



REQUEST FOR PROFESSIONAL EXAMINATION FORM

Ballet Division

Please submit only one request per form and include the required examination fee.

Name _____ Age (if under 21) _____

Address _____ Postal Code _____

Phone no. Bus. _____ Home _____ Cell _____ Email _____

Examination Level: Affiliate (Student Teacher) _____ Associate _____ Member _____

Number of years teaching experience _____

Certificates of present qualifications. (certified - please give dates)

Other related qualifications:

Name of Dance Teachers you have trained under or courses taken in the last few years.

Signature of Applicant _____ Date _____

CDTA Exam Secretary
Kelly Close
1432 Gabriola Drive
Coquitlam BC
V3F 2B7