

DMTCB

Dance/Movement Therapy Certification Board
10632 Little Patuxent Parkway, Suite 108, Columbia, MD 21044

Statement of Intention to Commence Dance/Movement Therapy Training via the Alternate Route

1. Name:

2. Address:

3. Email:

4. Today's Date:

5. Date of First DMT course:

6. I have a Master's Degree: Yes _____ No _____ (If yes, answer question 7; If no, answer question 8)

7. My Master's Degree is in:

8. I am or will be pursuing a Master's Degree as part of my DMT Training: Yes _____

I have read the R-DMT Applicant Handbook and the R-DMT Application: Yes _____ No _____

I understand that as of 2013, all DMT courses I begin in or after that year must be pre-approved by the ADTA Approvals Committee: Yes _____ No _____

Signature:

Please Fax to the DMTCB office: 410-997-4048 or email to info@adta.org
