

DMTCB

Dance/Movement Therapy Certification Board

BC-DMT letter of Intent to Utilize Private Practice

Name:

R-DMT #:

Date:

Please briefly describe how you are incorporating DMT into your private practice:

This letter affirms that I have a clinical license that allows me to practice privately in the state/country named below. I will be incorporating dance/movement therapy services into my clinical work for a maximum of 1800-private practice hours, as part of the total 2400-required employment hours.

I have read the BC-DMT handbook and understand that BC-DMT Supervision requires all private practice supervision hours be accrued at a rate of 1 hour of BC-DMT supervision for every 40 hours of private practice work. In addition, a minimum of 1 hour of supervision for every 300 hours of private practice must be observed on-site, live streamed, or video-taped sessions. (For example, if you accrue 1800 hours in private practice, you will need to have 45 hours of supervision, including 6 hours of 'live' session observation supervision). A minimum of two hours of observed session supervision must be accrued annually.

Signature

LICENSE INFORMATION

Name of Licensee

State, Type of License, License #

Expiration date:

(revised 2024)