

# **DMTCB**

**DANCE/MOVEMENT THERAPY CERTIFICATION BOARD, INC.  
10632 Little Patuxent Parkway, Suite 108, Columbia, MD 21044**

## PAID EMPLOYMENT VERIFICATION FORM (PEVF)

Applicant Name:

The individual named above has applied to the Dance/Movement Therapy Certification Board for Board Certified Dance/Movement Therapist (BC-DMT). We require verification of paid dance therapy employment of applicants. You have been listed as a previous/current employer.. Please complete all items requested. After completing this form, sign, scan and e-mail it to; [dmtcb@adta.org](mailto:dmtcb@adta.org). Put “PEVF-*applicant's name*” in the subject heading.

Forms **must** be received by **January 15th**

Duration of employment: From:

To:

Total number of paid weeks:

Number of paid hours/week

Total number of weeks X number of hours/week:

Place of Employment:

Department or Site where employed:

Job title:

Briefly describe employee’s major functions and/or send a copy of their job description. Please include duties not related to dance therapy as well.

Name:

Title:

Signature:

Date:

Note: if paid hours per week vary over the time of employment at the same job, the DMTCB will request a letter of explanation.