

Independent Track Application

Independent Track Application

Step 1 of 8



Independent Track Application

Thank you for applying to become a Professional Member of ISMETA! We are a global collaborative of individuals and organizations advancing the profession of Somatic Movement Education and Therapy. As a professional association, we support high standards of practice and maintain a registry of qualified practitioners.

If your training was not completed through an ISMETA Approved Training Program but your experience fulfills our [Professional Member Requirements](#), you may apply via our Independent Track application.

All applicants must demonstrate that they abide by the values and curricula that are articulated in ISMETA's Mission, Vision, Scope and Standards of Practice, Core Competencies and Code of Ethics as articulated in the [Pillars of the Profession](#).

This application can be used for the 250-hour credential of Associate Somatic Movement Professional (ASMP) as well as the 500-hour credentials of Registered Somatic Movement Educator or Therapist (RSME or RSMT).

To complete this application, you'll need:

- Copies of certificates from training programs you have completed.
 - If you trained long ago and no longer have a certificate, you may provide a statement of completion from the training program.
- Two letters of recommendation: a letter of recommendation from a mentor or colleague and a letter of recommendation from a client/student who has experienced your Somatic Movement work to be submitted by the person who wrote it
- A Personal Statement. This is part of the online application called "Why are you interested in joining ISMETA?" You will find this on the next page after you complete the online sign-up.
- To arrange payment of the \$75 application fee with info@ismeta.org

Your application will be reviewed by our Professional Standards Committee. Please note that this review process typically takes between two to three months. Should the committee require any additional information or documentation from you during this time, we will contact you directly.

Member Credential	Membership Fee
Application Fee	\$75
Professional Member Fee (ASMP, RSME, or RSMT)	\$120
Two Year Professional Member Fee (ASMP, RSME, or RSMT)	\$200
Dual Registration Fee (RSME/T)	+\$65/year
Professional Member Plus Fee US & Canada (ASMP, RSME, or RSMT)	\$235
Professional Member Plus Fee UK, EEA & South Africa (ASMP, RSME, or RSMT)	\$135 annual fee to ISMETA and a 98.37 GBP rate for the UK and 111.37 EUR for the European Economic Area and South Africa fee to BGI

Letters of Recommendation

We require two letters of recommendation: one letter from a mentor or colleague and another letter from a client/student who has experienced your Somatic Movement work. The person who wrote the letter must be the one to submit it. As the applicant, please contact your two letter writers and request they send their letters directly to our office at info@ismeta.org with the subject line "Letter of Recommendation - YOUR NAME HERE".

Be sure to follow up with both recommenders to ensure their letters are submitted.

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I am: **(Required)**

☐ Applying for ISMETA Membership

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Associate Somatic Movement Professional (ASMP-250)

Associate Somatic Movement Professional represents members who have fulfilled a minimum of 250 hours of training in Somatic Movement. This category may represent members who primarily identify as professionals in other fields and who have fulfilled a minimum of 250 hours of somatic movement training to complement their practice.

Registered Somatic Movement Educator (RSME-500)

Registered Somatic Movement Educators represent members who have fulfilled a minimum of 500 hours of training in Somatic Movement. They are qualified to offer individual and group sessions in Somatic Movement Education. The curriculum of their training supports being an educator.

Registered Somatic Movement Therapist (RSMT-500)

Registered Somatic Movement Therapists represent members who have fulfilled a minimum of 500 hours of training. They are qualified to offer individual and group sessions in Somatic Movement Therapy. The curriculum of their training supports being a therapist.

I am applying for: **(Required)**

- ☐ ASMP-250
- ☐ RSME-500
- ☐ RSMT-500
- ☐ RSME-500 and RSMT-500

Applicant Name **(Required)**

Address **(Required)**

Phone **(Required)**

Website

Email **(Required)**

Why are you interested in joining ISMETA? **(Required)**

Have you ever had a professional grievance filed against you? **(Required)**

☐

- ☐ Yes
- ☐ No

Has your membership in any professional organization been revoked? **(Required)**

- ☐ Yes
- ☐ No

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Please provide a brief overview of your educational and professional experience to be considered for ISMETA professional membership. Please ensure your content is directly related to Somatic Movement Education and Therapy and supports your choice to register as either ASMP, RSME, RSMT, or RSME/T. Please identify the lineage(s) of your Somatic Movement training. **(Required)**

0 of 1800 max characters

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TRAINING REQUIREMENTS AND DOCUMENTATION

Please provide information about all the Somatic Movement training(s) you've completed. There is no required number of trainings, only the required total training hours for each credential (250+ hours for the ASMP credential, 500+ for RSME, RSMT, or RSME/T credential). **Please note:** The field to enter the total number of training hours you've completed appears at the bottom of this page.

If you trained long ago and no longer have a certificate, you may provide a statement of completion from the training program.

All material submitted should demonstrate proficiency and adherence to the Pillars of the Profession and the Professional Member Training Requirements.

Please review:

[ISMETA's Pillars of the Profession](#)

[Professional Member Training Requirements](#)

Please provide information about the Professional Somatic Movement Training(s) you have completed below.

Please complete **all fields** for each Module of training you've completed. For example, if you submit three trainings, you **must** fill in the Program Name, Contact Name/Phone/Email/Website, and Dates of Training, Upload your Certificate of Completion, Teaching Methods, Program Parts, Key themes & principles, and Training hours completed with percentages of in-person, live online, and pre-recorded content for all three programs:

Training 1 - Program Name, Contact Name/Phone/Email/Website, and Dates of Training **(Required)**

Training 1 - Upload Certificate of Completion Here **(Required)**

Choose File

No file chosen

Max. file size: 525 MB.

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100%

Training 1 - Teaching Methods **(Required)**

- ☐ Movement
- ☒ Sensory Awareness
- ☐ Hands-on touch
- ☐ Discussion
- ☐ Assessment
- ☐ Theoretical Framework
- ☐ Other

Training 1 - Program Parts **(Required)**

- ☐ Part A - Overview/Foundations/Core Concepts
- ☒ Part B - Skill Development
- ☐ Part C - Internship/Practicum & Assessment
- ☐ Part D - Other

Training 1 - Key themes & principles **(Required)**

Training 1 - Training hours completed with percentages of in-person, live online, and pre-recorded content **(Required)**

Training 2 - Program Name, Contact Name/Phone/Email/Website,
and Dates of Training

Training 3 - Program Name, Contact Name/Phone/Email/Website,
and Dates of Training

Training 4 - Program Name, Contact Name/Phone/Email/Website,
and Dates of Training

Training 5 - Program Name, Contact Name/Phone/Email/Website,
and Dates of Training

Training 6 - Program Name, Contact Name/Phone/Email/Website,
and Dates of Training

Training 7 - Program Name, Contact Name/Phone/Email/Website,
and Dates of Training

Training 8 - Program Name, Contact Name/Phone/Email/Website,
and Dates of Training

Training 9 - Program Name, Contact Name/Phone/Email/Website,
and Dates of Training

Training 10 - Program Name, Contact Name/Phone/Email/Website,
and Dates of Training

Training 11 - Program Name, Contact Name/Phone/Email/Website,
and Dates of Training

Training 12 - Program Name, Contact Name/Phone/Email/Website,
and Dates of Training

Training 13 - Program Name, Contact Name/Phone/Email/Website,
and Dates of Training

Training 14 - Program Name, Contact Name/Phone/Email/Website,
and Dates of Training

Training 15 - Program Name, Contact Name/Phone/Email/Website,
and Dates of Training

Total Training Hours **(Required)**

50



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CORE COMPETENCIES

Include here a detailed description of how your coursework specifically prepared you to meet the [ISMETA Core Competencies](#). Please be concise using under 300 words for each competency.

1. Demonstrate the primary movement principles of the system(s) trained in; **(Required)**

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2. Articulate observations of the client's posture/somatic organization; **(Required)**

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3. Describe observations of the client's movement processes; **(Required)**

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4. Design movement activities to support the client's somatic awareness; **(Required)**

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5. Facilitate movement activities to cultivate the client's somatic awareness; (Required)

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6. Develop lesson plans to foster movement repatterning; (Required)

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7. Lead experiential explorations of anatomical structures and physiological processes; (Required)

0 of 1800 max characters

8. Demonstrate skillful use of verbal and non-verbal communication; (Required)

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9. Demonstrate the process for engaging in ethical touch; (Required)

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10. Distinguish between activities that are inside and outside of ISMETA's Scope of Practice. (Required)

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POLICIES AND STANDARDS

ISMETA's membership requires a high standard of professional practice by all ASMP, RSMT and/or RSME, and MSME and/or MSMT. The Pillars of the Profession; Scope of Practice, Core Competencies, Standards of Practice, and Code of Ethics, are established guidelines for the conduct of ALL ISMETA recognized practitioners. Please review these policies and standards and attest to your intended compliance with these standards and Logo Usage Agreement, by checking the boxes below.

Pillars of the Profession: [Review Document](#)

Consent (Required)

☐ I have read and agree to comply with the Pillars of the Profession.

Logo Usage Agreement:

We encourage Professional Members to use their credentials after their names wherever possible: when speaking, in print, and/or digitally on websites. The ISMETA Logo can be used in print or in digital applications. We ask that when using the logos, you hyperlink to the ISMETA homepage www.ISMETA.org. Please note these Logos are dated and will need to be updated yearly on your materials.

Along with the Logo, we ask that you include the following language wherever possible:

"As a Professional Member of the International Somatic Movement Education and Therapy Association, I meet the high [Standards of Practice and uphold the Code of Ethics](#). For more information visit www.ISMETA.org"

Consent (Required)

☐ I have read and agree to comply with the Logo Usage Agreement.

FINANCIAL REQUIREMENTS

Each individual applying for ISMETA Professional Membership agrees to pay a \$75 application fee. Please note the review process only begins once payment and all supporting documents are received and may take up to two months to complete.

If you are accepted, your Professional Member fee will be collected at that time. If you are not accepted, you may still [become a Friend of ISMETA](#). Renewal notices are sent by email one month before your membership is due to expire. Professional Member fees are due once a year. Please make sure to complete your renewal before your membership lapses.

Consent (Required)

☐ I have read the text above and I agree to pay the \$75 application fee now.

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CONCLUSION

Did you use Artificial Intelligence (AI) to fill out this application? **(Required)**

☐ Yes

☐ No

Thank you for completing the ISMETA Independent Track Application. Please take a moment to follow up with your recommenders to ensure they have submitted your letters of recommendation. Once your application is complete, including both letters, we will begin the review process. Our goal is to complete the review within two months. As part of the review, we may request the following:

- a Zoom or phone call to clarify any questions the committee may have about your application
- video or written samples of your work

Signature

Tt ↺

Date **(Required)**

MM

DD

YYYY

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Submit

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