



# British Columbia Art Therapy Association

## REGISTRATION PACKAGE

**IMPORTANT: Please ensure that you are a current Professional BCATA member before mailing your Registration application**

**Your application for registration must include the following:**

1. A completed application form (attached).
2. A minimum of two letters of recommendation from qualified clinicians who are familiar with your professional art therapy work.
3. Curriculum Vitae.
4. ALL post-secondary transcripts. You must submit official transcripts for Art Therapy diploma or degree, while copies of transcripts for undergraduate and all other graduate studies are accepted.
5. Documentation of work experience, and documentation of supervision hours signed by supervisor(s). Please include a letter from at least one supervisor regarding your competence in art therapy. It is recommended that you document clinical hours and supervised hours regularly and have them signed at each supervisory session. At least one-half (25 hours) of your supervision must be done by a Registered Art Therapist unless you have requested and received permission (in advance) from the Registration Committee to do otherwise. Please read the BCATA Bylaws regarding Registration requirements, page 2.
6. Proof of insurance coverage from the agency by whom you are employed, or if self-employed provide documentation of your insurance coverage. The firm with whom BCATA has insurance coverage is as follows:  
  
Professional Liability: The Mitchell & Abbott Group, Brad Ackles, toll free at 1-800-461-9462 or (905) 385-6383 or fax (905)385-7905.
7. A non-refundable application fee of \$50.00 (payable to the BC Art Therapy Association).

**SEND COMPLETED APPLICATION PACKAGE TO:**

**Registration Committee  
BC Art Therapy Association  
c/o Robin Feldman, Registration Chair  
1040 Gosper Cres., Victoria BC V9A 4J3**

**ENQUIRIES: Robin Feldman, Registration Chair, 778-430 0197  
Email: [art@innerimagery.com](mailto:art@innerimagery.com)**

**Submission deadlines are:  
January 30, May 30, September 30**



**British Columbia Art Therapy Association**  
101 – 1001 West Broadway, Dept. 123,  
Vancouver, BC V6H 4E4  
[www.bcarttherapy.com](http://www.bcarttherapy.com)

## 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:

4. (2) Registered professional membership shall be open to all professional members in good standing who:

- (a) (i) Have completed a Masters degree in art therapy, a Masters degree in the field of social sciences plus a 15-month diploma program at an institute of art therapy, or an undergraduate degree with a 2-year diploma program from an institute of art therapy. Equivalent graduate level training and experience in the use of art in therapy will be evaluated at the discretion of the Registration Committee.

And

Have completed 1000 post graduate client contact hours in a clinical setting supervised by a BCATR, ATR, or RCAT at a ratio of 1 hour to each 20 client contact hours.

- (ii) 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.
- (iii) A minimum of 50% of supervised hours are to be completed with a registered art therapist. If this is not practicable, the member may apply to the Registration Committee to be exempt from this requirement and for approval of an alternative supervisor.
- (iv) Group supervision is to include a maximum of five supervisees per group.
- (v) Grandparenting clause expired January 1997.
- (vi) Members who . . . are currently members in good standing of the Canadian Art Therapy Association or the American Art Therapy Association, . . . may submit proof of such registered membership in lieu of the requirements in (2) (a) (i).

(b) sign a statement that, if practicing, they have liability insurance coverage;

(c) have made application in prescribed form to the Registration Committee of the BCATA, . . . and remain members in good standing.



# BRITISH COLUMBIA ART THERAPY ASSOCIATION

## BCATA REGISTRATION APPLICATION FORM

Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Present Employer: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

BCATA Membership status: \_\_\_\_\_

BCATA Membership number: \_\_\_\_\_

Date Application submitted: \_\_\_\_\_

Date Application received: \_\_\_\_\_

### **PART 1      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

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

(b) Master's Degree

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

(c) Ph.D.

\_\_\_\_\_

(d) Other graduate degree

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

(e) Other

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

...continued

**BCATA REGISTRATION APPLICATION FORM *continued***

**PART II     ART THERAPY TRAINING**

Submit **OFFICIAL TRANSCRIPT** for art therapy training

Specify institution where you studied and degree or diploma received.

(a) Name of Art Therapy Training Institution:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(b) Location of Art Therapy Institution:

\_\_\_\_\_ P.C. \_\_\_\_\_

© Length of Time you participated in the Art Therapy Program (specify hours, weeks, months or years):

\_\_\_\_\_

(c) Date Commenced: \_\_\_\_\_ (e) Date Completed: \_\_\_\_\_

**PART III     WORK EXPERIENCE AND SUPERVISION**

**After completion of Art Therapy training**

(a)

(i) List institutions, agencies or clinical settings where you were employed as a graduate art therapist and supervised by a qualified clinician.

(ii) Indicate, in detail, your total supervised client contact hours as an art therapist, (including hours accumulated prior to completion of thesis, but 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 a Registered Art Therapist in a supervisory capacity, or other qualified supervisor.

(b)

(i) Indicate, in detail, the total number of supervised contact hours with clients in an art therapy private practice, documented and signed by a Registered Art Therapist in a supervisory capacity, or other qualified supervisor.

**NB:** Client contact hours should be documented regularly and signed by supervisor at each supervision session.

**NB:** It is acceptable to use a combination of (a) and (b) to total 1,000 client contact hours. Supervision shall consist of 50 hours with a qualified clinician, 50% of which must be with a Registered Art Therapist, unless the Registration Committee has granted an exemption in advance. Exemptions shall be considered when a Registered Art Therapist is not reasonably available to do supervision due to distance or other circumstances.

(a) I have used art therapy under supervision in a clinical or agency setting:

Yes \_\_\_\_\_ No \_\_\_\_\_ Number of hours \_\_\_\_\_  
Provide signed documentation from supervisor(s)

(b) I have used art therapy under supervision in a private practice:

Yes \_\_\_\_\_ No \_\_\_\_\_ Number of hours \_\_\_\_\_  
Provide signed documentation from supervisor(s)

...continued

**BCATA REGISTRATION APPLICATION FORM** *Continued*

**PART IV**

I am submitting documentation of current registration with another Art Therapy Association:

Yes \_\_\_ No \_\_\_

Name of Association \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ PC \_\_\_\_\_

**PART V**

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.

**PART VI**

I have attached documentation of liability insurance coverage:

Yes \_\_\_ No \_\_\_

Name of insurance company \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



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