

ONTARIO ART THERAPY ASSOCIATION

___APPLICATION FOR REGISTRATION

ONTARIO ART THERAPY ASSOCIATION

GENERAL ELIGIBILITY REQUIREMENTS FOR O.A.T.R.

1. All applicants must be professional members, in good standing, of the Ontario Art Therapy Association for **6 months** prior to application.
2. Only applicants who have graduated from an established art therapy training program will be considered for registration.

Comprising a minimum of 480 hours of class time of which a minimum 250 hours include art therapy theory and practice and a minimum of 700 hours of supervised art therapy practica working with a variety of children, adolescents, and adults (supervisor must have an O.A.T.R., R.C.A.T., and/or A.T.R.; currently, be practising art therapy; have been registered at least two years, and effective, January 2003, must renew OATA supervisor status annually).

3. The application must be completed in full before submission (see checklist).
4. A curriculum vitae is to be included with application.
5. Paid Work Experience after graduation using Art Therapy:
 - a) minimum 1,000 direct client contact hours of which no more than 500 in private practice.
 - b) supervision from an O.A.T.R., R.C.A.T., or A.T.R. member.

Note: For a minimum of **1 hour** of supervision for every **20 hours** of direct client contact and **2 hours** of supervision for every **20 hours** of direct client contact in **private practice**.

ONTARIO ART THERAPY ASSOCIATION

CHECKLIST

Please ensure that all these items are included in your application.

1. Personal information. page 2
2. Curriculum vitae.
3. General Academic Background. Official transcripts from Graduate Facilities*. page 5
4. Documentation of art therapy training programs.* page 6
5. Art Therapy employment verification. pages 7 & 8
And/or Art Therapy private practice employment verification. page 9
6. Documentation of Supervision. Art Therapy Supervisor's Evaluation Professional Reference Form. pages 10 & 11
7. Professional References (two other than Art Therapy Supervisor). pages 12 & 13
8. Documentation of Personal Therapy (optional). page 14
9. Portfolio of 10 slides (optional). page 15
10. Art Therapy publications, Seminars, Committees.(optional).....page 15
11. Certified cheque or money order (\$40.00 non-refundable).
12. Duplicate of all documents and forms (i.e., submission of originals/certified copies and one copy of all documents and forms; a third copy to be kept by applicant).
13. Proof of current liability insurance.

****If official transcripts were provided when application for Professional Membership was made, photocopies are acceptable. Simply note: "Official transcripts provided with Professional Membership application".***

ONTARIO ART THERAPY ASSOCIATION

GENERAL ACADEMIC BACKGROUND

PLEASE LIST COLLEGES AND UNIVERSITIES ATTENDED, LISTING THE MOST RECENT FIRST

INSTITUTION (CIRCLE ONE) MAJOR DATES ATTENDED DEGREE & DATE RECEIVED
RECEIVED

Graduate _____			
Undergraduate			
Graduate _____			
Undergraduate			
Graduate _____			
Undergraduate			
Graduate _____			
Undergraduate			
Graduate _____			
Undergraduate			
Graduate _____			
Undergraduate			

ONTARIO ART THERAPY ASSOCIATION

ART THERAPY TRAINING

- 1) List name(s) of institution(s) where you have studied art therapy, address(es), dates (from/to) and degree(s) or diploma(s) received. Include full title of diploma/degree and official transcript(s).

- 2) Indicate and document (on separate page) the number of didactic training hours within each subject area. (480 class hours required)

- 3) Provide documentation of 700 supervised unpaid practicum hours including total direct client contact hours, locations, dates, and the name(s) and qualifications of your registered art therapy supervisor(s) approved by your training program. Documentation is to be signed by your art therapy supervisor(s).

- 4) a) Describe nature of services provided by the practicum facility.

- b) Describe nature of your work.

(use other side if needed)

ONTARIO ART THERAPY ASSOCIATION

ART THERAPY EMPLOYMENT VERIFICATION
(To be completed by employment supervisor)

PLEASE PHOTOCOPY FOR MORE THAN ONE EMPLOYER

Name and Address of Applicant:

Name and Address of Employer:

Telephone _____

Description of Services the Facility Provides

Name and Title of Agency Supervisor _____

Title and Position of Applicant _____

Employment From: _____ To: _____

Days per month _____ Hours per week _____

Total Direct Client Contact hours _____

If applicable: Hours of Individual Supervision: _____

Hours of Group Supervision: _____

Applicant Job Description _____

(use other side if needed)

ONTARIO ART THERAPY ASSOCIATION

ART THERAPY EMPLOYMENT VERIFICATION continued

Please comment about this applicant's competency as an art therapist:

a) General: Dedication, organizational aspects, professional attitudes:

b) Competency in setting therapeutic goals meeting clients' needs

c) Special strengths and weaknesses:

d) Professional development, cooperation within agency, initiatives:

e) Other comments:

Location and Date: _____

Name and Title: _____

Signed by: _____

AFTER COMPLETING THIS FORM, PLEASE ENCLOSE ORIGINAL AND ONE COPY IN AN ENVELOPE, SIGN THE SEALED FLAP AND RETURN IT TO THE APPLICANT.

ONTARIO ART THERAPY ASSOCIATION

**ART THERAPY EMPLOYMENT VERIFICATION
SUPERVISED PRIVATE PRACTICE**

Note: To be completed by the applicant and to be verified by an O.A.T.A. approved art therapy supervisor (O.A.T.R., R.C.A.T., A.T.R.). No more than 500 direct client contact and 2 hours of supervision for every 20 hours.

Name and Address of Applicant:

Business Address:

Business Telephone

Description of Services Provided

Private Practice From: _____ To: _____

Total Direct Client Contact hours _____

Name and Address of Supervisor

Registration Credential of Supervisor, year and number of Registration.

To be filled out by the Supervisor

Dates of supervision _____

Hours of Supervision _____

Signature _____ Date _____

ONTARIO ART THERAPY ASSOCIATION

ART THERAPY SUPERVISION FORM

(TO BE COMPLETED BY O.A.T.A. APPROVED ART THERAPY SUPERVISOR)

Applicant's Name and Address:

The applicant named above has applied to the Ontario Art Therapy Association to become a Registered Art Therapist (O.A.T.R.). Your evaluation will assist the registration committee in evaluating whether this applicant meets O.A.T.A.. standards.

Reference's name _____ Profession _____
Business Address _____ Degree _____
_____ Position Title _____
_____ Telephone _____

Professional Registration/Certification/License (include identification numbers) _____
Registration/Certifying Organization _____

Verification of supervised art therapy paid contact hours. The above applicant has spent _____ hours under my supervision in the following capacity:

Position Title _____
From (date) To (date) _____
Name of agency/institution _____

Do you recommend this applicant for registration as an Art Therapist with the Ontario Art Therapy Association. _____ yes _____ no.

Please comment about this applicant's competency as an art therapist:

a) General: Dedication, organizational aspects, professional attitudes:

ONTARIO ART THERAPY ASSOCIATION

b) Competency in setting therapeutic goals meeting clients' needs

c) Appropriate use of various modalities:

d) Special strengths and weaknesses:

e) Professional development, cooperation within agency, initiatives:

f) Other comments:

I hereby affirm that above information is true, based upon the best of my judgement. I also agree to be contacted for clarification of above.

Signature of Reference

Date

AFTER COMPLETING THIS FORM, PLEASE ENCLOSE ORIGINAL AND ONE COPY IN AN ENVELOPE, SIGN THE SEALED FLAP AND RETURN IT TO THE APPLICANT.

ONTARIO ART THERAPY ASSOCIATION

ART THERAPY PROFESSIONAL REFERENCE FORM

Applicant's Name and Address:

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Reference's name _____	Profession _____
Business Address _____	Degree _____
_____	Position Title _____
_____	Telephone _____

Professional Registration/Certification/License(include identification numbers) _____
Registration/Certifying Organization _____

Relationship to Applicant:
Trainer/Educator ___ Immediate Supervisor ___ Professional Colleague ___ Other (specify) _____

Do you recommend this applicant for registration as an Art Therapist with the Ontario Art Therapy Association. :
___ yes ___ no.

Please comment about this applicant's competency as an art therapist (please feel free to use other side of this sheet):

I hereby affirm that above information is true, based upon the best of my judgement. I also agree to be contacted for clarification of above.

Signature of Reference Date

After completing this form, please enclose original and one copy in an envelope, sign the sealed flap and return it to the applicant.

ONTARIO ART THERAPY ASSOCIATION

ART THERAPY PROFESSIONAL REFERENCE FORM

Applicant's Name and Address:

The applicant named above has applied to the Ontario Art Therapy Association to become a Registered Art Therapist (O.A.T.R.). Your evaluation will assist the registration committee in evaluating whether this applicant meets O.A.T.A. standards.

Reference's name _____	Profession _____
Business Address _____	Degree _____
_____	Position Title _____
_____	Telephone _____

Professional Registration/Certification/License(include identification numbers) _____
Registration/Certifying Organization _____

Relationship to Applicant:
Trainer/Educator ___ Immediate Supervisor ___ Professional Colleague ___ Other (specify) _____

Do you recommend this applicant for registration as an Art Therapist with the Ontario Art Therapy Association. :
___ yes ___ no.

Please comment about this applicant's competency as an art therapist (please feel free to use other side of this sheet):

I hereby affirm that above information is true, based upon the best of my judgement. I also agree to be contacted for clarification of above.

Signature of Reference Date

After completing this form, please enclose original and one copy in an envelope, sign the sealed flap and return it to the applicant.

ONTARIO ART THERAPY ASSOCIATION

PERSONAL ART THERAPY (OPTIONAL)

1) Have you undergone personal and/or group art therapy with a registered Art Therapist?
yes no

2) List the name(s) and registration date and number of your registered Art Therapist(s) (O.A.T.R., R.C.A.T., A.T.R.), dates and hours

[please forward a letter from the registered art therapist (O.A.T.R., R.C.A.T., A.T.R.) documenting hours]

3) Have you undergone personal and/or group therapy with a licensed psychiatrist, psychologist, registered psychotherapist, clinical social worker.
yes no

4) List name of therapist(s) and hours.

(please forward a letter from your therapist(s) documenting the number of hours)

ONTARIO ART THERAPY ASSOCIATION

OTHER RELATED EXPERIENCE (OPTIONAL)

1) PORTFOLIO

Submit portfolio of no more than **10 slides** that indicate your own involvement with the artistic process. A brief explanation of your portfolio may be attached.

2) ART THERAPY PAPERS, PUBLICATIONS AND SEMINARS GIVEN

a) List all publications (submit copies)

b) Give names and dates of seminars/workshops presented (please include supporting documentation)

c) Committee experience with Art Therapy organizations (please include supporting documentation).

3) Workshops and conferences attended (include copies of receipts):

Title	Sponsoring Organization	Year
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ONTARIO ART THERAPY ASSOCIATION

PART I	ART THERAPY TRAINING	POINTS
a)	Art Therapy certificate or diploma from a recognized institution.	16
b)	MA in Art Therapy	20
	Minimum	16

PART II	EDUCATION	POINTS
a)	Baccalaureate degree in psychology, fine art, sociology, social work, nursing, occupational therapy, education or related field	4
b)	Masters degree in psychology, fine art, sociology, social work, nursing, occupational therapy, education or related field	8
c)	Doctorate in psychology, fine art, sociology, social work, nursing, occupational therapy, education or related field	8
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 4

**WORK EXPERIENCE
AFTER COMPLETION OF ART THERAPY TRAINING**

PART III	POINTS
Using Art Therapy in a clinical setting, for which you are paid (supervised by an O.A.T.A. approved registered Art Therapist). 1,000 hours	10
Minimum	10

NOTE: AGENCY: MINIMUM 1 HOUR OF SUPERVISION FOR EVERY 20 PAID, CLIENT CONTACT HOURS. PRIVATE PRACTICE: 2 HOURS OF SUPERVISION FOR EVERY 20 PAID DIRECT CLIENT CONTACT HOURS.

ONTARIO ART THERAPY ASSOCIATION

PART IV	PERSONAL ART THERAPY (OPTIONAL)	POINTS
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With a Registered art therapist for every **10** sessions 1

	PERSONAL OR GROUP PSYCHOTHERAPY (OPTIONAL)	POINTS
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With a licensed psychologist, psychiatrist, registered psychotherapist, social worker (eg. MSW) for every **10** sessions 1

N.B. Up to a maximum of 40 sessions 4

PART V	PORTFOLIO ONLY FOR PRACTISING ARTISTS (OPTIONAL)	POINTS
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Portfolio.
10 slides. 2

	ART THERAPY PAPERS PUBLICATIONS, WORKSHOPS AND SEMINARS (OPTIONAL)	POINTS
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a) Art Therapy or related conferences, workshops or seminars attended. 1

b) Art therapy papers published, workshops, seminars or papers given 2

c) Committee experience with art therapy organizations 1

note: MINIMUM POINTS REQUIRED:

PART I, II, III 30

PART IV, V, VI 4

TOTAL 34