



Application for ADTA Approval of Dance/Movement Therapy Master's Program

The ADTA Committee on Approval (COA) assesses graduate dance/movement therapy master's programs in terms of objective standards detailed in the [ADTA Standards for Education and Clinical Training](#). For questions on the application process, please contact the Chair of the ADTA Committee on Approval at approval@adta.org or visit the ADTA webpage at www.adta.org.

Completion of Application Materials

1. Payment of the application fee to the ADTA National Office via the website management system must be made prior to submitting the application and report for review. For accurate financial tracking, programs must log in using their Institutional Member log in. Please contact the office at the number below if you need assistance using the Institutional Member account.

Candidacy: \$1250 USD (accepted on a rolling basis with a deadline

Initial 3-year approval: \$750 USD (Due by December 15th)

6-year approval: \$1000 USD (Due by December 15th)

Additional reports: Institutions that are required to submit more than one report will pay the full price for the first report and 50% of the fee for each additional report.

Programs that deliver more than 40% of their requirements through distance learning formats (multi-format, blended, hybrid) must be designated as such in institutional and program materials and must submit separate reports even if housed in the same academic institution.

2. Complete and submit this Approval Application Form (below).

3. Complete and submit the Self-Study Report and accompanying documentation. Guidelines for completing the Self-Study can be found on the ADTA website or from the Chair of the Committee on Approval at approval@adta.org. Please note that distance learning programs, which are defined as programs which deliver more than 40% of their courses through distance learning formats, must submit distinct annual reports, 3- and 6-year reviews, even if housed within the same academic institution.

This ADTA Application for Approval and the Self-study report must be submitted via direct upload to a secure ADTA Dropbox. Detailed instructions can be found on the *ADTA Approved Program Guidelines for Self-Study Preparation*.

Date:

Name of College or University:

Mailing Address:

Phone #:

Contact Person Name:

Contact Person Email Address:

Signature Sheet

Enclosed is our application for approval. We have completed the application in keeping with your instructions and agree to be bound by the [ADTA Standards for Education and Clinical Training](#).

President _____
Signature Date

Print Name

Academic
Dean/Provost _____
Signature Date

Print Name

Department
Chairperson
(If applicable) _____
Signature Date

Print Name

Program
Director _____
Signature Date

Print Name

Name of Institution:

Section I-A: Approved Master’s Programs Input Based Standards

1. Institutional Standards

(1.1) Is your institution accredited for a Master’s program by a regional accredited association? Yes No

Name of regional association:

Date of most recent college accreditation:

2. Program Outcome Standards

(2.1) Degree awarded as it appears on diploma:

In which college, department, and/or division is the program listed?

Credit system: Semester Quarter Trimester

Delivery Systems:

% of courses that are fully face-to-face:

% of courses that are hybrid:

% of courses that are fully online:

(2.2) Link to institution’s course catalog (or equivalent) to verify that course descriptions and the specific degree are listed:

(2.3) Course Sequence: Submit a Plan of Study in the appendices. The Plan of Study must include the delivery system for each course (face-to-face, hybrid, online, etc.).

3. Faculty and Supervisor Standards

(3.1.) Name of DMT Program Director:

Full time? BC-DMT?

(3.2) Primary responsibility to the DMT program?

Are students provided a copy of the ADTA Code of Ethics within the program, and if so, when?

Yes No When?

ADTA APPROVAL APPLICATION

Are students provided information on credentialing through the Dance Movement Therapy Certification Board (DMT-CB), and if so, when? [Click or tap here to enter text.](#)

Demographics

How many people ***applied*** (completed the application process each year) for the past three (3) years?

Last year _____ Prior Year _____ Preceding Year _____

How many applicants were ***accepted*** each year for the past three (3) years?

Last year _____ Prior Year _____ Preceding Year _____

How many students ***matriculated*** each academic year for the past three (3) years?

Last year _____ Prior Year _____ Preceding Year _____

How many students ***received the degree*** each year for the past three calendar years?

Last year _____ Prior Year _____ Preceding Year _____

Policies and Protection

In accordance with state and federal laws, this institution employs policies and procedures that protect student privacy and notifies students of costs associated with verification of student identity at the time of registration. ___ Yes ___ No

Has any claim or suit for alleged violations of the ADTA Code of Ethical Practice ever been brought against any member of the program's faculty or administration? If yes, please explain on a separate sheet of paper. *

No _____ Yes _____

Has any member of the program's faculty or administration ever been subject to disciplinary action? If yes, please explain on a separate sheet of paper. *

No _____ Yes _____

*If this is an application for re-approval, questions 9 and 10 apply only to the period of time since the last approval was granted.

Approved, May 1977
ADTA Board of Directors
Revised, April 1987
Revised, April 1991
Revised, January, 1997
Revised, April 2024