

## PROFESSIONAL EXPERIENCE HOURS

**PROFESSIONAL EXPERIENCE AS A DRAMA THERAPIST:** 1,500 hours of professional experience as a drama therapist is required to become a Registered Drama Therapist. You may start to accrue these 1,500 hours before you graduate from your M.A. program in drama therapy, or before you complete all the requirements of Alternative Training if you have completed all your core coursework and your internship is complete. **Professional hours are NOT an extension of internship hours.** They are hours accrued in a professional capacity in a paid setting. You MUST wait one year after your M.A. degree is completed to apply for your RDT. (If you graduated in May or June the year before you can apply for registry for the next year's March 15th deadline.) If you already had your M.A. before beginning alternative training, you do not need to wait one year if all other requirements have been met.

Professional Experience Hours can be accrued in the following ways:

- A minimum of 1000 and up to 1500 professional experience hours in a setting working as a paid drama therapist. Hours must be supervised by a Registered Drama Therapist, credentialed creative arts therapist or a credentialed master's-level mental health or special education professional. You must have one hour of supervision for every 10 hours of client contact time. **At least 50% of your minimum 1000 hours will be direct client contact hours** (see internship section for definition of "direct client contact"). If you have more than one (1) work site, please copy this page and fill out a separate form for each site \*Note: If you have acquired experience in a position that was unpaid, please attach a letter from a representative of the agency to document that:
  - 1) explains that the position was recognized by the agency as professional and
  - 2) provides a brief narrative justification for non-paid status.
- Up to 500 hours of advanced clinical training. This may consist of conference hours, classes, or workshops outside of the AT contract or all NADTA approved graduate program required coursework. **Certificates of completion must be attached.** You may begin to accrue professional advanced clinical training hours after you have begun your education in an NADTA approved program or Alternative Training, as long as the training is not part of your academic program or AT training.
- Up to 100 hours of personal psychotherapy and/or creative arts therapy within the last five years.
- Up to 100 hours from participation in Playback Theater Participation in a Playback Theatre troupe can be used towards these hours, provided supervision includes how Playback Theatre can be used or is being used in a drama therapy context.

APPLICANT'S NAME			APPLICANT'S EMAIL		
AGENCY / INSTITUTION			PHONE		
ADDRESS			FAX		
CITY		STATE	ZIP	EMAIL	
DATES OF PAID EXPERIENCE		TOTAL INDIRECT CLIENT HOURS		TOTAL SUPERVISION HOURS (1 hour supervision per 10 hours of client contact)	
MONTH	TO	MONTH	TOTAL DIRECT CLIENT HOURS	TOTAL WORK HOURS (Only 40 hours per week may be counted.)	
YEAR		YEAR			
SUPERVISOR NAME & DEGREE/CREDENTIAL			PHONE		
ADDRESS			FAX		
CITY		STATE	ZIP	EMAIL	
NATURE OF SERVICE PROVIDED BY AGENCY/INSTITUTION			POPULATION (S) SERVED		

## SUPERVISOR ACKNOWLEDGEMENT

I verify that the hours and supervision hours stated above are accurate.

\_\_\_\_\_  
SUPERVISOR SIGNATURE

\_\_\_\_\_  
DATE

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### ADVANCED CLINICAL TRAINING

Up to 500 hours of training in drama therapy or fields related to drama therapy may count towards the required 1,500 professional experience hours. This may include participation in conferences, workshops, Postdoctoral programs, and classes not taken as part of the AT contract or Graduate program. Please submit, along with this form, a certificate of completion for each advanced clinical training or letter describing training (this may include a syllabus for classes taken).

(If you have completed two (2) or more trainings, please copy this page and fill out a separate form for each.)

TYPE OF TRAINING					
NAME OF AGENCY / INSTITUTION				PHONE	
ADDRESS				FAX	
CITY		STATE	ZIP	EMAIL	
DATES OF TRAINING		TOTAL HOURS CLAIMED AT THIS SITE		POPULATION(S) SERVED (IF APPLICABLE)	
MONTH	TO	MONTH			
YEAR		YEAR	HOURS PER WEEK	WEEKS PER YEAR	
SUPERVISOR NAME & DEGREE/CREDENTIAL				PHONE	
ADDRESS				FAX	
CITY		STATE	ZIP	EMAIL	
WORKED PERFORMED AND/OR TRAINING RECEIVED			NATURE OF SERVICE PROVIDED BY AGENCY/INSTITUTION		