



**Application for Approval  
of Alternate Route Dance/Movement Therapy Courses  
for R-DMT Training**

The Subcommittee for Approval of Alternate Route Courses assesses graduate-level alternate route courses in terms of objective standards detailed in the ADTA Standards for Education and Clinical Training Section I-B: Alternate Route Education Input Based Standards and Section II: Core Curriculum and Competencies. All courses with a designation of Dance/Movement Therapy history, theory, practice, and professional development require ADTA approval.

Prior to applying for approval and re-approval, it is advised that education providers become familiar with:

- [ADTA Standards for Education and Clinical Training](#)
- [Procedural Information & Requirements: Dance Therapy R-DMT Level](#)  
(these are available at [www.adta.org](http://www.adta.org) on the Credentials link)
- Guidelines for Review and Approval of Alternate Route R-DMT Courses as defined in the [ADTA Committee on Approval Policies and Procedures](#).

For copies of any of these documents, please contact the Chair of the ADTA Committee on Approval at [approval@adta.org](mailto:approval@adta.org).

**Completion of Application Materials**

1. Send a \$25.00 USD course review fee to the ADTA National Office prior to submitting the course for committee review. Please reference the course name, number and instructor. Fees are per course submission and can be paid by check and mailed to the address below, or by credit card by calling the ADTA office.
2. Download and complete this Application Form (below).
3. Submit this completed form, the CV(s) of the course instructor(s), and a full course syllabus by e-mail as file attachments to:  
Susan Saenger, Chair of the Subcommittee for Approval of Alternate Route Courses (SAARC).  
[ssaenger@nc.rr.com](mailto:ssaenger@nc.rr.com),

*Please date all email correspondence in the body of the email message itself.*

**A. Alternate Route Application Form****Applicant Information**

|  |          |
|--|----------|
| Today's Date                                       |          |
| Name of Person/Organization submitting Application |          |
| Applicant Phone Number(s)                          | (    ) - |
| Applicant Fax # (if available)                     | (    ) - |
| Applicant email address                            |          |
| Full Mailing Address                               |          |
|  |          |

**Course Information**

|  |  |
|--|--|
| Title of Course:   |  |
| Location of Course:  |  |
| When course is offered (if applicable):  |  |
| Course location (check one at right)   | <input type="checkbox"/> Academic Setting (graduate course)<br><input type="checkbox"/> Academic Setting (non-credit course)<br><input type="checkbox"/> Academic setting (undergraduate course)*<br><input type="checkbox"/> Non-academic setting (non-credit course) |
| Credit and/or Contact Hours<br><br>(Note: 1 credit (15 hours) includes 30 hours of outside study/work for a total of 45 hours)   | <input type="checkbox"/> Credits <input type="checkbox"/> Contact Hours  |
| Has the course been designed according to the ADTA Standards for Education and Clinical Training Section I-B: Alternate Route Education Input Based Standards?<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No | Has the course been designed according to the ADTA Standards for Education and Clinical Training Section II: Core Curriculum and Competencies?<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No   |

\* Courses in an undergraduate setting should refer to the Alternate Route R-DMT Course Requirements of Undergraduate R-DMT Courses in *Guidelines for Review and Approval of Alternate Route Courses*.

5.7.4 Topic areas the course is intended to fulfill. Please note that no ½ credit is allowed.

# Credits designated as:

- ☐ (H) History  
☐ (T) Theory  
☐ (P) Practice  
☐ (PD) Professional Development

**B. CV Requirements**

|  |  |
|--|--|
| Course Instructor(s)   |  |
| Instructor's Credentials 1.1-1.4<br>(list any credentials, licenses, certificates and advanced trainings that are relevant to this course, especially if the course relates to movement observation & assessment and/or multicultural approaches, diversity/equity and social justice) |  |

*Copies of CVs for all course instructors must be submitted with the application.*

**C. Syllabus Requirements**

|  |  |
|--|--|
| Course Title 5.7.1   |  |
| Course Number<br>(if applicable)   |  |
| Course Description<br>5.7.5  |  |
| Section II. Core Curriculum and Competencies 5.3<br>(list standards met by number, ex. 3.14-3.19, 3.24-3.28) |  |
| Projected student/educator ratio for this course 5.6   |  |

Syllabus Checklist: (make sure all of the following are on the syllabus)

- ☐ Instructor's name, credentials, contact information, when and where the course will be offered. 5.7.2
- ☐ Prerequisites, if applicable. 5.7.3
- ☐ A fully referenced list of required and supplemental readings in APA format 5.7.7
- ☐ Attendance policy for satisfactory course completion 5.7.8
- ☐ Instructional Methods 5.7.9
- ☐ Includes a course outline: class-by-class schedule with subject matter and assigned readings for each class 5.7.10
- ☐ Grading & Course Evaluation: clarification of method(s) of evaluation, with percentages of grade for each assessment, assignment, and/or exam, or other equivalent evaluative procedure 5.7.11-12

Standard 1.3 *Educators/administrators will demonstrate competence in working with a diverse student body through the development of an inclusive teaching/learning environment.* For example, consider adding a diversity and equity statement or other documentation regarding inclusivity as part of your syllabi or attach to your approval application.

#### **D. Course Delivery Requirements**

(check off all standards listed below that are being met by this course)

The course educator/administrator, in addition to the student, is responsible for maintaining a record of students' successful completion of courses. 3.1.2

Educator/administrator has remediation policies and procedures for addressing student concerns (academic, interpersonal, personal and professional). 3.4

Educator/administrator is aware that grievance processes for student concerns related to academic issues will be mediated through the advisor role, effective as of 1/2021. 3.5

At the conclusion of the course, students will formally evaluate the following:  
(\*standardized evaluative documents are forthcoming.)

- (a) educator, in relationship to competence in course content,
- (b) ability to teach diversity issues,
- (c) clarity of instruction and evaluation,
- (d) ability to teach with cultural sensitivity.

#### **E. Distance Learning Requirements**

While all of the ADTA Education Standards are dynamic, those related to distance learning will be revised more frequently to maintain relevancy in the rapidly changing landscape of technology and distance learning education. If this course uses any distance technology platforms, the following additional standards must be met.

Distance technology platforms must be HIPAA compliant. 6.

The educator shall provide technical training for the platform and resources for support. 6.6

Articulate on the syllabus how confidentiality is protected through online platforms. 6.8

The syllabus lists technology requirements and support. 6.13

**\*\*Additional verification may be requested to demonstrate that the method of delivery is an effective means of promoting student competency while meeting all ADTA Standards for Education and Clinical Training in addition to the following Standards for Online Education.**

#### **F. Agreements**

I agree to abide by the conditions for advertising and retaining course approval, which will be detailed in the letter conferring course approval.

- ☐ Yes

I agree to resubmit my application if any significant changes are made to the course. Substantial changes are defined as changes beyond updating and refining the course, and include a change in any or all of the following: course focus or objectives; title change, changes to format (e.g. from in-person to partially or fully on-line, or vice versa); hour allocation; or a collapse of this course into another. In the event of substantial change, I agree to cease using the approval related language and to re-submit the course for approval.

- \_\_\_\_ Yes

I agree to reapply for approval as required by the ADTA Subcommittee on Approval of Alternate Route Courses to ensure continued compliance with standards.

- \_\_\_\_ Yes

Has any claim or suit for alleged violations of the ADTA Code of Ethical Practice ever been brought against the educator or educational setting in which the course is being taught?

No \_\_\_\_\_ Yes \_\_\_\_\_

(If yes, please explain on a separate sheet of paper.)

Has the educator or any member of the educational setting ever been subject to disciplinary action?

No \_\_\_\_\_ Yes \_\_\_\_\_

(If yes, please explain on a separate sheet of paper.)

I attest that this form has been completed accurately and thoroughly in accordance to the ADTA Standards for Education and Clinical Training.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Applicant

## **B. Course Review and Approval Procedure**

1. Within 6 weeks of receipt of completed application materials, the subcommittee chair will communicate the approval decision and/or inform the applicant of any recommendations or requirement for revision of the course. See the Committee on Approval Subcommittee for Approval of Alternate Route Courses Procedural Guidelines for circumstances under which this timetable may be extended.
2. The applicant will be sent formal notification of the course approval status through post office mail. The letter will confer the course approval and identifies conditions for continuance of the approval.
3. Upon receipt of the approval letter, the instructor is authorized to advertise that the course is approved for R-DMT Alternate Route education by the ADTA in accordance with the language specified in the letter.