

Application Deadline: May 1

The Learning Therapist Certificate Program is open to individuals who hold a Bachelor's or higher degree from an accredited university or college. The Graduate Record Examination (GRE) is not required for admission to the program.

Please mail completed application to: Southern Methodist University
(*Letters of recommendation should* Learning Therapy Program
also be sent to this address.) 5236 Tennyson Parkway, 4-108
Plano, TX 75024

Your application will be complete and eligible for review upon our receipt of the following required items:

1. Completed Application Form
2. \$75.00 Application Fee (checks payable to SMU)
3. Two letters of recommendation (To be mailed directly to the LTP office by recommenders.)
4. Official Transcripts in sealed envelopes (May also be mailed directly to the LTP office from your undergraduate university/college)
5. Personal Statement (Please refer to #12 on the application for additional information)

General Program Information

GOALS OF THE PROGRAM ARE:

- ▶ To provide an educational experience which meets a community need and enables candidates to become professional academic language therapists.
- ▶ To provide certificate candidates with the relevant theory and research, history, appropriate methodologies, curricular knowledge, and applied techniques (e.g. structured, sequential, multisensory, language-based learning strategists) to work with children and adults who have developmental dyslexia or related written-language disorders.

CANDIDATES FOR THE LTP CERTIFICATE:

- ▶ Have a baccalaureate degree from an accredited college or university.
- ▶ Are chosen on the basis of an application, a statement of professional goals, and the recommendations of at least two colleagues.

LENGTH OF THE PROGRAM:

- ▶ Minimum of two years. Students may extend their education up to four years.

CERTIFICATE REQUIREMENTS:

In addition to completing graduate courses designated for the LTP, students must also complete 700 clinical teaching hours (working with individuals and/or groups) and ten demonstration lessons in order to earn the Learning Therapist Certificate.

- ▶ Core Courses: Basic and advanced theory, methods and curriculum development, and professional development for working with dyslexic individuals or groups.
- ▶ Clinical Teaching: Professional guidelines, therapy observation, and practicum (which includes 700 clinical teaching hours)
- ▶ Electives: Chosen from seminars offered each semester

GRADUATES OF THE LEARNING THERAPIST CERTIFICATE PROGRAM :

- ▶ Are eligible, upon successful completion of a registration exam, to become members of the Academic Language Therapy Association
- ▶ Work as Academic Language Therapists with dyslexic students in a variety of settings and contexts-private and clinical as well as private and public schools
- ▶ Work as learning strategists teaching study and organization skills
- ▶ Serve as dyslexia representatives giving inservice programs, designing appropriate educational programs, and consulting about dyslexia issues for private and public school districts as well as other interested groups and individuals

**Learning Therapist Certificate Program
Application for Admission**

All responses must be printed or typed.

*Application Term: Summer 20*_____

Have you ever applied for admission to S.M.U? Yes_____ No_____ If yes, please provide the year and term:_____

Please indicate the level for which you are applying: LTP Therapy Level_____ QI/Qualified Instructor for Therapy Level_____

Location: SMU-in-Plano, TX_____ San Antonio, TX_____ Shreveport, LA_____ Rio Grande Valley_____

Social Security Number:_____ / _____ / _____ *If you have previously attended SMU, you may provide your 8-digit SMU ID number instead of SS#.*

1. Full Name:_____

Last	First	Middle
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Any other name under which documents may be sent to us or filed

2. Home Address:_____

Street and Number	Apt.	City	State	Zip
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3. Business Address:_____

Street and Number	Apt.	City	State	Zip
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Employer:_____

Company/School Name	Position/Grade Level(s)
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4. Telephone: Home () _____ Office () _____ Mobile () _____

5. Email:_____

6. PERSONAL IDENTIFICATION: Please complete all information

Date of Birth: ___ / ___ / ___ Place of Birth: _____ Gender: Male _____ Female _____

MM / DD / YY City, State and Country

Religious Affiliation: _____ Marital Status: Married _____ Single _____

Citizenship (country): _____

*For Non U.S. Citizen Only: If you are a Permanent Resident, please provide your alien card identification A _____
If you are a Non-Immigrant, please state your visa status: _____

Prominent Ethnic Background: Providing this information is voluntary. The information you choose to provide will be used in a nondiscriminatory manner, consistent with applicable civil rights laws, solely for required reporting under federal and/or state laws.

Are you of Hispanic origin? Yes No

Do you identify with one or more of the following?

(01) Non resident Alien

(02) Race & Ethnicity unknown

(03) Hispanic of any race

For non-Hispanics only:

(04) American Indian or Alaska Native

(05) Asian

(06) Black or African-American

(07) Native Hawaiian or other Pacific Islander

(08) White

(09) Two or more races

7. List in chronological order all colleges and universities attended (attach separate sheet if additional space is required):

Name of Institution	Location	Date of Attendance	Major	Degrees Awarded/Date (MM/YY)
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_____	_____	_____	_____
_____	_____	_____	_____

8. If you have ever been dismissed or suspended from, or denied readmission to any school, please state particulars:

9. Do you hold a Teaching Certificate? Yes _____ No* _____

If yes, what type? _____ What Level? _____ What State? _____

**Teacher Certification is not a requirement for admission. This information is used for program statistics only.*

10. Describe your work or professional experience: _____

11. Please select "yes" or "no" in response to the following questions.

For all "yes" responses, a statement of explanation must be submitted with application.

- A. Were you ever dismissed or placed on academic probation, or subject to disciplinary action at any college or university? Yes ___ No ___
- B. Have you ever been convicted of a criminal offense or are any criminal charges currently pending (other than non-alcohol related traffic violations)? Yes ___ No ___
- C. Have you ever been discharged or dismissed from the armed forces (other than honorable) or sentenced in a court-martial proceeding? Yes ___ No ___
- D. Have you ever attended a learning therapist program? (If transfer or visiting student, include a statement detailing you reasons for applying to SMU.) Yes ___ No ___
- E. Have you ever been enrolled in a graduate program you did not complete? Yes ___ No ___

12. Attach a personal statement. It should include experiences or influences that prompted your interest in the field of dyslexia, motivations for becoming an academic language therapist, and professional goals after certification as a language therapist. (Approximately 500 words)

13. I hereby state that all information provided on this form and in the attached materials is true and complete. I understand that any false statement may be cause for exclusion or expulsion from the program.

Signature _____ Date _____

Application Checklist:

1. ___ Official transcripts from all colleges/universities attended in original sealed envelopes
May also be sent directly to the LTP office from the school(s)
2. ___ \$75.00 nonrefundable application fee payable to SMU
3. ___ Personal Statement
4. ___ Two Letters of Recommendation (To be mailed directly to the LTP office by recommenders.)

Mail the completed application to:

**SMU, Learning Therapy Program
5236 Tennyson Parkway, 4-108
Plano, TX 75024**

**Learning Therapist Certificate Program
Recommendation Form**

TO THE APPLICANT: Please complete this section before giving it to your recommender.

Application for the Introductory Class of 20____.

Name: _____
Last First Middle

Address: _____
Street and Number Apt. City State Zip

Letters of recommendation are received and maintained in confidence. *If you are admitted and you enroll in the Learning Therapist Certificate Program, you may inspect your letters of recommendation upon request, unless you have signed the following statement of waiver:*

“I understand that letters of recommendation are submitted as part of the selection criteria for admission the the Learning Therapist Certificate Program and I hereby expressly and voluntarily waive any and all access rights I might have to such recommendations under the Federal Family Educational Rights and Privacy Act (FERPA), any state law, or any other laws, regulations or policies.”

Applicant signature of voluntary waiver: _____ Date: _____

TO THE RECOMMENDER: The student named above is applying for graduate admission to the Learning Therapist Certificate Program at Southern Methodist University. The program is designed for individuals who are interested in working with children or adults who have written-language learning disabilities.

Your recommendation should include distinguishing intellectual and personal traits, as well as special talents of the applicant. Statements will be kept confidential and be made available only to those officers directly concerned with admission to the program. If the applicant has not signed the waiver, you should nevertheless complete the recommendation. Applicants who are not admitted to the program are not permitted to view letters of recommendation regardless of waiver status.

We thank you sincerely for helping us to assess worthy candidates for our Learning Therapist Program. After completing the other side of this form, please return it directly to:

**Southern Methodist University
Learning Therapy Program
5236 Tennyson Parkway, 4-108
Plano, TX 75024**

A. KNOWLEDGE OF THE APPLICANT

- How long have you known the applicant? Years_____ Months_____
 - How well do you know the applicant? Casually_____ Well_____ Very Well_____
 - What is the nature of your contact with the applicant?
As a student _____ As a colleague_____ As an employee_____ As a supervisor_____
- Other (specify):_____

B. ABILITY OF THE APPLICANT

- What is the applicant's potential as a graduate student and Academic Language Therapist?
Please check the response you feel is most appropriate:

	Below Average	Average	Above Average	Good	Outstanding	Exceptional	Have not observed
Desire to learn							
Maturity							
Professional Conduct							
Empathy							
Persistence							
Ability to work with colleagues							
Ability to work with others							
Potential for success as a therapist							
Expressive Language Skills*							
Written Language Skills*							

- Is the applicant's scholastic record, as you know it, an accurate index of his/her scholastic potential?*
- Not familiar_____ Yes_____ No_____ If not, explain:_____

- Do you have any information related to character, temperament, or physical and mental health that should be considered by the Admissions Committee in planning the applicant's graduate studies?_____

**We are aware that many of our applicants have an interest in this field for personal reasons and may themselves have language differences. This information is in no way intended to screen out applicants but will give the Admissions Committee a more complete profile of the applicant.*

C. PERSONAL STATEMENT (Please attach a separate sheet if necessary)

Recommender:_____ Telephone: (H)_____

Address:_____

Professional Title:_____ Company/School Name:_____

Signature:_____ Date:_____

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