

CANADIAN ART THERAPY ASSOCIATION

OFFICIAL APPLICATION FOR REGISTRATION

**Canadian Art Therapy Association
Registrar
Box 538 Birtle, Manitoba, R0M 0C0**

PROCEDURES FOR REGISTRATION

Guidelines for Applying for Registration:

1. An application packet is available from: CATA- Registration Chair.
2. Study the General Eligibility Requirements and satisfy requirements before applying.
3. If you are requesting extenuating circumstances regarding your choice of supervisor, it is recommended that you have approval in writing prior to applying.
4. Mail 2 copies of the completed and signed application, recommendations and documentation to the Registration Chair, together with a non-refundable application fee of \$50.00 payable to the Canadian Art Therapy Association.
5. Reference letters, practicum verification and supervision verification forms should be sent in a sealed envelope with a signature across the seal.
6. A letter of approval will be sent to the applicant who must send a \$95.00 registered member fee to the Chair of the Membership Committee. The maintenance of Registration is dependent upon the payment of the annual membership fee for Registered Members of \$95.00 per annum due each September.
7. A certificate will be sent to the new Registered Member and he/she may use the title "Registered Canadian Art Therapist" together with the initials RCAT after one's name.
8. Applicants who are registered with the AATA are eligible if:
 - i) they have been a professional member of the CATA for 6 months.
 - ii) \$50.00 application fee is accompanied with proof of ATR. Documentation is required to show the AATA membership is in good standing; the registration number; and written notice of ATR registration from the AATA.

9. The application must be accompanied by three written recommendations from:

4. a registered art therapist;
- ii) the applicant's supervisor;
- iii) a personal character reference.

CANADIAN ART THERAPY ASSOCIATION

APPLICATION FORM FOR PROFESSIONAL REGISTRATION

We welcome your request to apply for Registration (RCAT) with the Canadian Art Therapy Association. We wish you success in your career goals and invite your active participation in a growing organization.

Instructions to Applicant

Please read the eligibility requirements carefully before completing this application form. Full/Professional membership should not be confused with Registration. Individuals must be Full/Professional members of the Canadian Art Therapy Association for six month prior to applying for Registration.

4. All application forms and supporting materials must be outlined in duplicate and mailed together, addressed to the current Registration Chairperson of Canadian Art Therapy Association.
2. Each applicant is urged to maintain a copy of all application materials in his or her personal files.
3. Applicants are encouraged to send application materials by registered mail to ensure delivery.
4. Please type or print clearly. Forms will be returned if documentation is incomplete or illegible. The applicant is responsible for securing all information requested and directing it to the above address. This includes any additional information mailed under separate cover.

Statement of Fair Practice :

When changes in the CATA Registration documents are ratified by the professional membership of the CATA, in the interests of fair practice, the CATA will extend to the candidate a reasonable amount of time to satisfy eligibility requirements for Registration under previous criteria. This applies to students in academic and institute art therapy training programs.

Checklist

- (i) Personal Information
- (ii) Academic background
- (iii) Art Therapy Training
- (iv) Professional Employment
- (v) Professional Experience and Development
- (vi) Verification of Internship or Student Practicum
- (vii) Verification of Employment
- (viii) Verification of Supervision
- (ix) 3 Professional Reference Forms
- (x) Application fee of \$50.00 made payable to the Canadian Art Therapy Association.

General Eligibility Requirements

The Applicant must accumulate a total of 14 Professional Points to apply for Registration with the Canadian Art Therapy Association.

a. Clinical Experience

A minimum of 2 points must have been accumulated through clinical experience (client contact) unrelated to education/training in art therapy. Volunteer work will be considered only if it is done in an agency with an accompanying letter from the Director of the agency verifying hours of art therapy.

Credit will be awarded for private practice hours and unpaid hours only if the applicant is supervised by a registered art therapist. Private practice hours that are not supervised by a registered art therapist will only be considered in extenuating circumstances.

1000 hours of client contact = 2 Professional Points.

[Click here for excel spreadsheet to record hours](#)

b. Clinical Supervision

The Supervisor is an Art Therapist who has an RCAT (Registered Canadian Art Therapist) or OATR (Registered Ontario Art Therapist) or BCATR (Registered British Columbia Art Therapist), or ATR (Registered American Art Therapist).

Supervision may be done on an individual basis or in small groups.

Supervision by other clinicians, such as social workers, special educators, psychologists, and psychiatrists will be considered only when a qualified art therapist is not available in the same city. ***However, it is strongly recommended that even if a***

qualified art therapist is not available in the same city an applicant make every effort to obtain as many hours of supervision as possible with a qualified art therapist either through distance supervision, i.e. phone, mail, or internet, occasional travel or at conferences. For supervision hours to be applied toward CATA registration it is highly recommended that the potential applicant request approval by CATA registrar of the supervisor's credentials prior to seeking supervision.

1 hour of supervision for every 20 hours of client contact
50 hours of supervision = 2 Professional Points

c. Education

Completion of a graduate level art therapy training programme such as:

Master's Degree in Art therapy from a recognized university	=10 points
Graduate level Art Therapy Institute training	=10 points
Graduate level Art Therapy training from a recognized institution	=10 points

PERSONAL INFORMATION
(Please print)

Name (As you want it to appear on your Registration Certificate)

Address including postal code

Address Line 2

Home Phone

Business Phone

Date of Birth

Place of Employment

Type of Facility

Business Address including postal code

Business Address Line 2

Length of Employment at Present Position: _____

I hereby certify that I have read the Standards of Practice of the Canadian Art Therapy Association.

I hereby certify that the application information is true and accurate to the best of my knowledge and understanding.

Signature of Applicant

Date

ACADEMIC BACKGROUND

Please list Colleges and Universities attended, listing most recent first.

Institution	Circle one	Major	Dates Attended	Degree & Date
	Undergraduate/ Graduate			
	Undergraduate/ Graduate			
	Undergraduate/ Graduate			
	Undergraduate/ Graduate			

ART THERAPY TRAINING

Facility where training took place

Address

Postal Code

Programme Director (_____) Phone _____

Dates of Training: From _____ to _____

Total Client Contact Hours: _____

Total Hours of Supervision: _____
Group hours Individual hours

Names and qualifications of Supervisors:

Please designate the Art Therapy Registration held by your supervisor. Please provide documentation for any supervision that was not by a Registered Art Therapist.

Signature of Programme Director / Registrar Date

PROFESSIONAL EMPLOYMENT

Place of Employment:

Type of Facility:

Address:

Phone: _____

Postal Code

Dates	Number of Weeks	Total Client Contact Hours	Total Hours of Supervision

If more space is needed, please attach sheet with any additional employment history information.

Supervisor:

Title/Position:

Was Supervisor an RCAT or art therapist experienced enough to qualify for CATA Registration?

Yes

No

If not, the supervisor's resume must be submitted with application.

Describe all duties in your position:

Describe nature of clientele with whom you worked:

To whom did you report your clients' progress and evaluations?

If you supervised others, note number of supervisees and describe the nature of the work supervised.

PROFESSIONAL EXPERIENCE AND DEVELOPMENT

List five most valuable Art Therapy Training Workshops attended in addition to those required by your academic programme:

Topic of Workshop	Place	Dates	Presenter	RCAT, ATR, BCATR, OATR, Other

List your most important art therapy presentations, courses taught, workshops conducted, radio/TV presentations given before professional groups. (Note type and size of group, date.)

List any other relevant professional memberships, awards, etc.

Describe other personal efforts which you feel have contributed to your professional competency or the advancement of art therapy.

List films or art exhibits with brief description of your involvement:

VERIFICATION OF INTERNSHIP or STUDENT PRACTICUM

Please return to: Registrar, Box 538 Birtle, Manitoba, R0M 0C0

(To be completed by Internship Supervisor)

Applicant's Name _____

Address

_____ has applied for Professional Registration with the Canadian Art Therapy Association, please return to Applicant in a sealed envelope, your signature over the seal.

Type of Facility

Title of Position

Length of internship training: From: _____ to: _____

Total number of weeks: _____ Total number of hours of client contact _____

Describe duties for which the applicant was responsible in the position. Answer as fully as possible. You may enclose facility description.

VERIFICATION OF ART THERAPY EMPLOYMENT

Please return to: Registrar, Box 538 Birtle, Manitoba, R0M 0C0

(To be completed by Employment Supervisor. If you have had more than one employment supervisor, please have each one complete a verification form. Or if you have been employed in several positions/places, please have each one complete a verification form)

Applicant's Name _____

Address

_____ has applied for Professional Registration with the Canadian Art Therapy Association, please return to Applicant in a sealed envelope, your signature over the seal.

Employed by:

Type of Facility:

Title of Position:

Length of Employment: From: _____ to: _____

Total number of weeks: _____ Total number of hours of client contact: _____

Job Description. Describe duties for which the applicant was responsible in the position listed above. Answer as fully as possible. You may enclose facility description.

The Applicant is applying for Professional Registration with the Canadian Art Therapy Association. Please inform us of the applicant's competency in art therapy. Include description of strengths and weaknesses.

Evaluate the applicant's ability to organize and plan the art therapy service, communicate with other professionals etc.

In the position is/was the applicant responsible for the supervising or training of employees or students? Please describe and give approximate dates:

From: _____ To: _____

Other comments:

Signature: _____

Title

Date

The applicant is applying for Professional Registration with the Canadian Art Therapy Association. Please inform us of the applicant's competency in art therapy. Include description of strengths and weaknesses.

Evaluate the applicant's ability to organize and plan the art therapy service, communicate with other professionals etc.

Other comments:

Signature:

Date:

PROFESSIONAL REFERENCE FORM

Please return to: Canadian Art Therapy Association, Registrar, Box 538 Birtle, Manitoba, R0M 0C0

(To be completed by applicant's referee.)

Applicant's name: _____

Address: _____

The person named above has applied to become a Registered Canadian Art Therapist (RCAT). Your assessment of the applicant's characteristics will assist the Registration Committee in evaluating whether this applicant meets its standards. Please respond to all questions to the best of your ability.

Reference's Name: _____ Profession: _____

Degree _____ Position Title: _____

Business Address: _____

Telephone: _____

2. Professional Certificate or License: _____

3. Relation to Applicant: Trainer/Educator _____ Immediate Supervisor _____
Professional Colleague _____ Other (specify) _____

4. Please comment on this applicant's competency as an art therapist, based on his/ her knowledge of art therapy history, theory, general psychological theory, diagnostic skills, art therapy process, interpersonal skills, ability to stimulate expression, interdisciplinary skills, professional self-development. (Please use the other side of this sheet or attach evaluation sheet to this form.)

I recommend/ do not recommend (circle one) this applicant for Registration as an Art Therapist with the Canadian Art Therapy Association.

The above information is based upon my best judgment.

Signature of Referee Date