



*The Center for Movement Education and Research presents*

## **"KMP - Movement Observation/Assessment Course"**

### **Course Enrollment Form**

Kestenberg Movement Profile (KMP) is a unique study of non-verbal behavior that looks at the rhythms and shape forms in human movement to understand human development, communication and learning styles. This work is one of the most comprehensive movement assessment tools developed by Dr. Judith Kestenberg.

This course meets the qualifications for 20 hours of continuing education credit for MFTs and/or LCSWs as required by the California Board of Behavioral Science (Provider #3888)

**Instructor: Susan Loman, MA, ADTR, NCC**

#### **COURSE FEES, DEPOSITS, AND REFUND POLICY**

<b>Course Enrollment Fee</b> ( <i>before or on March 1, 2008</i> )	- \$400.00
<b>Course Enrollment Fee</b> ( <i>after March 1, 2008</i> )	- \$500.00
<b>CEU Enrollment Fee</b>	- \$350.00

**NOTE: A \$200.00 deposit must be received to hold your space in this course.**

This nonrefundable deposit is due at the time your application is submitted. Deposits not used for a given course may be applied to other CMER courses, but are not refunded for lack of attendance. If a course is cancelled, your deposit will be returned.

Final payment is due two weeks before the course begins unless you have made special arrangements with CMER. Once you have paid the fee in full, you will receive copies of the syllabus and reading materials to help you prepare for the course. Selected texts will also need to be purchased to be used for interim assignments, papers and reading assignments.

Please make your deposit check payable to **CMER** and sign below to confirm that you have enclosed this check with your application submission.

Applicant signature \_\_\_\_\_ Date: \_\_\_\_\_

To complete your application, complete both pages of this form in its entirety and return with a check made payable to **C.M.E.R.** to the following address:

**C.M.E.R.**  
**Judy Gantz / Director**  
**P.O. Box 2001 • Sebastopol, CA 95473**

Questions? Call: (310) 477-9535 or e-mail: [judy@movement-education.org](mailto:judy@movement-education.org)

Board of Behavioral Sciences CE Provider #3888



**C.M.E.R.**  
**"Alternate Route Training Courses In Dance/Movement Therapy"**  
**Application Form (cont.)**

**1. Contact and Academic Information**

*Please type or print all information in a legible manner in the required spaces shown below*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

BA Degree: \_\_\_\_\_ School: \_\_\_\_\_

MA Degree/Study: \_\_\_\_\_ School: \_\_\_\_\_

**2. Background Information**

*Please complete the following background information*

What is your background in dance and dance/movement therapy?

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Do you have any previous clinical experience?  Yes  No

If yes, please describe. \_\_\_\_\_

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