



**Application for ISMETA membership
FAST TRACK
Please type or print clearly**

Name: _____
Date of Application: _____
Address: _____
Home Phone: _____
Work Phone: _____ Fax: _____
Email: _____
Website: _____
Company/Organization/Affiliation: _____

APPLICATION FEE:

\$15 one time nonrefundable processing fee for graduates of an ISMETA approved training program
(see our brochure or website for a list of ISMETA approved training programs)

____ Payment sent in mail (with a copy of this cover page)
____ I have paid online

PROFESSIONAL REGISTRY

Membership dues to be paid upon acceptance to ISMETA
\$100 annually or \$170 for both registration titles.

Multiple year discounts:

\$170 two years single registration
\$290 two years dual registration
\$220 three years single registration
\$400 three years dual registration

There is a \$10 fee for each Certificate of Registry. (Optional)
(RSME and/or RSMT) Please add this to your registration fee when sending in your payment.

REGISTRY REQUESTED:

____ Registered Somatic Movement Educator (RSME)
____ Registered Somatic Movement Therapist (RSMT)
____ BOTH

Guidelines for Registry Selection – Factors to consider

At this time selection of professional title can be self determined unless explicitly stated otherwise by your training program.

- Does the training program you graduated from have a distinct preference regarding type of registry?
- Is the orientation of your somatic movement practice focused more on education or therapy?

- According to the regulations in your state or local government, are you legally considered an educator or a therapist?
- Do you qualify for both or prefer both?

DOCUMENTATION:

Please send application documentation electronically to info@ismeta.org

1) Evidence of Education

____ Copy of Certificate from ISMETA approved training program

Please see our brochure or website to determine if your training program is an ISMETA approved training program

*For students/graduates of LIMS: In order to apply for RSME or RSMT, an additional 100 hours of professional training are needed. Please request complete guidelines.

2) Personal Statement

____ Send a short statement that describes the reason you desire registration with ISMETA

3) Two letters of recommendation (with reference to your history of professional practice)

____ One letter from an instructor of your ISMETA approved training program

____ Letter from client and/or colleague

4) History of Professional Practice

Evidence of 150 hours of professional practice. 75 hours must be post graduation from your Somatic Movement Education or Somatic Movement Therapy training program. Of the entire 150 hours at least 75 hours must be sessions with individuals.

Include documentation with application – OR - if you are a recent graduate complete this portion of the requirements within 2 years of submitting this application.

____ **Cover Letter summarizing the history of your practice** Include overview of the span of time you have been practicing, settings and a general description of the movement issues/syndromes you address. Make reference to the principles you apply and the types of skills you use, especially if you combine several approaches.

____ **Submit detailed List in a table or column format.** Include specific hours, dates, settings and description of the class or individual session conducted.

I, (signature) _____ attest, under the penalty of perjury that the enclosed documents are truthful.