

Januar 2021

Accreditation as supervisor BTD

Evidence of dance therapy supervision sessions conducted for which the applicant has been continuously supervised

Dance therapist (name of the applicant)

Dates of supervision sessions conducted (at least 11 hrs)

Number of conducted supervision units:

Group_____Individual_____

ambulant or clinical:_____

Issues treated within the applicant's supervision

This is to certify that supervisions were conducted as stated above:

Place and Date:_____

Signature of applicant:_____

This is to certify that a.m. supervisions were supervised

Place and Date_____

Signature of supervisor:_____

A document verifying the qualification of the supervisor is enclosed with this confirmation!