

**CANADIAN DANCE TEACHERS ASSOCIATION**  
**L'ASSOCIATION CANADIENNE DES PROFESSEURS DE DANSE**



**REQUEST FOR PROFESSIONAL EXAMINATION FORM**  
**Multicultural Division**

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

Name \_\_\_\_\_ Age (if under 18) \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone no. Bus. \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Examination Level: Student Teacher \_\_\_\_\_ Associate \_\_\_\_\_ Licentiate \_\_\_\_\_ Fellow \_\_\_\_\_

Number of years teaching experience \_\_\_\_\_

Please specify Multicultural Exam in: Country \_\_\_\_\_ and Dance Discipline \_\_\_\_\_

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

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Other related qualifications:

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

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**Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please send to:**

**Marie Jones, Exam Secretary**  
**Multicultural Division**  
**P.O. box 31547**  
**Pitt meadows, B.C. V3Y 2G7**