

Teacher Approval Application
Biodynamic Craniosacral Therapy Association of North America
(Please Type Application)

Name

Address:

Phone:

Email:

Please Attach Photograph (passport photo okay) - at least 2.5 x 3.5

RESUME

Please attach this document to the teacher application. Please include the following sections, listing information chronologically, with most recent first, in the following format:

1. Formal and Continuing Education Received (please go back to high school)
 - o School Degree or Certification Subject Matter Dates
2. Professional Career Experience
3. Teaching Experience in Any Professional Field
4. List Publications and Presentations to Professional Audiences

Documentation of Craniosacral Therapy Clinical Practice following Graduation (at least 3 years)

_____ Date started practice

_____ Number of years in practice

_____ Full vs part-time

_____ Average number of sessions per week

_____ Total number of sessions completed (estimate)

Types of clients:

Practice philosophy:

Documentation of Teaching Assistantship Experience (2-3 years)

Location of program:

Dates of program:

Primary teacher or co-teachers:

Your primary mentor/supervisor:

_____ Total number of modules in this training

_____ Number of modules you assisted in this training

_____ Hours of class attended

_____ Hours of attendance at teaching team meetings

_____ Number of modules you reviewed student homework

_____ Number of modules you (co)facilitated small tutorial groups

_____ Number of modules you participated in student feedback sessions

Documentation of Teacher Trainee Experience (2-3 years)

Location of program:

Dates of program:

Primary teacher or co-teachers:

Your mentor/supervisor:

_____ Total number of modules in this training

_____ Number of modules you assisted in this training

_____ Hours of class attended

_____ Hours of attendance at teaching team meetings

_____ Number of modules you reviewed student homework

_____ Number of modules you (co)facilitated small tutorial groups

_____ Number of modules you participated in student feedback sessions

_____ Number of modules you participated in curriculum development

_____ Number of modules you did mentor supervised teaching with formal feedback. Applicants must present at least seven (7) curriculum presentations during class. Please list presentations here, and in which modules they were taught. (Please attach list, if more room is needed)

Documentation of Approved Mentorship

Name of BCTA/NA approved teacher who served as your mentor:

Number of times mentor has observed you teaching:

_____ I have asked my mentor to submit a letter of recommendation

Skills Self-Evaluation Form

_____ I have included my completed skills self- evaluation form with this application.

Student Evaluation Forms

_____ I have included the class roster with class location and equal number of student evaluation forms with this application. These forms were completed by all students under my teaching. (If a student did not wish to fill out a form, that must be noted on the submitted roster.) The number of forms submitted must equal the total number of students in the class. Students are not required to put their names on the evaluation form and these forms do remain confidential.

Compliance

In applying to be a BCTA/NA approved teacher, I agree that I have thoroughly studied the following, and will fully comply with the:

- BCTA/NA Standards of Practitioner Competencies
- BCTA/NA Code of Ethics
- BCTA/NA Guidelines for Education

I understand that BCTA/NA has no obligation to recognize me as an approved teacher.

Signature _____ Date of Submission _____

Application Submission Process

The teacher application, all supporting documentation and the \$100 non-refundable application fee (memo notation: '**New Teacher application fee**') are to be sent to Pam Hower, at our Administration Office:

BCTA/NA
115 Williamston Ridge Drive
Youngsville, NC 27596

_____ Please check here if the \$100 application processing fee will be paid online through the teacher criteria and approval page

Please direct questions to Pam at 239-206-6078 or BCTA@adminetcetera.com

Please Note: **The committee may take up to 45 days after all required documents have been received, to process the application and send their recommendation to the BCTA/NA Board of Directors. The Board will vote on applications during the next scheduled monthly board meeting. The BCTA/NA Administrator will expediently notify the applicant of the results.**