



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

Professional Art Therapist Application

Applicant’s Name: _____

If you are a student member, provide your BCATA Member Number: _____

To avoid delays of your application, 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		A copy of your art therapy diploma or educational transcripts (one of the other – both are not required)	
3		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	
4		Proof of liability insurance coverage from the agency by whom you are employed, or if self-employed, provided documentation of your insurance coverage	

Scan all documents and email them to BCATA Membership Chair:
membership@bcarttherapy.com.

If mailing a cheque or money order (made payable to BC Art Therapy Association), please send to:

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

Enquiries:
 Membership Chair
 Email - membership@bcarttherapy.com

Part 1: Applicant's Contact Information

Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Present Employer or Business Name/Studio, if in Private Practice: _____

Employment Address: _____

Work Phone: _____ Fax: _____

Email: _____

Part 2: Requirements for Registration

Professional Membership is open to all art therapists who have completed post-graduate professional training in Art Therapy from an accredited school or institute of art therapy (eg. Adler, VATI, KATI, TATI, Concordia, etc).

I. Bylaw 2.3: Professional Membership with BCATA is open to those:

- a) Who have completed professional training in art therapy through a Master's degree in art therapy; or completed a Master's degree in the field of social sciences and a 15 month diploma program at an institute of art therapy; or completed an undergraduate degree and a 2 year diploma program from an institute of art therapy. The training programs are to include a minimum of 600 supervised practicum hours.
- b) Whose qualifications are from outside Canada may apply for equivalency consideration. These members must submit both original and translated copies of their supporting documentation, the number of practicum hours completed must be included. If the required practicum hours are incomplete, these members may submit up to 300 post graduate client contact hours in a clinical or agency setting, supervised at a ratio of 1 hour to each 20 client contact hours. This

supervision must be provided by a registered art therapist, or equivalent who holds current professional liability insurance and is in good standing with their professional association.

- c) Who have a signed a statement that if practicing, they have liability insurance coverage.
- d) Who have made application to the Association in prescribed form, have been admitted as professional members and remain members in good standing.

Part 3: 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

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

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) 574-121

Signature: _____ Date: _____

FOR BCATA REGISTRATION COMMITTEE
Date Reviewed: _____
Notes: _____

Date Completed: _____