 documentation in support of each entry. Attach an addendum as noted in Registration Requirements (brief description of expressive arts work, fliers, brochures or other verification).**

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: _____

4. 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. Emphasis is placed on multi-modal expressive arts work.

For the **Formal Training Pathway**, please include information on your 2000 hours of related work experience. Please attach an addendum that gives a brief description of your work duties for each entry, showing your experience with expressive arts consulting and education. A descriptive paragraph will suffice. Where possible, include fliers, brochures and other support material. Submit verifications where possible. Please indicate the number of hours worked over a time frame of five to ten years or longer, specifying the hours worked per year as much as possible.

For the **Non-Formal Training Pathway**, please include information on your 3800 hours of related work experience. Please attach an addendum that gives a brief description of your work duties for each entry, showing your experience with expressive arts consulting and education. A descriptive paragraph will suffice. Where possible, include fliers, brochures and other support material. Submit verifications where possible. Please indicate the number of hours worked over a time frame of five to ten years or longer, specifying the hours worked per year as much as possible.

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: _____

Grand Total Hours of Experience: _____

**APPLICATION FOR REGISTRATION
EXPRESSIVE ARTS CONSULTANT/EDUCATOR
(REACE)**

Guidelines for Letter of Reference

Name of Reference: _____
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. Thank you.

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 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).

Please include a short statement of your background with your letter. The salutation in the letter should be addressed to IEATA REACE Review Committee. Please submit four copies, one with original signature, to the address below.

Please include this form with your statement and be sure to sign the reference letter.

Thank you for your support in this matter.

**IEATA Consultant/Educators Committee
C/O Karen Berg-Smith
436 William Avenue
Larkspur, CA 94939
USA**

ieata

International Expressive Arts Therapy Association

**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

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