

North American Drama Therapy Association

230 Washington Avenue Extension, Suite 101
Albany, NY 12203

Phone: 888.416.7167
Fax: 518.463.8656
Email: office@nadta.org

APPLICATION
Registered Drama Therapist

RDT RECOMMENDATION FORM
Part One

The applicant listed below has applied to the North American Drama Therapy Association for registration as a drama therapist. You have been identified as a reference. To help us understand the nature of the applicant's training and job responsibilities, please respond, as fully as you can, to the following questions. Please be sure the information is legible: typewritten responses are preferred.

RDT application deadlines are March 15 and August 15 of each year. Email completed form to office@nadta.org.

Thank you!

The NADTA Registry Committee

TO BE COMPLETED BY APPLICANT

APPLICANT'S NAME			
ADDRESS			
CITY	STATE	COUNTRY	ZIPCODE
HOME PHONE	FAX	EMAIL	
PERIOD OF TRAINING / WORK WITH APPLICANT			

TO BE COMPLETED BY REFERENCE

REFERENCE' NAME AND CREDENTIALS	TITLE		
AGENCY / SCHOOL / INSTITUTE			
ADDRESS			
CITY	STATE	COUNTRY	ZIPCODE
WORK PHONE	FAX	EMAIL	
PERIOD OF TRAINING / WORK WITH APPLICANT			

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Part Two

1. Please describe as completely as possible the nature of the training/work completed by the applicant with you:

2. Please comment on the applicant's competencies in the area of drama therapy, including strengths, weaknesses, and evidence of theoretical orientation as it informs clinical judgment, ability to communicate with other staff and ability to perform assigned duties.

3. Do you recommend this applicant for RDT status? Yes No With reservations (please specify)

Signature (not needed if email from professional email account)

Date

Printed Name