

## **DMTCB**

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

Dear BC-DMT Supervisor:

Please complete the enclosed Supervision Verification and Evaluation and Documentation Form (E&D) forms to describe your overall assessment of:

The applicant has e-mailed this request directly to you. If the applicant has given your name as a reference, a request for a letter of recommendation will also be e-mailed to you.

After completing and signing these forms, please do the following:

- Scan and send all documents directly to: [dmtcb@adta.org](mailto:dmtcb@adta.org)
- Put “**E&D- name of Applicant** “ in the subject line of your e-mail
- Attach the Letter of Recommendation (If you have been asked by the applicant to write one).
- All documents must be received by the DMTCB by January 15<sup>th</sup> of the year in which this application is being filed.

We realize all this paperwork takes time and thank you for all that you have given and continue to give. Your mentoring helps to ensure the future growth and development of our field.

Dance/Movement Therapy Certification Board

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## **BC-DMT Supervision Verification Form**

\_\_\_\_\_ has applied to the Dance/Movement Therapy Certification Board for Board Certified Dance/Movement Therapist. We require verification of BC-DMT supervision. The above applicant has listed your name as having provided supervision. Please verify the form(s) of supervision and hours you have supervised the above-mentioned individual.

### **Documentation of Supervision**

I supervised the above applicant from:  to:

#### **Individual, One-to-One Supervision**

Observed, in session  hours  
On-site, post-session  hours  
Off-site  hours  
Videotape  hours  
Telephone  hours  
E-mail  hours  
Online(Skype)  hours

TOTAL: Individual  
(Minimum 24 hours with one supervisor)  hours

#### **Group Supervision**

Observed, in session  hours  
On-site, post-session  hours  
Off-site  hours  
Videotape  hours  
Telephone Conference  hours  
E-mail  hours  
Online(Skype)  hours

TOTAL: Group  
(Maximum 24 hours with one supervisor)  hours

Name:

Signature \_\_\_\_\_

## Evaluation and Documentation for BC-DMTs Supervising R-DMTs

Please use the following rating system to guide your supervision; your assessment of the applicant's clinical skills is of the utmost importance. *If you are supervising the R-DMT by telephone, mail, or electronic means, remember the importance of maintaining confidentiality. Do not use names or other identifying characteristics when discussing clients. X the box for the number that you choose. 1 being **Unsatisfactory** and 5 being **Excellent** for each item below.*

Applicant's Name:

SKILL/KNOWLEDGE	1	2	3	4	5
Theoretical knowledge of dance/movement therapy					
Ability to lead groups					
Ability to lead individual sessions					
Ability to articulate goals as they relate to the therapeutic process					
Ability to integrate theoretical knowledge with therapeutic interventions					
Ability to process material that emerges from movement work					
Ability to relate to patients					
Ability to communicate dance/movement therapy issues with other mental health professionals					
Professionalism and understanding of clinical role					
Ability to document work					
Responsiveness to supervision					
Self-awareness and conscious ability to attend appropriately to his/her own issues					
Overall dance/movement therapy skills					
Applies knowledge quickly to make sound decisions on the job in the moment					

**Total Score (add ratings for each item):**

Supervisors Name (Printed):

Date:

Supervisors Signature: