



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

Registered Art Therapist Application

Applicant's Name: _____

BCATA Professional Member Number: _____ Note: Your membership must be current.

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/Resume | |
| 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, provided 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) | |

Email or send completed application package to:

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

Enquiries:
 Membership Chair
 Email - membership@bcarttherapy.com

Submission Deadlines: 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: _____

Employment 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:

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

Degree granted: _____ Date granted: _____

c) Ph.D.

Name of Institution: _____

Copy of Transcript enclosed: yes no

Degree granted: _____ Date granted: _____

d) Other graduate degree or diploma

Name of Institution: _____

Copy of Transcript enclosed: yes no

Degree 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: _____

D) Website: _____

E) Length of time you participated in the Art Therapy Program (specify hours/weeks/months/years): _____

F) Date commenced: _____

G) 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: _____

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: _____

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: _____

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: _____

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

E) I have a completed and signed documentation of 1000 post-graduate direct client contact hours: yes no

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.

NOTE: An electronic copy of the 1000 post-graduate direct client contact hours form can be located on the BCATA website. This can be retrieved on our website.

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) 574-121

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: _____

Address: _____

Applicant's Signature: _____

Date: _____

FOR BCATA REGISTRATION COMMITTEE

Date application reviewed by Registration Committee: _____

Notes: _____

Date granted Registration: _____