



# CANADIAN ART THERAPY ASSOCIATION

## REGISTRATION APPLICATION

Mail the 2 copies of your completed application to:

**Darlyne Hildebrandt, RCAT**

[cataregistrar@gmail.com](mailto:cataregistrar@gmail.com)

**9927-114<sup>th</sup> Street**

**Suite 1105**

**Edmonton, Alberta**

**T5K 1P8**

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Revised 2013

# PART I

## QUICK OVERVIEW OF THE CRITERIA FOR REGISTRATION WITH CATA

- Must be a Professional member in good standing with CATA for a minimum of 6 months BEFORE making application for Registration
- Must have graduated from an Accredited Art Therapy Training Program in Canada (see list of training programs listed on the CATA website at [www.catainfo.ca](http://www.catainfo.ca))
- Must have 50 hours of clinical supervision from a Registered Art Therapist (AATA; OATA; BCATA) based on 1000 client contact hours after graduation
- Must have professional liability insurance
- If you are a Registered Art Therapist with BCATA; OATA; AATA you may apply for Registration with CATA completing the Short Application after you have been a professional member of CATA for 6 months. Proceed to PART III of the application. All other art therapists must complete the full application.

# PART II

## APPLICATION GUIDELINES FOR REGISTRATION WITH CATA

- Please read the eligibility requirements carefully before completing this application form. **You must be a Professional Member of the Canadian Art Therapy Association in good standing for 6 (six) months prior to your Registration application.**
- Applications are reviewed 3 times a year: **September 30, January 31, and April 30.** Applications must be mailed and received on or before these dates. If applications are received past these deadlines, the application will be forwarded to the next deadline date. For example, if an application is sent and received by October 20 but expecting to be reviewed for the September 30 deadline, it will be forwarded to the January 31 deadline.
- To ensure your application is not delayed 1) do not forward individual documents to the Registrar rather, send all documents in one package. Express or Priority Post through the Canada Postal Service is the most preferable way of mailing your package; and 2) make sure your **application includes 2 (two) copies of all your documents.**
- Please type or print clearly. Forms will be returned if documentation is incomplete or illegible. The applicant is responsible for securing all information requested and directing it to the above address. This includes any additional information mailed under separate cover.

## CLARIFICATION OF REQUIREMENTS FOR REGISTRATION APPLICATIONS

### CLINICAL SUPERVISION

50 hours of clinical supervision by a Registered Art Therapist (BCATA; OATA; AATA) based on 1000 client contact hours are required. Applicants can gather their clinical art therapy supervision hours through electronic technology such as Skype and/or face to face contact as well as through individual and/or group supervision.

### VOLUNTEER ART THERAPY

You may use a maximum of 200 hours of volunteer art therapy work which has been supervised by a Registered Art Therapist towards your clinical supervision hours for Registration with CATA.

### DUPLICATE COPIES OF YOUR APPLICATION

Many documents are required for Registration with CATA. 2 copies or duplicates of **ALL** the required documents (such as but not limited to references; signed and sealed forms as well as personal information) are required. Without 2 copies or duplicates of all documents an application will be considered incomplete. It is advised to keep a copy for your files.

### SIGNED AND SEALED DOCUMENTS

- Reference letters; practicum and clinical supervision verification forms must be

**Main Document Only.**

signed and sealed by the supporting professional, with their signature across the seal.

- For those copies that are required to be signed and sealed the professional completing the form can complete two copies and sealed in one envelope to meet the duplication requirement.
- Do not submit your transcripts, clinical supervision log or other documents not listed. These documents are not given credit toward the requirements for Registration with CATA.

**LIABILITY INSURANCE**

Proof of liability insurance is a requirement of application. If you do not hold professional art therapy liability insurance because you work for an agency, you must then provide a copy of the agency's liability insurance in your Registration Application. If you have an art therapy private practice and/or provide clinical supervision you must also hold professional art therapy insurance.

**WORK EXPERIENCE**

Professional work experience can include either work in an agency or agencies and/ or private practice clients. Your clinical supervision hours will reflect the work you have undertaken within agencies and private practice.

- Please make a note in your application if you gained your client contact hours and clinical supervision solely based on your private practice. If so you will not complete an Employment Verification form.
- If you work in an agency and are not supervised by an Art Therapist, then a copy of the supervisor's resume must be included in your application.

**CATA REGISTRAR ADDRESS**

Mail the 2 copies of the application to the CATA Registrar with a 60\$ fee made out to CATA. The address of the CATA Registrar is: *Darlynne Hildebrandt 9927-114<sup>th</sup> Suite 1105 Edmonton Alberta T5K 1P8*

**POSTAGE OF APPLICATION**

Please mail your application Express or Priority Post through the Canada Postal Service. Other courier services are dependent on the person (receiver) being available to sign for the package. This delivery method may not ensure your package is delivered within the deadline.

**NEW REGISTERED MEMBERS WITH CATA**

- Once approved by the Board and contacted through email by the CATA Registrar the newly Registered member will receive a letter of approval. You will then be required to send a **\$105.00** Registered member fee to the Chair of the Membership Committee ([catamembership@gmail.com](mailto:catamembership@gmail.com)) . Registration membership is dependent upon the payment of the annual membership fee for Registered Members of **\$105.00** per annum due every September 30.
- A Registration certificate will be sent to the new Registered member and he/she may use the title "Registered Canadian Art Therapist" together with the initials RCAT after one's name.



# PART III

## CHECK LIST OF REQUIRED DOCUMENTS FOR YOUR REGISTRATION APPLICATION

- Completed Personal Information, signed by you the applicant
- Completed academic background
- Completed Art Therapy Training form, signed by the Art Therapy Program Director/ Registrar of where you received your training
- Completed Professional Employment form by yourself with a copy of your supervisor's resume if she/he is not an art therapist .
- Completed Professional Experience and Development form
- Completed, signed and sealed Verification of Internship or Student Practicum form by the Director of the Art Therapy Program you attended
- Completed, signed and sealed Verification of Employment form by your supervisor, manager, executive director or director of your current employment (If you are working in private practice, this form is not to be completed you will verify your work with clients through your Clinical Supervision with a Registered Art Therapist)
- Completed, signed and sealed Verification of Supervision form by the Registered Art Therapist(s) who have provided your clinical supervision. If you used more than one Clinical Art Therapy Supervisor, you will need each to complete a form.
- 3 Completed signed and sealed Professional References Forms, by colleagues; other art therapist or professionals who know your work. Personal references are not accepted.
- Proof that you have Liability Insurance which can be either a copy of your professional art therapy liability insurance or a copy of the agency you work. If you do work for an agency and private practice you will need to submit copies of both insurances.
- Proof of CATA Membership (minimum 6 months as Professional Member and a copy of your membership pdf card)
- Proof of Art Therapy training (copy of art therapy graduating certificate)
- Submit with your application a fee of \$60.00 made payable to the Canadian Art Therapy Association

***ENSURE YOU HAVE INCLUDED (2) DUPLICATE COPIES OF ALL DOCUMENTS REQUIRED***

# PART IV

## General Eligibility Requirements

The Applicant must accumulate a total of **34 Professional Points** to apply for Registration with the Canadian Art Therapy Association.

### **ACADEMIC REQUIREMENTS:**

#### **Part 1: Art Therapy Training**

- a) Art Therapy certificate or diploma from a recognized institution .....16 points
- b) MA or equivalent in Art Therapy .....20 points

**Minimum points required 16**

#### **Part II: Education**

- a) Baccalaureate degree in psychology, fine art, sociology, social work, nursing, Occupational therapy, education, or related field .....4 points
- b) Masters degree in the above .....8 points
- c) Doctorate in above .....8 points
- 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 points required 4 4 points**

#### **Part III: Work Experience After Completion of Art Therapy Training**

After completion of Art Therapy Training means that all the required academic course work, student practica hours and supervision time, thesis completion and approval, and any other requirements that a given school has established, have been completed and passed.

- Using Art Therapy in a clinical/educational setting, for which you are supervised by a Registered Art Therapist. 1,000 hours (1 hour of supervision for every 20 direct client contact hours) Supervisors should also maintain adequate liability insurance and extra coverage for lawyer insurance is recommended.
- One hour of client contact equals one hour, no matter if that contact time is an individual or group session.
- To have volunteer art therapy work hours count toward registration, those direct client contact hours must be fully documented and supervised by a registered art therapist. Only supervised Art Therapy work done in an agency, private practice firm, institution, or hospital will count. A maximum of 200 hours of volunteer work may count toward the R.C.A.T.

**Mimimum points required 10 points**

**Part IV. Portfolio of artwork that shows your competency with basic art material ask for title, medium (Optional)**



**Main Document Only.**

10 slides ..... 2 points

**Part V. Art Therapy Papers, Publications, Workshops and Seminars (optional)**

a) Art Therapy or related conferences, workshops or seminars attended ..... 1 points

b) Art Therapy papers published, workshops, seminars, or papers given ..... 2 points

c) Committee experience with art therapy organizations .....1 points

d) Experience of working on an Executive Board/Council of an art therapy association  
.....1 point

(submit proof for: Conference attendance, workshops or seminars given, copy of papers published, Art Therapy Committee or Executive Board participation)

**MINIMUM POINTS REQUIRED FOR REGISTRATION:**

**PART I, II, .....20 points**

**PART III, IV, V, .....14 points**

**TOTAL 34 points**

# PART V

## SHORT APPLICATION FOR ART THERAPISTS WHO ARE ALREADY REGISTERED

Eligibility criteria and documentation required for Registration with CATA :

- You are a Registered Art Therapist with either BCATA; OATA; AATA
- You are a professional member of CATA for a minimum of 6 months and can provide proof of membership (copy of current CATA membership card).
- Forward \$60.00 application fee accompanied with proof of your Registration Certification with either BCATA; OATA; or AATA.
- Provide documentation which will demonstrate the member is in good standing; with the registration number and written notice of registration from either the BCATA; OATA or AATA.
- A copy of your professional Liability Insurance. You must supply proof of professional liability insurance if you are in private practice work and/or if you work for an agency a copy of their liability insurance is required.
- The application must provide (3) three written recommendations that are signed, sealed with the professional reference's signature across the envelope, from: 1. a registered art therapist; 2. the applicant's supervisor; 3. a personal character reference.

# PART VI

## REGISTRATION FORMS

- (i) Personal Information**
- (ii) Academic Background**
- (iii) Art Therapy Training**
- (iv) Professional Employment**
- (v) Professional Experience and Development**
- (vi) Employment Verification**
- (vii) Verification of Internship or Practicum**
- (viii) Verification of Supervision**
- (ix) Professional References**

**PERSONAL INFORMATION**

(Please type or print)

\_\_\_\_\_  
**Name** (as you want it to appear on your Registration Certificate)

\_\_\_\_\_  
**Home Telephone**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Business Telephone**

\_\_\_\_\_  
**Email \***

\_\_\_\_\_  
**Postal Code**

\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**Place of Employment**

\_\_\_\_\_  
**Type of Facility**

\_\_\_\_\_  
**Business Address**

\_\_\_\_\_  
**Title at place of work**

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**Province**

\_\_\_\_\_  
**Postal Code**

\_\_\_\_\_  
**Length of Employment  
at present position**

I hereby certify that I have read the Code of Ethical Responsibilities of the Canadian Art Therapy Association.

I hereby certify that the application information is true and accurate to the best of my knowledge and understanding.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

### ACADEMIC BACKGROUND

Please list Colleges and Universities attended, listing most recent first.

<b>Institution</b>	<b>Circle one</b>	<b>Major</b>	<b>Dates Attended</b>	<b>Degree &amp; Date</b>
	Undergraduate Graduate			
	Undergraduate Graduate			
	Undergraduate Graduate			
	Undergraduate Graduate			
	Undergraduate Graduate			
	Undergraduate Graduate			
	Undergraduate Graduate			
	Undergraduate Graduate			
	Undergraduate Graduate			
	Undergraduate Graduate			

**ART THERAPY TRAINING**

c/o Darlyne Hildebrandt, CATA Registration  
Suite 1105 9927-114<sup>th</sup> Street, Edmonton, Alberta T5K 1P8

(Please Print or Type)

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Facility where training took place

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Address

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Postal Code

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Programme Director

(\_\_\_\_) \_\_\_\_\_  
Phone

Dates of Training: From \_\_\_\_\_ to \_\_\_\_\_

Total Client Contact Hours: \_\_\_\_\_

Total Hours of Supervision: \_\_\_\_\_  
Group hours      Individual hours

Names and qualifications of Supervisors:

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Please designate the Art Therapy Registration held by your supervisor. Please provide documentation for any supervision that was not by a Registered Art Therapist.

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Signature of Program Director / Registrar

Date

**PROFESSIONAL EMPLOYMENT**

c/o Darlynn Hildebrandt, CATA Registration  
Suite 1105 9927-114<sup>th</sup> Street, Edmonton, Alberta T5K 1P8

Place of Employment \_\_\_\_\_

Type of Facility \_\_\_\_\_

Address

\_\_\_\_\_ Phone: \_

\_\_\_\_\_ Postal Code

Dates	Number of Weeks	Total Client Contact Hours	Total Hours of Supervision

Supervisor \_\_\_\_\_

Title/Position \_\_\_\_\_

Was Supervisor an RCAT or art therapist experienced enough to qualify for CATA Registration? \_\_\_\_\_ Yes \_\_\_\_\_ No

If not, the supervisors resume must be submitted with application.

Describe all duties in your position \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe nature of clientele you worked with \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

To whom did you report your clients' progress and evaluations? \_\_\_\_\_

\_\_\_\_\_

If you supervised others, note number supervised and describe the nature of the work supervised

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROFESSIONAL EXPERIENCE AND DEVELOPMENT**

List five most valuable Art therapy Training Workshops attended in addition to those required by your academic program:

Topic of Workshop	Place	Dates	Presenter	RCAT, ATR, BCATR, OATR Other.
1.				
2.				
3.				
4.				
5.				

List your most important art therapy presentations, courses taught, workshops conducted, radio/TV presentations given before professional groups. (Note type and size of group, date.)

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List any other relevant professional memberships, awards, etc \_\_\_\_\_

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Describe other personal efforts which you feel have contributed to your professional competency or the advancement of art therapy. \_\_\_\_\_

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List films or art exhibits with brief description of your involvement \_\_\_\_\_

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**VERIFICATION OF INTERNSHIP or STUDENT PRACTICUM**

c/o Darlynn Hildebrandt, CATA Registration  
Suite 1105 9927-114<sup>th</sup> Street, Edmonton, Alberta T5K  
1P8

(To be completed by Internship Supervisor)

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

Address \_\_\_\_\_

\_\_\_\_\_ has applied for Professional Registration with the Canadian Art Therapy Association, please return to Applicant in a sealed envelope, your signature over the seal.

Type of Facility \_\_\_\_\_

Title of Position \_\_\_\_\_

Length of internship training From \_\_\_\_\_ to \_\_\_\_\_

Total number of weeks \_\_\_\_\_ Total number of hours client contact \_\_\_\_\_

Describe duties for which the applicant was responsible in the position. Answer as fully as possible. You may enclosed facility description.

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**Main Document Only.**

The Applicant is applying for Professional Registration with the Canadian Art Therapy Association. Please inform us of the applicant's competency in art therapy. Include description of strengths and weaknesses.

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Evaluate the applicant's ability to organize and plan the art therapy service, communicate with other professionals etc.

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Other comments:

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

**VERIFICATION OF ART THERAPY EMPLOYMENT**  
c/o Darlynn Hildebrandt, CATA Registration  
Suite 1105, 9927-114<sup>th</sup> Street, Edmonton, Alberta, T5K  
1P8

(To be completed by Employment Supervisor)

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

Address \_\_\_\_\_

\_\_\_\_\_  
has applied for Professional Registration with the Canadian Art Therapy Association, please  
return to Applicant in a sealed envelope, your signature over the seal.

Employed by \_\_\_\_\_

Type of Facility \_\_\_\_\_

Title of Position \_\_\_\_\_

Length of Employment: From \_\_\_\_\_ to \_\_\_\_\_

Total number of weeks \_\_\_\_\_ Total number of hours client contact \_\_\_\_\_

Job Description. Describe duties for which the applicant was responsible in the position listed  
above. Answer as fully as possible. You may enclosed facility description.

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**Main Document Only.**

The Applicant is applying for Professional Registration with the Canadian Art Therapy Association. Please inform us of the applicant's competency in art therapy. Include description of strengths and weaknesses.

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Evaluate the applicant's ability to organize and plan the art therapy service, communicate with other professionals etc.

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In the position is/was the applicant responsible for the supervising or training of employees or students? Please describe and give approximate dates.

From \_\_\_\_\_ to \_\_\_\_\_

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Other comments:

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

**VERIFICATION OF SUPERVISION**

c/o Darlynn Hildebrandt, CATA Registration  
Suite 1105, 9927-114<sup>th</sup> Street, Edmonton, Alberta, T5K 1P8

(To be completed by Art Therapy Supervisor)

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

Address \_\_\_\_\_

\_\_\_\_\_ has applied for Professional Registration with the Canadian Art Therapy Association, please return to Applicant in a sealed envelope, your signature over the seal.

Supervisor's Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postal Code

Registration \_\_\_\_\_  
RCAT            OATR            BCATR            ATR

Your Employment \_\_\_\_\_

Total Number of Hours of Supervision of Applicant \_\_\_\_\_

\_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
Group

\_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
Individual

**Main Document Only.**

Describe duties for which the applicant was responsible. Answer as fully as possible.

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The Applicant is applying for Professional Registration with the Canadian Art Therapy Association. Please inform us of the applicant's competency in art therapy. Include description of strengths and weaknesses.

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Evaluate the applicant's ability to organise and plan the art therapy service, communicate with other professionals etc.

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Other comments:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PROFESSIONAL REFERENCE FORM**

c/o Darlynn Hildebrandt, CATA Registration  
Suite 1105, 9927-114<sup>th</sup> Street, Edmonton, Alberta, T5K 1P8

(To be completed by applicant's referee.)

Applicant's name: \_\_\_\_\_

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

\_\_\_\_\_

Postal Code

The person named above has applied to become a Registered Canadian Art Therapist (RCAT). Your assessment of the applicant's characteristics will assist the Registration Committee in evaluating whether this applicant meets its standards. Please respond to all questions to the best of your ability.

1. Reference's Name \_\_\_\_\_ Profession \_\_\_\_\_

Degree \_\_\_\_\_ Position Title \_\_\_\_\_

Business Address \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_

2. Professional Certificate or License \_\_\_\_\_

3. Relation to Applicant \_\_\_\_\_ Trainer/Educator \_\_\_\_\_ Immediate Supervisor  
\_\_\_\_\_ Professional Colleague \_\_\_\_\_ Other (specify)

4. Please comment on this applicant's competency as an art therapist, based on his/ her knowledge of art therapy history, theory, general psychological theory, diagnostic skills, art therapy process, interpersonal skills, ability to stimulate expression, interdisciplinary skills, and professional self-development. (Please use the other side of this sheet.)

I recommend/ do not (circle one) this applicant for Registration as an Art Therapist with the Canadian Art Therapy Association.

The above information is based upon my best judgment.

Signature of Referee

Date