

|  |  |  |
| --- | --- | --- |
| **Application for ISMETA Registered Somatic Movement Educator (RSME)**  **and/or Registered Somatic Movement Therapist (RSMT)** | | |
| Applicant Name: Click here to enter text. | | |
| Business Name (if applicable): 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 applicant’s experience both curricular and professional to be considered for ISMETA professional membership. Identify areas of specialty and/or concentrations, if any. 300 word maximum.  Click here to enter text. | | |
|  | | |
| **I. CURRICULAR REQUIREMENTS** | | |
| **Please review ISMETA’s Curricular Requirements:** [Here](https://ismeta.org/wp-content/uploads/2017/06/ISMETA-Curricular-Requirements-6.17.pdf) | | |
| **List Training Programs where you have completed coursework here:**  (Provide contact name/phone/email/website as available): | | |
| Click here to enter text. | | |
| Click here to enter text. | | |
| Click here to enter text. | | |
| Click here to enter text. | | |
| Include here a list of 500 hours of relevant professional training. Make reference to how the individual courses meet the specific curricular requirements for ISMETA registration. | | |
| **Courses/Modules/Units** (provide link to syllabus if available) | | **Contact Hours** |
| Title: Click here to enter text.  Content/Fulfillment of Curriculum Requirement: | | Click here to enter text. |
| Title: Click here to enter text.  Content/Fulfillment of Curriculum Requirement: Click here to enter text. | | Click here to enter text. |
| Title: Click here to enter text.  Content/Fulfillment of Curriculum Requirement: Click here to enter text. | | Click here to enter text. |
| Title: Click here to enter text.  Content/Fulfillment of Curriculum Requirement: Click here to enter text. | | Click here to enter text. |
| Title: Click here to enter text.  Content/Fulfillment of Curriculum Requirement: Click here to enter text. | | Click here to enter text. |
| Title: Click here to enter text.  Content/Fulfillment of Curriculum Requirement: Click here to enter text. | | Click here to enter text. |
| Title: Click here to enter text.  Content/Fulfillment of Curriculum Requirement: Click here to enter text. | | Click here to enter text. |
| Title: Click here to enter text.  Content/Fulfillment of Curriculum Requirement: Click here to enter text. | | Click here to enter text. |
| Title: Click here to enter text.  Content/Fulfillment of Curriculum Requirement: Click here to enter text. | | Click here to enter text. |
| Title: Click here to enter text.  Content/Fulfillment of Curriculum Requirement: Click here to enter text. | | Click here to enter text. |
| Title: Click here to enter text.  Content/Fulfillment of Curriculum Requirement: Click here to enter text. | | Click here to enter text. |
| **Total Credit Hours** | | Click here to enter text. |
|  | | |
| **II. PROFESSIONAL PRACTICE REQUIREMENTS** | | |
| Within two years of your acceptance by ISMETA you must send evidence of 150 hours of professional practice. 75 of these hours may occur whilst you are still in training, but must be in addition to the 500 required training hours. ISMETA recommends a balance of individual and group sessions. | | |
| Please download and use [this form](https://ismeta.org/wp-content/uploads/2018/11/Professional-Practice-Hours-R3.xlsx) to document your professional practice hours. | | |
|  | | |
| **III. POLICIES AND STANDARDS** | | |
| ISMETA’s membership requirements define the professional level of practice of an RSMT and/or an RSME. Together with the Code of Ethics, Scope of Practice, and Logo Usage Agreement, these Standards of Practice establish guidelines for the conduct of ISMETA registered practitioners. 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)Applicant 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)Applicant has read and agrees to comply | | |
| 1. **Ethical Requirements:** [Review Document](https://ismeta.org/wp-content/uploads/2017/06/ISMETA-Code-of-Ethics-6.17.pdf)Applicant has read and agrees to comply | | |
| 1. **Logo Usage Agreement:** [Review Document](https://ismeta.org/ismeta-logos-for-registered-professional-members) Applicant has read and agrees to comply | | |
|  | | |
| **IV. FINANCIAL REQUIREMENTS** | | |
| Each individual applying for ISMETA registered professional membership agrees to pay a nonrefundable application fee of $75 and the first year’s dues (dues are refundable if application is not accepted). | | |
| Application Fee is included with membership application. (either [online with application submission](https://ismeta.org/join/registered-professional-member#join) or separately via check) | | |
|  | | |
| **V. SUPPORTING DOCUMENTATION** | | |
| In addition to applying for membership online at <https://ismeta.org/join/registered-professional-member#join> please check off and provide the following supporting materials to [info@ismeta.org](mailto:info@ismeta.org) . Please use INDEPENDENT TRACK APPLICATION: Your Name in the subject line. | | |
| This completed application form | | |
| Copies of all certificates from training programs | | |
| 2 letters of recommendation, one from a mentor or colleague, one from a student or client | | |
| Personal Statement (This is part of the online application at <https://ismeta.org/join/registered-professional-member#join> . “Why are you interested in joining ISMETA?”) | | |
| A catalog or brochure of the school(s) attended OR detailed biographies of the instructors. If available online please provide links in Section I. Curricular Requirements of this form. | | |
| \*After review of this information, we MAY request: Video Work samples - OR - Detailed descriptive written case analyses - OR - we may also direct you to an ISMETA Approved Training Program or Registered Somatic Movement Educator or Registered Somatic Movement Therapist in your area so that they can observe your practice. | | |
|  | | |
| Signed By: Name and Title.  Date: Click here to enter text. | | |