



ONTARIO ART THERAPY ASSOCIATION

APPLICATION FOR REGISTRATION

APPLICATION FOR REGISTRATION

Name _____

Address _____ City _____

Province _____ Postal Code _____

Telephone _____ Mobile _____ Email _____

Present Employer _____

Address _____ City _____

Province _____ Postal Code _____

Telephone _____ Mobile _____ Email _____

Date of Application _____

Applicant's Signature _____

Note

Applications, in duplicate, are accepted three times a year: January 1, April 1 and September 1. Please scan your application documents and send them by email to the Registration Chair and the Membership Chair.

GENERAL ELIGIBILITY REQUIREMENTS FOR OATR

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 OATR, RCAT and/or ATR; currently be practising art therapy; have been registered at least five 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
 - b) Supervision from an OATR, RCAT or ATR member.
 - c) Minimum of **1 hour** of supervision for every **20 hours** of direct client contact.

CHECKLIST

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

1. Personal information
2. Curriculum vitae
3. General Academic Background. Official transcripts from Graduate Facilities*
4. Documentation of art therapy training programs*
5. Art Therapy employment verification
And/or Art Therapy private practice employment verification
6. Documentation of Supervision. Art Therapy Supervisor's Evaluation Professional Reference Form
7. Professional References (two other than Art Therapy Supervisor)
8. Documentation of Personal Therapy (optional)
9. Portfolio of 10 slides (optional)
10. Art Therapy Publications, Seminars, Committees (optional)
11. Fee (\$40 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".*

GENERAL ACADEMIC BACKGROUND

Please list colleges and universities attended, listing the most recent first.

INSTITUTION MAJOR DATES ATTENDED DEGREE AND DATE RECEIVED

Graduate / Undergraduate			
Graduate / Undergraduate			
Graduate / Undergraduate			
Graduate / Undergraduate			
Graduate / Undergraduate			

ART THERAPY TRAINING

- a) List names(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)

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

- c) 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).

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

- (b) Describe nature of your work.

(use other side if needed)

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, Email _____

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:

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.

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ART THERAPY EMPLOYMENT VERIFICATION
SUPERVISED PRIVATE PRACTICE

(To be completed by the applicant and to be verified by an OATA approved art therapy supervisor)
(OATR, RCAT, ATR)

Name and Address of Applicant:

Business Address:

Telephone _____ Mobile _____ Email _____

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 _____

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ART THERAPY SUPERVISION FORM

(To be completed by an OATA 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 (OATR). Your evaluation will assist the registration committee in evaluating whether this applicant meets OATA standards.

Reference's name _____ Profession _____
Business address _____
Degree _____ Position Title _____
Telephone _____ Mobile _____ Email _____
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:

b) Competency in setting therapeutic goals meeting clients' needs:

c) Appropriate use of various modalities:

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d) Special strengths and weaknesses:

e) Professional development, cooperation within agency, initiatives:

f) Other comments:

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

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 (OATR). Your evaluation will assist the registration committee in evaluating whether this applicant meets OATA standards.

Reference's name _____ Profession _____
Business address _____
Degree _____ Position Title _____
Telephone _____ Mobile _____ Email _____
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 the other side of this sheet):

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

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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 the other side of this sheet):

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

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)
(OATR, RCAT, ATR), dates and hours.

(Please forward a letter from the registered art therapist, OATR, RCAT, ATR,
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.)

OTHER RELATED EXPERIENCE (Optional)

1. PORTFOLIO

Submit a portfolio of no more than 10 slides that indicate your own involvement with the artistic process. A brief explanation of our 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 organisations (please include supporting documentation).

3. WORKSHOPS & CONFERENCES ATTENDED (include receipt copies):

Title	Sponsoring Organization	Year
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OATA Point System for Registration

PART I	ART THERAPY TRAINING	POINTS
1.	Art Therapy certificate or diploma from a recognised institution	16
2.	MA in Art Therapy	20
	Minimum	16

PART II	EDUCATION	POINTS
1.	Baccalaureate degree in psychology, fine art, sociology, social work, nursing, occupational therapy, education or a related field	4
2.	Masters degree in psychology, fine art, sociology, social work, nursing, occupational therapy, education or a related field	8
3.	Doctorate in psychology, fine art, sociology, social work, nursing, occupational therapy, education or a related field	8
4.	Special consideration requested.	
Only 1 degree may be counted and points are not cumulative. Other degrees and qualifications may be Considered unde3r special circumstances.		
	Minimum	4

PART III	WORK EXPERIENCE after completion of Art Therapy training	POINTS
	Using Art Therapy in a clinical setting for which you are paid and supervised* by an OATA approved Registered Art Therapist: 1,000 hours	10
	Minimum	10

*Supervision requirements are:
1 hour of supervision for every 20 hours of paid direct-client contact hours

PART IV	PERSONAL ART THERAPY (optional)	POINTS
	With a Registered Art Therapist, for every 10 sessions	1
	PERSONAL OR GROUP PSYCHOTHERAPY (optional)	
	With a licensed psychologist, psychiatrist, registered psychotherapist, social Worker (i.e.MSW), for every 10 sessions	1
	Up to a maximum of 40 sessions	4

PART V	PORTFOLIO - Only for practicing Art Therapists (optional)	POINTS
	10 slides or pictures	2

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PART VI ART THERAPY PAPERS, PUBLICATIONS, WORKSHOPS & SEMINARS (optional)	POINTS
1. Art Therapy or related conferences, workshops or seminars attended	1
2. Art Therapy papers published; workshops, seminars or papers given	2
3. Committee experience with an Art Therapy organization	1

MINIMUM POINTS REQUIRED:

PARTS I, II and III	30
PARTS IV, V and VI	4
TOTAL	34