

Mississippi Dyslexia Therapy Association (MSDTA)



Download and save this file to your computer, open that file, fill out the application, print, and re-save.
Email the completed form as an attachment to info@msdta.org.
Please mail a printed copy of the form with the \$25 dues to the
MSDTA 120 S. George Petal, MS 39465.

Name (With Credentials): _____

Address: _____

Email: _____

Phone(Preferred 1st): _____

1. Are you currently a Licensed Dyslexia Therapist or a Therapist in Training? Training Institution?

2. Undergraduate Degree(s) and Institution(s):

3. Graduate Degree(s) and Institution(s):

4. List additional MDE Certifications:

5. Have you passed the CALT exam? Year?

6. In what county in Mississippi do you provide Dyslexia Therapy?

7. In what setting do you practice Dyslexia Therapy? Public or private school? Out client center?

8. Approximately how many hours per week do you provide DT in each setting?

9. Is providing DT the primary responsibility in your work? If not explain:

10. Why did you choose to pursue a graduate degree in Dyslexia Therapy?

11. What professional issues would you like to see addressed by the MSDT association?
