

OMEGA THEATER TRANSPERSONAL DRAMA THERAPY CERTIFICATE
PROGRAM

APPLICATION



Omega Theater
Saphira Linden, MA, RDT-BCT
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Note to Student: Please complete and mail this form with \$50 application fee and 2 letters of reference to:
Omega Theater, 41 Greenough Ave; Jamaica Plain, MA 02130.

I. TRAINEE INFORMATION

Name	Date of Birth
Home Address	Home Phone
City, State, Zip	Email
Company	Work Phone
Work Address	Email
City and State	Zip

It is my intention to complete requirements for Alternate Route Drama Therapy Certificate for Registered Drama Therapist through the Omega Theater Transpersonal Drama Therapy Program. I hereby affirm that all information in this application is accurate.

Signature of Trainee

Date

RDT-BCT Mentor: Saphira Linden, MA, RDT-BCT

Date