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| **Training Program Application** | |
| Program Name: Click here to enter text. | |
| Contact Name: Click here to enter text. | |
| Address: Click here to enter text. | |
| Phone: Click here to enter text. | Website: Click here to enter text. |
| Email: Click here to enter text. | |
| Please provide a brief overview of training program to be considered for ISMETA approval. Identify lineage or focus of program, if any.  Click here to enter text. | |
| Please provide the name and resume for the Program Director and each core faculty member. All faculty must be RSME, RMST or both prior to application review.  Click here to enter text. | |
| List overall Goals and Objectives for the program.  Click here to enter text. | |
| Attach a link to a Google Doc of your complete curriculum for the **500 hour program.** The instruction must be geared towards professional training rather than personal development.  Click here to enter text. | |

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| **I. CURRICULAR REQUIREMENTS** | | |
| **Requirement** | **Evidence of Compliance** | |
| Training program must provide a minimum of 500 class hours of formal instruction in somatic movement education and therapy, in either a classroom or tutorial format. The instruction must be geared towards professional training rather than personal development. Please provide details of your training program’s structural format. | Click here to enter text. | |
| The curriculum must provide students with instruction in a combination of hands-on, movement, and verbal facilitation, and in working both with groups and individuals. | Click here to enter text. | |
| The curriculum must include general movement education principles, including but not limited to movement observation and analysis; efficient alignment; perceptual and motor development; and spatial awareness. Neuromuscular, skeletal, and tissue awareness should be an integral part of the curriculum. Describe how your program accomplishes this. | Click here to enter text. | |
| The curriculum should be taught in such a way that students actively experience the subject through kinesthetic or embodied movement applications, rather than through purely academic or cognitive analysis. Please describe how your program is designed to meet this requirement. | Click here to enter text. | |
| The program must provide an ethically appropriate approach to the intentional use of touch and hands-on re-patterning for the purpose of communication with clients. Hands-on re-patterning is defined as employing guidance with one's hands to teach the client active movement patterns that he or she will be able to continue to utilize independently.  Instruction in use of hands on principles must include discussion of the benefits and cautions of touch techniques. | Click here to enter text. | |
| ISMETA believes live, in person instruction is the best way to train Somatic Movement Educators and Therapist. We will consider a limited number of instructional hours that are delivered via video conferencing. No more than 50 hours will be considered. If your curriculum includes video conference as a delivery system please outline the content, number of hours and rational. | Click here to enter text. | |
| The curriculum must include coursework that will strengthen professionalism in areas such as business skills, case management, and development of a private practice. Describe how your program accomplishes this. | Click here to enter text. | |
| The curriculum must include a minimum of two hours of instruction on the ISMETA Code of Ethics, Scope of Practice, and Standards of Practice. Describe how your program accomplishes this. | Click here to enter text. | |
| The program director must demonstrate that there are procedures in place that support faculty members in understanding the goals and objectives of the curriculum. Describe how your program accomplishes this. | Click here to enter text. | |
| There must be grading and/or student assessment policies in place.  Please provide a sample rubric for a module. | Click here to enter text. | |
| The program must have policies and procedures in place to support and contain psychophysical processing and emotional expression by students.  Describe how your program accomplishes this. | Click here to enter text. | |
| **Program Syllabi**  Include the syllabi for your training program here.  Make reference to how the individual courses/modules meet the curricular requirements for ISMETA membership. | | |
| **Courses/Modules/Units** | | **Credit Hours** |
| Title: Click here to enter text.  Content: Click here to enter text. | | Click here to enter text. |
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| **Total Program Credit Hours** | | Click here to enter text. |
| **Sample Lesson Plan:**  Please provide a sample lesson plan for a 1-3 hour session where you are teaching a specific concept or a skill. Include specific goals and objectives for this plan.  Click here to enter text. | | |
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| **II. ORGANIZATIONAL REQUIREMENTS** | | |
| **Requirement** | **Evidence of Compliance** | |
| The program director must be an ISMETA registered practitioner, either a Registered Movement Educator (ISMETA-RSME) or a Registered Movement Therapist (ISMETA-RSMT). The program director should have taught for at least 300 hours in a professional movement-based certification program or provide evidence of equivalent experience facilitating groups. | Click here to enter text. | |
| All teachers in the program must be current ISMETA Registered Somatic Movement Educators or Therapists. Unregistered teachers can teach ancillary non-movement courses such as anatomy, meditation, scientific material that creates a foundation for their training, or three hours or less of the approved program material.  When a non-ISMETA member is teaching as a guest in a program, there must be an ISMETA member present.  Exceptions to this rule must be approved by the ISMETA Board of Directors. | Click here to enter text. | |
| There must be avenues for student feedback and evaluation as well as an articulated policy to guide students in registering a grievance against a faculty member or the program.  Please provide a link to a Google Doc (or other form) of your Evaluation Forms and Grievance Procedures. | Click here to enter text. | |
| The program has clearly stated tuition and refund policies. Please describe. | Click here to enter text. | |
| The program director must agree to provide updated curricular details and policy changes through an annual questionnaire and be available for a full program review not more than once every three years. | Click here to enter text. | |
| The program director must agree to notify ISMETA promptly of any changes in school curriculum, policies, procedures, faculty or philosophy. | Click here to enter text. | |
| The program director must agree to allow ISMETA representatives to observe classes or programs at the school site, if requested, or to submit sample classes for review by videotape. | Click here to enter text. | |
| The program director or a representative must attend at least two of four Leadership Council teleconferences per year. Representatives may be school Directors, senior faculty members, or program administrators informed of school policies and the somatic movement field at large. | Click here to enter text. | |
| The program must agree to participate in occasional conferences, webinars, and other types of ISMETA advocacy. | Click here to enter text. | |
| The program must demonstrate that it encourages its students to join ISMETA as student members and their graduates to join ISMETA as Professional Registered Practitioners. Invitation letter will be provided by ISMETA in the “About ISMETA Curriculum” found in the Leadership Council Portal. | Click here to enter text. | |
| The program’s website and marketing materials must state clearly that graduates are eligible to become ISMETA-Registered Somatic Movement Educators and/or Therapists upon graduation and their website should provide a link to the ISMETA website. Exact Language will be provided once program is accepted. | Click here to enter text. | |
| Each program agrees to keep it’s ISMETA Webpage updated with their latest activities. | Click here to enter text. | |
| **Additional Organizational Requirements:** | | |
| Applicant programs need to have been in existence for at least one complete cycle of the full training program\*\*, with at least 6 students. During the application process, ISMETA may request the names of two graduates willing to be interviewed.  \*\* exception may be made for those who are opening a training program and were core faculty in an ISMETA Approved Training Program and have been ISMETA member for a minimum three years. | Click here to enter text. | |

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| **III. POLICIES AND STANDARDS** |
| As an approved training program, the institution must agree to abide by the standards articulated in the ISMETA Scope of Practice, Standards of Practice, Code of Ethics, and Logo Usage Agreement, and to train its students to abide by those standards. Please review these policies and standards and attest to applicant’s compliance with these standards by checking the boxes below. |
| 1. **Scope of Practice:** [Review Document](https://ismeta.org/wp-content/uploads/2017/06/Scope-of-Practice.pdf)Our institution has read and agrees to comply |
| 1. **Standards of Practice:** [Review Document](https://ismeta.org/wp-content/uploads/2017/06/ISMETA-Standards-of-Practice-6.17.pdf)Our institution has read and agrees to comply |
| 1. **Code of Ethics:** [Review Document](https://ismeta.org/wp-content/uploads/2017/06/ISMETA-Code-of-Ethics-6.17.pdf) Our institution has read and agrees to comply |
| 1. **Logo Usage Agreement:** [Review Document](https://ismeta.org/ismeta-logos-for-approved-training-program) Our institution has read and agrees to comply |
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| **IV. FINANCIAL REQUIREMENTS** |
| Each school applying for ISMETA approval agrees to pay an application fee of $250. ISMETA approved training programs agree to pay annual dues of $250 in order to maintain ISMETA organizational membership. |
| Application Fee is included with membership application. |
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| From the time that we receive your **complete** application packet the review process will take up to 3 months.  Signed By: Name and Title  Date: Date |