

DANCE/MOVEMENT THERAPY CERTIFICATION BOARD

APPLICATION FOR BOARD CERTIFIED-DANCE/MOVEMENT THERAPIST

Before completing this application, thoroughly read and follow the "Applicant Handbook Board Certified-Dance/Movement Therapist (BC-DMT)"

*Upon completion, mail or email to:
DANCE/MOVEMENT THERAPY CERTIFICATION BOARD
10632 Little Patuxent Parkway, Suite 108
Columbia MD, 21044 info@adta.org*

- Please complete the form below. Parts IV and V require narrative responses that must be typed on separate pages and submitted for the application to be complete.
- All information supplied by applicant will be regarded as confidential in nature and will not be released to third persons without the consent of the applicant. Application may be used as training material by DMTCB.

Name

Date of Birth

Address

City, State zip code

Country

Home Phone Work Phone

I. EDUCATIONAL DATA

Master's Degree

Degree Title

School

Date of Graduation

II. TOTAL EMPLOYED HOURS (employment dance/movement therapy hours) as of Jan 15

III. DANCE/MOVEMENT THERAPY EMPLOYMENT

Please list dance/movement therapy employment beginning with present position. This means paid clinical experience as a dance/movement therapist and does not include internship, apprenticeship, or in-training experience. Employment Verification Forms must be submitted for each employment site. Duplicate this page for each employment site.

Place of Employment

Address City

State & Zip Code

Name & Title of Administrative Supervisor

Department in which Employed

Job Title

Dates of Employment From To

Total Number of Paid Weeks Total Number of Paid Hours per Week

Total Number of Paid Weeks X Paid Hours per Week

Type of Treatment Setting & Population

Name of Clinical Supervisor & Nature of Supervision

Briefly describe nature of job contract and responsibilities. If a portion of time is spent in areas other than dance/movement therapy, please indicate the breakdown of time in hours by percent. Charting, preparation, staff meetings, clinically-related in-service training, and supervision count as dance/movement therapy-related hours. Stay within the text box below – do not allow it to break to the next page.

IV. THEORETICAL FRAMEWORK

A theoretical framework is a set of interrelated assumptions, definitions, and principles that guide methodology and action. A theoretical framework should be consistent and work with basic ideas. With this definition in mind, please describe your theoretical framework of dance/movement therapy. Include in your discussion the major dance/movement therapy and psychological theories that comprise your theoretical framework, and inform your methods of assessment and understanding of the dance/movement therapy process. Integrate the major theories with your own theoretical framework and practice. The theoretical framework is the foundation you carry with you. It should apply to dance/movement therapy across all populations.

The theoretical framework essay is to be a maximum of four (4) double-space typed pages (excluding references page or pages). Use American Psychological Association Style Guidelines (i.e., 1-inch margins all around, indent paragraphs 10 spaces from left margin, cite sources appropriately, use correct form for all quoted material, include only cited sources in the reference list). *Note: If the page limits are exceeded, the DMTCB will not review the application. The application will be returned to the applicant who may submit a new application and application fee by January 15 of the following year.* Carefully Consider: the consistency, clarity and organization of your theoretical framework; integrate the theories you have chosen to discuss with your own theoretical framework; present models and tools of assessment, and present their relation to your theoretical framework; identify and integrate only the most significant theoretical influences on your framework (DMTCB recommends discussing no more than 3 theories).

American Psychological Association. (2009). *Publication manual of the American Psychological Association* (6th ed.). Washington, DC: Author. Also see www.apastyle.org

Theoretical Framework Essay must demonstrate expertise in these areas:

- Knowledge of Dance/Movement Therapy Principles - At least 1 DMT pioneer (Chace, Chaiklin, Schmais, Whitehouse, Chodorow etc.) should be named; core concepts & principles that guide method & action should be clearly explained & specifically related to the therapist's work. State how the model applies across populations.
- Psychological Theory - At least 2 psychological theories (psychodynamic, humanistic, existential, cognitive behavioral, etc.) should be named; core concepts & principles that guide method & action should be clearly explained & specifically related to the therapist's work. State how theory applies across all populations
- Assessment Method - At least 1 movement assessment method (Kestenberg Movement Profile, Laban Movement Analysis, etc.) should be named. Core concepts & principles that guide method & action should be clearly explained & specifically related to the therapist's work. State how theory applies across all populations
- Integration of Psychological Theory and Dance/Movement Therapy Principles - fully integrate and specifically relate psychological and DMT principles throughout the theoretical framework essay to your work as a therapist.
- Overall Consistency, Clarity and Organization – State theories and other ideas simply and in easily understood language. Use correct grammar, sentence structure and spelling. Proofread so that essay is error-free. Write clearly so that cohesion of thought is evident.

V. ANALYSIS OF A SINGLE DANCE THERAPY SESSION

Please describe a specific dance therapy session. Be sure to cover every topic listed below in your narrative. You may use a group or individual session. It must be from a clinical, rehabilitation, or special education setting.

The session description is to be a maximum of four (4) double-spaced typed pages (excluding references page or pages). Use American Psychological Association Style Guidelines (i.e., 1-inch margins all around, indent paragraphs 10 spaces from left margin, cite sources appropriately, use correct form for all quoted material, include only cited sources in the reference list). *If page limit is exceeded, DMTCB will not review the application. The application will be returned to the*

BC-DMT applicant, and the applicant may submit a new application and the application fee by January 15 of the following year. Cover all of the points listed below in your narrative. This is an essay. Do not write in outline form.

1. Setting
 - a. Description of the clinical settings.
 - b. Characteristics of the population, including diagnoses, ages, sex, and any other relevant demographic data
 - c. If a group session, the number of people in the group
 - d. Length of time working with the individual or group
2. Goals
 - a. Define three (3) goals for this session.
 - b. Make them specific to this population and setting.
3. Process
 - a. Describe the specific movement processes and the emotional content in the sequence of development.
 - b. Describe your movement interventions and your specific rationale for each of them. Demonstrate how your choices of interventions relate to the material and emotional content presented in this session.
 - c. Relate this discussion to your goals.
 - d. Show how you have integrated your theoretical framework and dance/movement therapy practice in this session.
4. Self-evaluation
 - a. Evaluate two (2) of your weaknesses and two (2) of your strengths in relation to this session.
 - b. Cite specific incidents from this session to your statements.

The Session Analysis Essay should demonstrate expertise in these areas:

- Knowledge of Dance/Movement Therapy Principles - Clear description of setting, population, diagnosis, goals, etc. Core concepts & principles that guide action with clients clearly stated and demonstrated in session. Apply theoretical model to session.
- Integration of Psychological Theory - Draw on at least 1 psychological theorist to describe core concepts and principles that guide intervention. State how theoretical model applied in session to the specific population.
- Integration of Assessment Methods - Demonstrate how the therapist observes and assesses material presented by client(s) in movement using a standard movement assessment tool such as LMA. Integrate movement assessment with mental status, mood, and abilities & limitations of client(s).
- Movement Interventions and Rationales - Demonstrate perception of movement cues and reflection back to client(s) dynamically developing movement to lead to fuller expression. Explain logically and clearly what is observed, what is responded to and why in client(s) movement. Explain what movement intervention is made and why. Describe thematic material and how it reflects intrapsychic issues.
- Strengths and Weaknesses - Demonstrate ability to self reflect to describe areas of comfort and those that require more study or development. State specific personal issues that support and interfere with ability to provide therapeutic intervention. At least 2 strengths and 2 weaknesses stated.

VI. LETTERS OF RECOMMENDATION

Please list the names and addresses of three (3) mental health professionals who have agreed to write letters of recommendation for you. Of these, one (1) must be a BC-DMT supervisor who has recently seen (within the last two years) your work, one (1) must be a current clinical supervisor, and one (1) must be from someone other than a BC-DMT. Please have each person make 3 copies of the letter and return them with the original to you in a sealed envelope which has been signed across the seal.

1. BC-DMT Supervisor who has recently seen your work

Name			
Title			
Address			
City & State		Zip	

2. Current clinical supervisor from any discipline

Name			
Title			
Address			
City & State		Zip	

3. Another mental health professional

Name			
Title			
Address			
City & State		Zip	

VII. BC-DMT Supervision

Please list the name(s) of the BC-DMT(s) who have provided you the required 48 hours of dance/movement therapy supervision. Add an extra sheet if necessary. A minimum of 24 hours of supervision must be with the same supervisor. A minimum of 24 hours of supervision must be individual one-to-one supervision. All 48 hours must be verified by the BC-DMT supervisor. Each supervisor must fill out the Supervision Verification Form, make 3 copies, and return original and copies to you in a sealed envelope which has been signed across the seal. Submit them with your completed application.

Name			
BC-DMT #			
Address			
City		State	
Country		Zip Code	
Telephone: Home		Work	

BREAKDOWN OF FORMS OF SUPERVISION		
DATES	From:	To:

Individual, One-to-One Supervision

In-person (min 24 hours)	[] hours
on-site, in session	[] hours
on-site, post-session	[] hours
off-site	[] hours
Videotape	[] hours
Audiotape	[] hours
Mail & Fax	[] hours
Telephone	[] hours
E-mail	[] hours
Online	[] hours
TOTAL 1:1	[] hours

Group Supervision

In-person (max 24 hours)	[] hours
on-site, in session	[] hours
on-site, post-session	[] hours
off-site	[] hours
Videotape	[] hours
Telephone Conference	[] hours
Online	[] hours
TOTAL Group	[] hours

GRAND TOTAL SUPERVISION: [] hours

VIII. PLEASE ANSWER THE FOLLOWING QUESTIONS – attach any necessary explanations on a separate sheet to this application form.

- 1. Has any claim or suit for alleged violations of the ADTA Code of Ethical Practice ever been brought against you?
NO YES If yes, please explain.
- 2. Have you ever been subject to disciplinary action?
NO YES If yes, please explain.
- 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 If yes, please explain.
- 4. Do you agree to inform the DMTCB if any if the above occur during the time that your application is being evaluated?
YES NO

THE FOLLOWING IS TO BE SIGNED UNDER OATH

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 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.

Applicant’s Signature

Subscribed to and sworn before me this _____ day of _____ 19 _____

Notary Public’s Signature

My commission expires: _____

\$200.00 non-refundable application fee enclosed

Check here if you have previously applied for the BC-DMT
If so, please give date(s)

BC-DMT Application Checklist **Applicant:** _____

THE FOLLOWING REQUIREMENTS MUST BE MET IN ORDER FOR YOUR APPLICATION TO BE REVIEWED BY THE DMTCB. APPLICATIONS IN WHICH CRITERIA IS NOT MET WILL BE REJECTED.

Requirement	Applicant Check-off	For Office Use Only
Deadline:	January 15th	
Application completed		
One original application and supporting documents		
Three additional copies of application and supporting documents		
Notarized application		
Typed application (in English)		
\$200.00 non-refundable application fee		
Is Application a Resubmission? If so, state elements to be reviewed:		
R-DMT active for two years prior to submission, continuing education requirement met if more than 5 years		
3640 paid clinical hours		
48 hours of clinical supervision by a BC-DMT		
All support materials present: 1. Employment Verification (for each employment site) 2. Supervision Verification (for each BC-DMT supervisor) 3. Evaluation & Documentation Form (for each BC-DMT supervisor) 4. Three Letters of Recommendation		
Theoretical Framework and Single Session Analysis Essays typed in 12 pt. font, double-spaced, each no more than 4 pages (cover page and references page not counted in page totals) – one original & three copies (4 total)		

FOR OFFICE USE ONLY:

Application#: _____

Notification of missing materials sent: _____ Received: _____

DATE

DATE