

**CANADIAN ART THERAPY ASSOCIATION**

**OFFICIAL APPLICATION FOR REGISTRATION 2010**

**Please mail the required documents to the Registration Chairperson  
c/o Darlynn Hildebrandt, Canadian Art Therapy Association  
Suite 802, 9927-114<sup>th</sup> St. Edmonton, Alberta  
T5K 1P8**

**Procedures for Registration**

**Guidelines for Applying for Registration:**

1. An application packet is available from: CATA- online and from the Registration Chair. Applications are reviewed three times a year: In the months of: **September 30 , January 31, and April 30.**
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.

CATA recognizes that some art therapists live in areas where a Registered Art Therapist is not available nearby (i.e. approx. an hour's drive of them). This makes it more challenging for them to get regular, ongoing supervision. However, distance supervision is possible 'on-line' following ethical guidelines. The key factor is to have quality supervision with an experienced art therapist.

Those who are working in a highly specialized aspect of mental health/medical health services or deal with a particularly challenging population may need to receive supervision locally from someone who is qualified to advise and support them. We recognize that additional supervision may need to be done with other clinicians such as social workers, special educators, psychologists, and psychiatrists when a qualified Registered Art Therapist is not available in the same region. If 'other' supervision is required due to the nature of the work being conducted then art therapists should access such supervision but it should not replace art therapy supervision. Long-distance supervision is increasingly a viable option.

We underscore the importance of students being supervised by a registered art therapist. When supervision takes place with an art therapist that art therapist must be registered. For those who find themselves in extenuating circumstances only up to 25 hours (50 % of supervision hours) may count when done by someone in another field (e.g. MSW, or psychologist, MD, etc. and depending what their requirements should be (e.g. the nature of the work).

4. **Mail 2 copies** of the completed signed application, recommendations and documentation to the Registration Chair, together with a non-refundable application fee of **\$60.00 payable** to the Canadian Art Therapy Association.

5. Reference letters, practica 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 **\$105.00** 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 **\$105.00** 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 BCATA; OATA; or AATA are eligible if:

- i) They have been a Professional Member of the CATA for 6 months .
- ii) \$60.00 application fee is accompanied with proof of Registration Certification. Documentation is required to show the member is in good standing; with the registration number and written notice of registration from either the BCATA; OATA or AATA.
- iii) Proof of Liability Insurance. (You must supply proof of professional liability insurance if you do any private practice work or are not fully covered by the agency for which you work).
- iv) The application must be accompanied by three written recommendations from:
  1. a registered art therapist;
  2. the applicant's supervisor;
  3. 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 the growing organisation.

#### **Instructions to Applicant**

Please read the eligibility requirements carefully before completing this application form. *Full membership refers to Professional Members in good standing* and should not be confused with Registration. Individuals must be Full members, ***Professional members in good standing of the Canadian Art Therapy Association for six months prior to applying for Registration.***

1. 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.

**Applications for Registration are reviewed three times per year ( in the months of September 30, January 31 and April 30).**

#### **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, that 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 programmes.

#### **Rational for Professional Liability Insurance**

That all CATA Professional and Registered members have professional liability insurance (either through the agency they work for or on their own through CATA or another association. If the member also has a private practice or engages in Clinical Supervision, she/he must have insurance besides her/his agency insurance as the agency does not usually cover a therapist's private practice work) and one must submit proof of such to maintain one's status.

#### **Registration Application Checklist**

- (i) ( ) Personal Information, signed by the applicant
- (ii) ( ) Academic background
- (iii) ( ) Art Therapy Training, signed by Programme Director/ Registrar
- (iv) ( ) Professional Employment, signed by the employment supervisor

- (v) ( ) Professional Experience and Development
- (vi) ( ) Verification of Internship or Student Practicum, sealed and signed
- (vii) ( ) Verification of Employment , sealed and signed
- (viii) ( ) Verification of Supervision, sealed and signed
- (ix) ( ) 3 Completed Professional References Forms, sealed and signed
- (x) ( ) Proof of Liability Insurance
- (xi) ( ) Proof of CATA Membership (minimum 6 months as Professional Member)
- (xii) ( ) Proof of Art Therapy training (copy of graduating certificate)
- (xiii) ( ) Application fee of \$60.00 made payable to the Canadian Art Therapy Association.

### General Eligibility Requirements

The Applicant must accumulate a total of **34 Professional Points** to apply for Registration with the Canadian Art Therapy Association.

#### **ACADEMIC REQUIREMENTS:**

##### ***Part I: Art Therapy Training***

- a) *Art Therapy certificate or diploma from a recognized institution---- 16 pts.*
- b) *MA or equivalent in Art Therapy*

*20 pts.*

**Minimum points required**

**16**

##### ***Part II. Education***

- a) Baccalaureate degree in psychology, fine art, sociology, social work, nursing, occupational therapy, education, or related field 4 pts.
- b) Masters degree in the above 8 pts.
- c) Doctorate in above 8 pts.
- d) Special consideration requested

*Only one degree may be counted and points are not cumulative. Other degrees and qualifications may be considered under special circumstances.*

**Minimum points required**

**4**

#### **PROFESSIONAL DEVELOPMENT:**

##### ***Part III. Work Experience After Completion of Art Therapy Training***

**\*\*** After completion of Art Therapy Training means that all the required academic course work, student practica hours and supervision time, thesis completion and approval, and any other requirements that a given school has established, have been completed and passed.

Using Art Therapy in a clinical/educational setting, for which you are supervised by a Registered Art Therapist. 1,000 hours (1 hour of supervision for every 20 direct client contact hours) Supervisors should also maintain adequate liability insurance and extra coverage for lawyer insurance is recommended.

One hour of client contact equals one hour, no matter if that contact time is an individual or group session.

To have volunteer art therapy work hours count toward registration, those direct client contact hours must be fully documented and supervised by a registered art therapist. Only supervised Art Therapy work done in an agency, private practice firm, institution, or hospital will count. A maximum of 200 hours of volunteer work may count toward the R.C.A.T.

.....10 pts.

**Minimum**

**10 points**

***Part IV. Portfolio of artwork that shows your competency with basic art material ask for title, medium (Optional)***

10 slides ..... **2 points**

***Part V. Art Therapy Papers, Publications, Workshops and Seminars (optional)***

- a) Art Therapy or related conferences, workshops or seminars attended ..... 1 pt.
- b) Art Therapy papers published, workshops, seminars, or papers given ..... 2 pts.
- c) Committee experience with art therapy organizations ..... 1 pt.
- d) Experience of working on an Executive Board/Council of an art therapy association ..... 1 pt.

*(submit proof for: Conference attendance, workshops or seminars given, copy of papers published, Art Therapy Committee or Executive Board participation)*

**note: MINIMUM POINTS REQUIRED:**

**PART I, II, .....20 points**

**PART III, IV, V, ..... 14 points**

**TOTAL ..... 34 points**

**PERSONAL INFORMATION**

(Please type or print)

<hr/>			<hr/>
<b>Name</b> (as you want it to appear on your Registration Certificate)			<b>Home Telephone</b>
<hr/>			<hr/>
<b>Address</b>			<b>Business Telephone</b>
<hr/>			<hr/>
<b>Email *</b>	<b>Postal Code</b>	<b>Date of Birth</b>	
<hr/>			<hr/>
<b>Place of Employment</b>			<b>Type of Facility</b>
<hr/>			<hr/>
<b>Business Address</b>			<b>Title at place of work</b>
<hr/>			<hr/>
<b>City</b>	<b>Province</b>	<b>Postal Code</b>	<b>Length of Employment at present position</b>

I hereby certify that I have read the Code of Ethical Responsibilities 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.

<hr/>	<hr/>
<b>Signature of Applicant</b>	<b>Date</b>

### ACADEMIC BACKGROUND

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

<b>Institution</b>	<b>Circle one</b>	<b>Major</b>	<b>Dates Attended</b>	<b>Degree &amp; Date</b>
	Undergraduate Graduate			
	Undergraduate Graduate			
	Undergraduate Graduate			
	Undergraduate Graduate			
	Undergraduate Graduate			
	Undergraduate Graduate			
	Undergraduate Graduate			
	Undergraduate Graduate			
	Undergraduate Graduate			
	Undergraduate Graduate			

**ART THERAPY TRAINING**

c/o Darlynn Hildebrandt, CATA Registration  
Suite 802 9927-114<sup>th</sup> Street, Edmonton, Alberta T5K 1P8

(Please Print or Type)

\_\_\_\_\_  
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**

c/o Darlynn Hildebrandt, CATA Registration  
Suite 802 9927-114<sup>th</sup> Street, Edmonton, Alberta T5K 1P8

Place of Employment \_\_\_\_\_

Type of Facility \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Postal Code

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

Supervisor \_\_\_\_\_

Title/Position \_\_\_\_\_

Was Supervisor an RCAT or art therapist experienced enough to qualify for CATA Registration?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

If not, the supervisors resume must be submitted with application.

Describe all duties in your position \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe nature of clientele you worked with \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_

If you supervised others, note number supervised 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.
1.				
2.				
3.				
4.				
5.				

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.)

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List any other relevant professional memberships, awards, etc \_\_\_\_\_

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

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List films or art exhibits with brief description of your involvement \_\_\_\_\_

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**VERIFICATION OF INTERNSHIP or STUDENT PRACTICUM**

c/o Darlyne Hildebrandt, CATA Registration  
Suite 802 9927-114<sup>th</sup> Street, Edmonton, Alberta T5K 1P8

(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 client contact \_\_\_\_\_

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

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**Main Document Only.**

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.

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

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Other comments:

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

**VERIFICATION OF ART THERAPY EMPLOYMENT**

c/o Darlyne Hildebrandt, CATA Registration  
Suite 802 9927-114<sup>th</sup> Street, Edmonton, Alberta, T5K 1P8

(To be completed by Employment 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.

Employed by \_\_\_\_\_

Type of Facility \_\_\_\_\_

Title of Position \_\_\_\_\_

Length of Employment: From \_\_\_\_\_ to \_\_\_\_\_

Total number of weeks \_\_\_\_\_ Total number of hours client contact \_\_\_\_\_

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

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**Main Document Only.**

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.

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

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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 \_\_\_\_\_

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Other comments:

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

**VERIFICATION OF SUPERVISION**

c/o Darlyne Hildebrandt, CATA Registration  
Suite 802, 9927-114<sup>th</sup> Street, Edmonton, Alberta, T5K 1P8

(To be completed by Art Therapy 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.

Supervisor's Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postal Code

Registration \_\_\_\_\_  
RCAT OATR BCATR ATR

Your Employment \_\_\_\_\_

Total Number of Hours of Supervision of Applicant \_\_\_\_\_

\_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
Group

\_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
Individual

Describe duties for which the applicant was responsible. Answer as fully as possible.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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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.

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

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Other comments:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PROFESSIONAL REFERENCE FORM**

c/o Darlynn Hildebrandt, CATA Registration  
Suite 802, 9927-114<sup>th</sup> Street, Edmonton, Alberta, T5K 1P8

(To be completed by applicant's referee.)

Applicant's name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postal Code

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.

1. 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.)

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

The above information is based upon my best judgement.

Signature of Referee \_\_\_\_\_

Date \_\_\_\_\_



Art Therapist's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## CATA Art Therapy Hours for Registration

WEEK OF:												TOTAL HOURS
Individual Art Therapy Hours												
Group Art Therapy Hours												
Supervision, Individual												
Supervision, Group												
Supervision, Online												
Workshops, Seminars, or Conferences												
Writing Clinical Reports, Process/Progress Notes												
TOTAL HOURS PER WEEK												

Art therapist's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(RCAT/ATR)

<b>Agency</b> Name: _____ Phone: _____ Fax: _____
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