MSME/T Application

MSME/T Application

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Master Somatic Movement Educator and/or Therapist Application

Thank you for applying to become a Master Somatic Movement Educator and/or Therapist! 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.

This application can be used for current ISMETA members with the Registered Somatic Movement Educator or Therapist (RSME or RSMT) credential to upgrade to the Master Somatic Movement Educator and/or Therapist credential. It can also be used for practitioners who are not yet ISMETA members.

To apply for the MSME/T credential, practitioners need to demonstrate a total of 1000 hours of training in somatic movement education and/or therapy, 500 hours of professional practice with individuals and/or groups, and a significant contribution to the profession in the form of publications, research, curricular development, conference presentations, and/or embodied praxes.

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.

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.
- Documentation of 500 hours of professional practice with individuals and/or groups (Form linked here)
- 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 about joining ISMETA (if you are not a current member)
- To arrange payment of the application fee with info@ismeta.org:
  - If you are a current RSME/T, please pay the $50 application fee which can be found here. If you are not a current ISMETA member, please contact info@ismeta.org to pay your $75 application fee.

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.

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

Membership Fees

Member Credential	Membership Fee
Application Fee for Non-members	$75

Upgrade Application Fee for RSME/Ts	$50
Professional Member Fee (MSME or MSMT)	$120
Two Year Professional Member Fee (MSME or MSMT)	$200
Dual Registration Fee (MSME/T)	+$65/year
Professional Member Plus Fee US & Canada (MSME and/or MSMT)	$235
Professional Member Plus Fee UK, EEA & South Africa (MSME and/or MSMT)	$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

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I am: (Required)

- [x] Applying for MSME/T Credential

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Master Somatic Movement Educator / Therapist (MSME/T-1000)

Master Somatic Movement Educator and/or Therapist represents members who have fulfilled a minimum of 1000 hours of training in Somatic Movement, 500 hours of professional practice with individuals and/or groups, and a significant contribution to the profession in the form of publications, research, curricular development, conference presentations, and/or embodied praxes.

I am applying for: (Required)

- [ ] MSME-1000
- [ ] MSMT-1000
- [ ] MSME-1000 and MSMT-1000

Applicant Name (Required)

Address (Required)

Phone (Required)

Website

Email (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 an MSME, MSMT, or MSME/T. Please identify the lineage(s) of your Somatic Movement training.

0 of 1800 max characters

Please provide an overview of how you have achieved high standards of knowledge, experience and development in your work as demonstrated through publications, research, curricular development, conference presentations, or embodied praxes. 300 word maximum.

Current ISMETA members: Please also provide a synopsis of your original 500 hours and an overview of your additional 500 hours in the box below. Full details of the additional 500 hours are required below.

0 of 1800 max characters

Personal Statement: Why are you interested in joining ISMETA? (for non-ISMETA members only)

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 1000+ total training hours for the MSME, MSMT, or MSME/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

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:

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.

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)

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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)

0 of 1800 max characters

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

0 of 1800 max characters

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

0 of 1800 max characters

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

0 of 1800 max characters

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

0 of 1800 max characters

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

0 of 1800 max characters

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)

0 of 1800 max characters

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

0 of 1800 max characters

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

0 of 1800 max characters

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Professional Practice Requirements

Professional Practice hours are a part of the application process. Please complete documentation of 500 hours of professional practice by using this form.

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POLICIES AND STANDARDS

ISMETA's membership requires a high standard of professional practice by all MSME and/or MSMT members. 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

If you are a current RSME/T, please pay the $50 application fee here.

If you are not a current ISMETA member, please contact info@ismeta.org to pay your $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 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 MSME/T 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

Date (Required)

MM DD YYYY

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