



Certified Teacher Examination Application

Membership Status for which you are applying:

- Active CST

**** Applications must be RECEIVED by November 1, 2024 ****

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>

SADM Examination Application

EXAMINATION INFORMATION

Membership Status for which you are applying: Active CST

Examinations to be taken:

Ballet Jazz Tap Acrobatics **

*** Please note: Acrobatics test must be taken with another genre for certified membership.*

Payment for Application/Examination will be made by:

Online through DanceBug registration (\$30 Active; \$40 CST)
 Check included (made payable to SADM)

I hereby apply for membership in the Southern Association of Dance Masters. In doing so, I affirm that I have not violated any SADM codes of ethics in the past, and I pledge to uphold said code in the future. I attest that the information contained in this application is correct and complete to the best of my knowledge. I am aware that the failure to complete this application, intentional omissions, or misstatements may result in refusal of acceptance into membership or dismissal. This authorization and consent for release of personal information acknowledges that SADM may now, or at any time, conduct investigations related to possible ethics violations. I understand that these searches and reference verifications will be used to determine adherence to the SADM bylaws, policies, and code of ethics. Therefore, I authorize and consent for full release of records to the authorized representatives of SADM. In addition, I release and discharge SADM and its agents and associates to the full extent permitted by law from any claims, damages, losses, liabilities, expenses or any other charges or complaints filed with any agency arising from retrieving and reporting this information. I release all such references from liability for furnishing such evaluations, provided they do so in good faith and without malice. I waive any right I may have to inspect references and information provided on my behalf.

Applicant's Signature: _____ Date: _____

To guarantee your opportunity to test at the convention, please mail your application to be received before the deadline. Please check the convention schedule for available examination sessions. Payment MUST be received before the exam session. Please indicate your payment method above.

Mail Application (and payment, if required) to:

Rosemary Turner
SADM Chief Examiner
2985 Feathers Chapel Drive
Somerville, TN 38068
404-644-6795
2ndvicepresident@sadm.org

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