



**British Columbia Art Therapy Association**  
 101 – 1001 West Broadway, Dept. 123,  
 Vancouver, BC V6H 4E4  
 www.bcarttherapy.com

## REGISTRATION APPLICATION

Applicant's Name: \_\_\_\_\_

BCATA Professional Membership number: \_\_\_\_\_ *Note: your membership must be current*

*Date application received by BCATA:* \_\_\_\_\_ *Is this application complete?* \_\_\_\_\_

To avoid the return of your application for registration you must include all of the following items:

Item	Included Herein	Item Description	Received by BCATA
1		completed application form (all pages of this document)	
2		Curriculum Vitae	
3		official transcripts for Art Therapy diploma or degree	
4		copies of transcripts for undergraduate and all other graduate studies	
5		A minimum of two letters of recommendation from qualified clinicians who are familiar with your professional art therapy work. Please include a letter from at least one supervisor regarding your competence in art therapy.	
6		Documentation of 1000 post-graduate direct client contact work experience, and documentation of 50 supervision hours signed by supervisor(s), at a ratio of 1 supervision hour to every 20 client contact hours	
7		Proof of liability insurance coverage from the agency by whom you are employed, or if self-employed provide documentation of your insurance coverage.	
8		Professional membership with the BCATA for a period of at least 3 months.	
9		A non-refundable application fee of \$ 50.00 (payable to BC Art Therapy Association)	

**SEND COMPLETED APPLICATION PACKAGE TO:**

Registration Committee  
 BC Art Therapy Association  
 101 – 1001 West Broadway, Dept. 123  
 Vancouver, BC, V6H 4E4

**ENQUIRIES:** Sandy McCartie, MSW, RSW, BCATR, Registration Chair,  
 Phone: 1- (604) 485-6929 Email: [registration@bcarttherapy.com](mailto:registration@bcarttherapy.com)

Submission deadlines are: January 30, May 30, and September 30



**PART 1: APPLICANT'S CONTACT INFORMATION**

Name: \_\_\_\_\_

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

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Present Employer / or Business name, studio if in Private Practice: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**PART 2: REQUIREMENTS FOR REGISTRATION**

In keeping with the Bylaws of the BCATA, registered membership is open to all professional members in good standing who make written application to the directors and who meet the requirements for membership. The following EXCERPT FROM THE BYLAWS OF THE BCATA states:

2.3 Registered professional membership, "BCATR" British Columbia Art Therapist Registered, shall be open to all professional members in good standing who have been members in good standing for a period of three (3) months and who:

a) have completed a Masters degree or higher in art therapy, a Masters degree in the field of social sciences and a 15-month diploma program at an institute of art therapy, or an undergraduate degree and a 2-year diploma program from an institute of art therapy;

and

have completed with signed documentation, 1,000 post-graduate direct client contact hours in a clinical setting or agency setting supervised by a BCATR, or equivalent (e.g. ATR, or RCAT) who holds current professional liability insurance and in good standing with their professional association, at a ratio of 1 hour to each 20 client contact hours.

(i) Equivalent graduate level training and experience in the use of art in therapy will be evaluated at the discretion of the Registration Committee;

(ii) Volunteer art therapy services can be counted towards the 1000 postgraduate direct client contact hours to a maximum of 50%. The hours must be documented and supervised by a BCATR or equivalent, who holds current professional liability insurance and is in good standing with their professional association. The location at which the art therapy services are offered must be an established agency or organization.

(iii) Post-graduate hours of supervision are defined as hours accumulated after all practicum hours and all course work has been completed except the thesis or date of graduation.

(iv) A minimum of 50% of supervised hours are to be with a BCATR. If this is not practicable supervision may be provided by an equivalent registered art therapist (e.g. ATR, RCAT) or, if not available the member may apply to the Registration Committee to be exempt from this requirement and for approval of an alternative supervisor. Consideration could include another mental health professional, with at least 5 years of experience, who holds current professional liability insurance and is in good standing with their professional association.

(v) Group supervision is to include a maximum of five supervisees per group. Group supervision should be a 50% maximum of total supervised hours. This group supervision should be clinically focused, (i.e. not administrative), based on work with clients, and should ensure that each art therapist has individual time within that group to present their own work.

(vi) Members who are currently registered members in good standing, of another art therapy association, or if not currently in good standing whose membership lapsed within the period of one year and was not revoked, may submit proof of such registered membership along with two letters of recommendation and documentation for current liability insurance, in lieu of the requirements in 2.3 a) to request registered membership with BCATA.

(vii) The expiration of a current application in process, will be one year from the date of acceptance for first review by the Registration Committee.

c) sign a statement that if practicing, they have liability insurance coverage;

d) have made application in prescribed form to the Registration Committee of the BCATA, have been admitted as registered members and remain members in good standing.

### **PART 3: GENERAL EDUCATION**

Specify names of college and/or universities where you have studied. State the degree(s) or diploma(s) received and the date. Copies of transcripts for the following degrees are accepted. Indicate area of specialization where applicable.

a) Bachelor's Degree

Name of Institution: \_\_\_\_\_

Copy of Transcript enclosed: yes / no

Degree granted: \_\_\_\_\_ Date granted: \_\_\_\_\_

b) Master's Degree

Name of Institution: \_\_\_\_\_

Copy of Transcript enclosed: yes / no

M.A. granted: \_\_\_\_\_ Date granted: \_\_\_\_\_

c) Ph.D.

Name of Institution: \_\_\_\_\_

Copy of Transcript enclosed: yes / no

Doctorate granted: \_\_\_\_\_ Date granted: \_\_\_\_\_

d) Other graduate degree or diploma

Name of Institution: \_\_\_\_\_

Copy of Transcript enclosed: yes / no

Degree / diploma granted: \_\_\_\_\_ Date granted: \_\_\_\_\_

e) Other

#### **PART 4: ART THERAPY TRAINING**

Submit an OFFICIAL TRANSCRIPT for your art therapy training.

a) Name of Art Therapy Training Institution: \_\_\_\_\_

b) Country of Art Therapy Institution: \_\_\_\_\_

c) Address of Art Therapy Institution: \_\_\_\_\_

Website: \_\_\_\_\_

d) Length of Time you participated in the Art Therapy Program (specify hours, weeks, months or years):

\_\_\_\_\_

e) Date Commenced: \_\_\_\_\_

f) Date Completed: \_\_\_\_\_

#### **PART 5: WORK EXPERIENCE AND SUPERVISION**

a) I currently use art therapy in a professional capacity: yes / no

Please describe on a separate sheet your current professional activities as an art therapist.

b) Following the completion of your Art Therapy training:

List institutions, agencies or clinical settings where you were employed as a graduate art therapist and supervised by a qualified clinician: (use separate sheet for additional locations that cannot fit below)

i) Name of Location: \_\_\_\_\_

Position title / hired as: \_\_\_\_\_

Date (period of time) employed or volunteering: \_\_\_\_\_

Supervisor Name and Professional Designation: \_\_\_\_\_

Total clinical hours accumulated: \_\_\_\_\_ Total Supervision hours accumulated: \_\_\_\_\_

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ii) Name of Location: \_\_\_\_\_

Position title / hired as: \_\_\_\_\_

Date (period of time) employed or volunteering: \_\_\_\_\_

Supervisor Name and Professional Designation: \_\_\_\_\_

Total clinical hours accumulated: \_\_\_\_\_ Total Supervision hours accumulated: \_\_\_\_\_

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iii) Name of Location: \_\_\_\_\_

Position title / hired as: \_\_\_\_\_

Date (period of time) employed or volunteering: \_\_\_\_\_

Supervisor Name and Professional Designation: \_\_\_\_\_

Total clinical hours accumulated: \_\_\_\_\_ Total Supervision hours accumulated: \_\_\_\_\_

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iv) Name of Location: \_\_\_\_\_

Position title / hired as: \_\_\_\_\_

Date (period of time) employed or volunteering: \_\_\_\_\_

Supervisor Name and Professional Designation: \_\_\_\_\_

Total clinical hours accumulated: \_\_\_\_\_ Total Supervision hours accumulated: \_\_\_\_\_

In order to process this application you must acquire 1000 post-graduate direct client contact hours as an art therapist, (after completion of all course work and practica) in an institution, agency or clinical setting. Please ensure that these hours are documented and signed by your supervisor at a ratio of 1 hour of supervision to every 20 client contact hours. Attach a separate client contact and supervision hours log with signatures such as the example below. *Note:* this template is available on the BCATA website, or can be emailed to you upon request.

*SAMPLE EXCERPT*

Date	Supervisor name and credentials	1 to 1 supervision hours	Group supervision hours	Clinical client contact hours	Private practice hours	Volunteer art therapy hours	Supervisor's signature
Oct 5, 2010	Jane Doe, BCATR	1		14		6	Jane Doe
Oct 13, 2010	Frank Burger, RCAT		2	16	10		F. Burger
Oct 24, 2010	Jill Hill, RCC	1.5		22	2		Jill Hill
Nov 2, 2010	Jane Doe, BCATR	2		22	8	10	Jane Doe
Nov 12, 2010	Frank Burger, RCAT		2	12	8		F. Burger
	<i>SUBTOTALS</i>	4.5	4	86	28	16	

*The sample chart above demonstrates a segment of time in which the applicant accumulated 8.5 supervision hours (4.5 individual and 4 group hours) and 130 client contact hours (86 clinical or agency, 28 in private practice, and 16 volunteer). This applicant attended monthly group supervision, and worked with two supervisors for individual sessions. To complete requirements this applicant must detail the balance of hours including 870 client contact hours and 41.5 supervision hours.*

*It is acceptable to use a combination of clinical / agency and private practice and volunteer art therapy services to total 1,000 client contact hours. It is also acceptable to use a combination of individual and group supervision to total 50 hours. See Part 2 above "Requirements for Registration" for details.*

c) I have used art therapy under supervision in a clinical or agency setting:

yes / no      Number of client contact hours \_\_\_\_\_

I have documented these hours and provided signed documentation from supervisor(s)    yes / no

d) I have used art therapy under supervision in a private practice:

yes / no      Number of client contact hours \_\_\_\_\_

I have documented these hours and provided signed documentation from supervisor(s)    yes / no

**PART 6: LIABILITY INSURANCE COVERAGE**

a) While working for a clinical or agency setting I had liability insurance through that agency: yes / no

I have attached documentation of that liability insurance coverage: yes / no

This insurance is Name of insurance company \_\_\_\_\_

b) While offering art therapy in private practice I obtained my own liability insurance: yes / no

I have attached documentation of that liability insurance coverage yes / no

This insurance is Name of insurance company \_\_\_\_\_

*Note:* The firm with whom BCATA offers insurance coverage is as follows:

Professional Errors & Omissions Liability Insurance: The Mitchell & Abbott Group, Brad Ackles, toll free at 1-800-461-9462 or 1-800-463-5208 or fax (905) 574-1211.

**PART 7: REGISTRATION WITH ANOTHER ART THERAPY ASSOCIATION**

Please refer to Part 2 herein, Item 1.1 (vi)

I am submitting documentation of current registration with another Art Therapy Association: yes / no

Name of Association: \_\_\_\_\_

Country of Association: \_\_\_\_\_ Website: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Date Application reviewed by Registration Committee: \_\_\_\_\_

Notes: \_\_\_\_\_

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Date granted Registration: \_\_\_\_\_

