



Certified Teacher Examination Application

Membership Status for which you are applying:

Active

CST

**** Applications must be RECEIVED by October 8, 2021 ****

PERSONAL INFORMATION

Applicant Name _____ Gender: M F

_____ Date of Birth _____
Month/Day/Year

Home Address _____
Street *Apt.*

_____ *City* *State* *Zip*

Home Phone (____) _____ Cell Phone (____) _____

Email Address _____

STUDIO INFORMATION

Name of Studio _____

What is your association with this studio? Studio Owner How long? _____

Teacher Assistant Teacher Student

Studio Address _____
Street *Apt.*

_____ *City* *State* *Zip*

Studio Phone (____) _____

REFERENCES

SADM Member recommending you for application: _____
Printed Name

Signature *Date*

If not applying through SADM member sponsorship, please provide **TWO** professional references (i.e., teacher, studio owner, colleague, or other dance professional.) *Students or parents are not eligible as references.* **Please attach letters of reference from each dance professional.**

<i>Name of Reference</i>	<i>Association to Applicant</i>	<i>Reference Email</i>	<i>Reference Phone</i>

