

## **Instructional Guide - BC-DMT Application 2025**

- These instructions are to help you prepare for completing the BC-DMT application form.
  - Have ALL required details, materials, and information accessible prior to entering ANY information.
  - Applicants are STRONGLY encouraged to read The BC-DMT Handbook to better understand the application requirements and processes.
  - A note about this guide: Details in green are the actual wording you will see in the application form itself. Details in black are additional information to guide you as you complete the various sections of the application form.
  - All information supplied by the applicant will be regarded as confidential in nature and will not be released to third persons without the consent of the applicant.
  - De-identified application materials may be used as training material by the DMTCB.
  - The application must be received by 12:00 Midnight (Eastern Time), January 15th of the application year.
- 

### **DEMOGRAPHIC INFORMATION:**

Applicants will need to enter the following information:

- **Applicant's Full Name (First Last Name (current); (Previous name if relevant)**
- **Date of Birth**
- **R-DMT Credential number and date it was attained**
- **Name listed on your R-DMT Credential (if different from your current name)**
- The year of your most recent renewal of your R-DMT credential.

To apply for the BC-DMT you must have maintained your R-DMT credential by:

- (1) {Paying the annual renewal fee for a minimum of 1-complete year (12 months) prior to submitting this application,
- (2) Fulfilling all Continuing Education requirements for Recertification (unless you have been an R-DMT for less than 5-years)
- (3) Receiving BC-DMT supervision for all accrued BC- Internship hours.

### **CONTACT INFORMATION:**

- **Address: Street, State, Country**
- **Phone: Work/ Home**
- **Email:**

### **EDUCATION:**

- **Highest Graduate Degree Obtained**
- **Additional Specializations/Credentials/Degrees**

### **BOARD CERTIFIED DANCE/MOVEMENT THERAPY CLINICAL INTERNSHIP**

(Maximum 10 sites; for more than 10 sites, upload information using the upload button.)

**Requirements for Clinical Internship:**

- Accruing a total of 2400 hours of clinical employment including 1,000 hours of direct client contact and 500 hours of DMT session leading.
- Clinical internship hours must be accrued within a licensed, accredited, or otherwise regulated, mental health, medical, educational, or social services agency, correctional facility, NGO or community-based program.
- Of the 2400 hours, a maximum of 600 hours may be volunteer hours.
- Clinical internships can not include apprenticeships, or in service/training experiences.
- At least half of the internship hours must have been accrued within seven years prior to application for the BC-DMT.

**R-DMTs with clinical license or equivalent credential in their state or country *may*:**

- May count up to 1800 hours of private practice if it is supervised by a BC-DMT
- The remainder (600 or more hours) must be in a licensed, accredited or otherwise regulated, mental health, medical, educational, or social services agency, correctional facility, NGO or community- based program.
- ALL APPLICANTS may only count private practice hours if they have previously submitted “Intent to use Private Practice Form”

**Directions for Clinical Internship Information:**

- List ALL DMT Clinical Internship sites in chronological reverse order, beginning with most current position. If you are employed at several locations simultaneously, please list them alphabetically.
- The person completing this form should be your on-site or administrative supervisor who may or may not be a BC-DMT.
- Email the BC-DMT Employment Verification Form (EVF) link to the person who will be completing the form for each Internship site
- The applicant is responsible for ensuring that the EVF form has been submitted in a timely manner, to the DMTCB office ([dmtcb@adta.org](mailto:dmtcb@adta.org)) by the due date.

**Applicant will need to enter the following information for ALL Clinical Internships they list for Employment Verification:**

- **Place of Work**
- **Address: State/Province; Country**
- **Job Title**
- **Name of Department (if applicable)**
- **Name, title, role of individual completing the Employment Verification Form.**
- **Contact information (e-mail, phone) of individual completing the Employment Verification Form.**
- **Dates of Employment: From \_\_\_\_ to \_\_\_\_**
- **Total Number of Volunteer Hours**
- **Total Number of Weeks**
- **Total Number of Hours per Week**
- **Total Number of Weeks X Hours per Week**
- **Total of all Clinical Internship hours**

- Total number of direct client contact hours
- Total number of DMT session leading hours
- Name & Title of Administrative Supervisor
- Type of Treatment Setting & Population (s):  
Describe your Dance/Movement Therapy work/services, including your job contract, responsibilities.
- Name of Clinical Supervisor & Nature of Supervision
- Supervisor contact information: phone, email

## **DANCE/MOVEMENT THERAPY SUPERVISION**

### **Requirements for Supervision:**

- At least 10 hours of the supervision hours must have been accrued within two years of the application to become a BC-DMT.
- 50 hours of BC-DMT Supervision are required for Internships without Private Practice hours
  - A minimum of 25 hours must be with the same BC-DMT supervisor.
  - A minimum of 25 hours must be in an individual or one-to-one format.
  - A maximum of 4 hours for any single group supervision session.
- For Internships that include Private Practice hours:
  - One (1) hour of BC-DMT Supervision is required for every 40 hours of private practice hours
  - A minimum of one (1) hour of BC-DMT 'live' supervision for every 300 hours of private practice hours is required. 'Live supervision must be on-site, live streamed, or videotaped.
  - A minimum of two (2) hours of live-observed supervision must be accrued annually.

### **BC-DMT Supervision Directions:**

- List ALL BC-DMT Supervisors in chronological reverse order. If you have several supervisors at the same time, list them alphabetically.
- Send a link to the BC-DMT Supervision Documentation and Evaluation Form (SDEF) to each of the BC-DMT supervisors you identified.
- You are responsible for ensuring that your supervisors have completed and submitted the form to the DMTCB office by the due date (dmtcb@adta.org).

### **Applicant will need to enter the following information for ALL BC-DMT Supervision hours:**

- Total number of BC-DMT supervisors (box for number)
- BC-DMT Supervisor's name and credential(s), License(s)
- Contact information: email/phone
  - Individual Supervision total:
    - Off site (not live)
    - Live/livestream/video
  - Private Practice Supervision
    - Off Site (not live)
    - Live/Livestream/Video

- o **Group Supervision total:**
  - **Off Site (not live)**
  - **Live/Livestream/Video**
- o **Total all supervision hours:**

### **LETTERS OF RECOMMENDATION (LOR)**

#### **Requirements for Letters of Recommendation:**

Three (3) letters of Recommendation (LOR) are required including:

- A BC-DMT supervisor who has provided a minimum of 25 supervision hours and has observed your clinical work within the last two years
- A current clinical supervisor (this person may but does not have to be a BC-DMT)
- Another BC-DMT, a clinical supervisor or a mental health professional familiar with the applicant's work.

#### **Letter of Recommendation Directions:**

- List the information for three (3) individuals who are completing a Letter of Recommendation
- Forward the Link to the Letter of Recommendation Form to whomever you have designated and have them complete the form.
- You are responsible for ensuring that they have completed and submitted the Letter of Recommendation to the DMTCB office (dmtcb@adta.org).

#### **Applicant will need to enter the following information for ALL Letters of Recommendations:**

- **BC-DMT supervisor's name, credential & license (if relevant)**
  - o **Their contact Information (e-mail, phone)**
- **Current clinical supervisor's name & credential & license**
  - o **Their contact Information (e-mail, phone)**
- **A BC-DMT, clinical supervisor or a mental health professional familiar with your work's name credential & license**
  - o **Their contact Information (e-mail, phone)**

### **BC-DMT ESSAYS:**

- Essays are evaluated by two members or more of the DMTCB. Applicants should follow the instructions carefully. Essay scores are guided by the required information and topics areas identified for each essay.
- Essay scores are based on the applicant's capacity to discuss the required topics in a manner that communicates a more nuanced understanding and knowledge. Essay evaluations also assess the applicant's readiness to become a BC-DMT. Organization, clarity, format, grammar, and succinct expression of ideas are also factors considered by the evaluators.
- Submission directions: Both Essays should be uploaded in the section provided in the application form. (Please DO NOT include YOUR name or any other identifying details)

### **BC-DMT ESSAY FORMAT REQUIREMENTS:**

- **Do NOT include YOUR name or other similar identifying information in either essay unless it is relevant to or impact what you are discussing in some way.** (e.g. your identities in relationship to a particular theory or client.)
- Do NOT include non-relevant identifying information about the client or group you discuss.
- EACH essay should be a maximum of four (4) double-space typed pages in 12-point type (excluding any references).
- EACH essay should have 1-inch margins, indent paragraphs .5" from left margin, cite sources appropriately, use correct formats for all quoted material, and include only cited sources in the reference list. It is not necessary to include a cover page or running header. Use American Psychological Association Style Guidelines.  
(<https://apastyle.apa.org/style-grammar-guidelines/paper-format>)
- EACH essay should be written using correct grammar, sentence structure and spelling.
- Proofread so that the essay is error-free. (Asking someone to help with structural clarity, organization or editing is encouraged).

*Note: If the page limits or font size are exceeded, the DMTCB will not review the application. The applicant will be notified and given 10 days from the time they are notified to resubmit essays. If the revised essay is received after the 10-day window, they will need to reapply the following year.*

### **THEORETICAL FRAMEWORK ESSAY CONTENT REQUIREMENTS:**

Your Theoretical essay should discuss the following topics:

1. **The primary dance/movement therapy and psychological theories** that provide a basis for your work, using your own words whenever possible and providing brief clinical examples.
  - Identify at least 2 psychological theories. The core concepts & principles of those theories should be clearly explained, and descriptions included on how they relate to and guide your clinical work. (We recommend discussing no more than 2 theories).
  - Identify at least 1 DMT theory/framework. The core concepts and principles of that theory should be clearly explained and how it relates to and guides your clinical work. (We recommend identifying no more than 2 theories).
2. **The movement observation framework(s)/system(s)** you use to observe, guide, and assess your interventions.
  - Identify at least 1 movement assessment method (Kestenberg Movement Profile, Laban Movement Analysis, etc.). The core concepts & principles of those methods/systems should be clearly explained and discussed in relation to how they guide your observations & actions in your clinical work.
3. **Your personal theoretical approach.**
  - Discuss how your clinical approach integrates the DMT and psychological theories you discuss in relationship to the movement observation system(s) you use. Please include how your personal approach is informed by your analysis and assessment of clinical sessions and how that guides your interventions.
4. **How you adapt and/or adjust your approach with different client(s).**

- Please discuss how your approach can be used when working with different and/or diverse populations and your awareness of your own identities in relationship to those populations.

### **Theoretical Essay -Additional Suggestions:**

- The Theoretical essay is different from a research paper or case study. The primary focus should communicate your understanding and use of the theories and frameworks that ground your clinical work as a DMT. This also means using your own words whenever possible and providing brief clinical examples.
- You are encouraged to limit your discussion to a few (1-2) of the primary approaches that guide your clinical work, so that your discussion is more deeply thoughtful and less superficial.
- The discussion of the DMT and Psychological theories, should specifically and succinctly describe their underlying core clinical assumptions, concepts, or principles rather than merely identifying partial aspects or elements of the theory. If relevant, you may also include a brief discussion of other cultural perspectives or approaches that expand on relationship to those theories.
- The Movement Observation framework(s) you identify need to be ones that focus on providing structure and language for describing specific, concrete movement and body patterns. Your discussion should include a brief description of the underlying core assumptions that are clinically relevant to the practice of DMT, rather than merely identifying terminology or categories.
- Your Personal Theoretical Approach should succinctly describe how you integrate all the theories and frameworks you have identified. This could include the relationship between the DMT and Psychological theories you discussed and how they are observed using the lens of your Movement Observation framework. You must also briefly discuss how your interventions are guided by how you combine these various elements.
- The discussion of how you adapt/modify your Personal Theoretical approach should demonstrate cultural/diversity awareness with specific (brief) examples as well as identifying relevant factors in your own identity awareness in relationship to your clients.

### **SINGLE SESSION ANALYSIS CONTENT REQUIREMENTS:**

Describe a specific Dance/Movement Therapy session you conducted in a licensed, accredited or otherwise regulated, mental health, medical, educational agency, social services agency, correctional facility, NGO or community-based program. It may be a group or an individual session.

Your essay should address the following areas (not necessarily in the order listed):

#### **1. Clinical setting description:**

- Characteristics of the population, including sociocultural backgrounds, diagnoses, ages, gender, race, religion, and other relevant demographic/identity details
- If you are discussing a group session, include the number of people in the group
- The session duration
- The length of time working with the individual/group
- At least 3 specific goals related to the group.

## 2. Session description and discussion:

- Describe the significant aspects of the session in relationship to its goals, and in relationship to your DMT and Psychological core concepts and principles.
  - Your description should also include descriptions of significant movement patterns that you observed during the session.
- Discuss briefly, your movement intervention choices and their rationale (e.g. what you observed in their movement that supported your intervention choice); the client's response and your assessment/interpretation of those interventions.
- Discuss your own internal responses to the movement you were observing, as well as how you adjusted your own movement in response to your observations.
- Select one individual and describe their actions and responses in more depth. Include not just movement descriptions but also how their movement expressed underlying emotional, psychological, cultural, relational, or spiritual meaning.
- Discuss how your interventions were informed by your awareness of diversity, power, and other significant aspects of the session.
- Discuss how the session and your understanding of what occurred, related to your personal theoretical approach (as described in your Theoretical Essay).

## 3. Self-evaluation- Strengths and Challenges

- Evaluate two (2) challenges and two (2) strengths in relation to the session you described.
  - Cite specific examples from the session to illustrate your statements.
  - Discusses how your personal experiences of comfort or discomfort supported or interfered with your efficacy as a clinician.
  - Discusses actions you might take to address these strengths and challenges in your professional development.

### **ETHICAL CODE COMPLIANCE:**

#### **Applicant must respond to the following:**

Has any claim or suit for alleged violations of the ADTA Code of Ethical Practice ever been brought against you?

NO

YES

3. Have any allegations or disciplinary actions ever been brought against you under the ethical guidelines of any state licensing agency or private agency?

NO

YES

4. Do you agree to inform the DMTCB if any of the above occur during the time that your application is being evaluated?

NO

YES

**Applicant must respond to the following statement:**

I have read and agree to support and Abide by the American Dance Therapy Association's Code of Ethics and Standards of Practice. In recognition of the responsibility of the BC-DMT to the general public, I affirm under oath that information submitted to the Dance/Movement Therapy Certification Board is correct in all material ways and that misrepresentation of a material nature or omission of a material nature shall render this application null and void. I further agree to abide by the decision(s) of the Dance/Movement Therapy Certification Board as specified in the Applicant Handbook without recourse to legal action.

YES

NO

**Applicant must pay the application fee and respond to the following question:**

Non-refundable application

Fee - \$200.00

Have you previously applied for the BC-DMT?

YES If yes what was the year of your application?

NO

(revised 2024)