

INSTRUCTIONS FOR COMPLETING THE APPLICATION

Please print all information. Use blue or black ink only. Read instructions carefully.

- 1 Full Name** – Last: Print your last name on the line provided. If you use more than one last name, write it just as you want it used.
First: Print your first name on the line provided. Do not use nicknames or initials.
Middle: Print your middle name or middle initial on the line provided.
Note: Your name will appear on your certificate as presented on your application.
- 2 Birthdate** – Enter your birthdate in MM/DD/YY format. Use two digits for month, day and year (e.g. “04” for April, “68” for 1968). Age will be used for statistical purposes only.
- 3 Social Security Number** – Fill in your correct Social Security number for identification purposes.
- 4 Gender** – Will only be used for statistical purposes.
- 5 Work Telephone, Home/Cell and E-mail Address** – Include area codes and clearly write e-mail address.
- 6 Address** – Fill in a complete and accurate address. This is the address to which your confirmation of eligibility will be sent. BE SURE IT IS CORRECT.
Street: Fill in street address including any apartment or unit numbers.
City: Fill in name of city in mailing address.
State: Fill in name of state/province of mailing address.
Zip: Fill in zip code or postal code. Use nine-digit zip code if possible.
Country: Fill in country if other than United States.
- 7 Previous Examination Dates** – If you have previously taken the CBMT Examination, check yes and note the dates of each examination; month and year is adequate.
- 8 Recertification** – If you are taking the CBMT Examination to fulfill recertification requirements, check yes. Provide your Board Certification number and recertification cycle at the lower right of the application (Section 17).
- 9 Previous Board Certification** – If you have previously been Board Certified at any time and let that certification expire, or were not recertified for any reason, check yes and provide the full name used for initial Board Certification. Provide your former Board Certification number and your last recertification cycle at the lower right of the application (Section 17).
- 10 Testing Outside USA** – If you plan to test outside the USA, check yes. Provide your preference for the country and approximate date you would like to test.
- 11 Date Graduated** – Enter the date on which you graduated, anticipate graduating or completed your equivalency work. Use MM/DD/YY format as in Section 2.
- 12 Program Code** – Enter the four-digit code of the university program from which you received your degree or equivalency in music therapy. The codes are found with the list of programs in this handbook (page 17). Candidates applying for only state licensure, leave blank.
- 13 Highest Degree Completed** – Enter the two-digit code indicating the highest degree you have completed at the time of application. Enter only one code.
- 14 Experience in Music Therapy** – Enter the two-digit code indicating the amount of clinical experience you have at the time of application. Count only postgraduate, post-internship experience. Enter only one code.
- 15** Identify the population served during your internship.
- 16 Employer Name and Address** – Enter the name and address of your employer including your supervisor’s name. The CBMT will provide a letter for your employer when you pass the examination and become Board Certified. The CBMT will not notify any employer of a failing result.
- 17 Documentation for Verification of Eligibility Checklist** – Check the appropriate box/line indicating what documentation you are sending with the application or will be sending under separate cover. For specific instructions refer to the “Required Documentation for Verification of Eligibility” section on page 4.
- 18 Authorization** – This authorization must be read, signed and dated by you or the application will not be accepted.
- 19 Fees** – Enter the amount of fees applicable to you. Payment must be made in U.S. funds, payable to the CBMT by check, money order or credit card. Do not send cash. A Special Test Center fee amount will be provided upon request from the CBMT Office.



The Certification Board for Music Therapists

506 East Lancaster Avenue, Suite 102
 Downingtown, PA 19335
 (800) 765-CBMT (2268)
 (610) 269-8900
 Fax (610) 269-9232

APPLICATION

PLEASE PRINT ALL INFORMATION

1. FULL NAME: Last			First			Middle		
2. BIRTHDATE:			3. SOCIAL SECURITY #:			4. GENDER: <input type="checkbox"/> M <input type="checkbox"/> F		
5. WORK TELEPHONE:			HOME TELEPHONE:			E-MAIL ADDRESS:		
6. ADDRESS: Street								
City			State			Zip		Country
7. Have you previously taken the CBMT Examination for Board Certification? Recertifiers need not complete. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list all dates (MM/YY):								
8. Are you taking the CBMT Examination for recertification? <input type="checkbox"/> Yes <input type="checkbox"/> No				9. Have you previously been Board Certified by the CBMT at any time? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, under what name:				
10. Are you testing outside the USA? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Country:						Preferred test date:		
11. Date graduated with music therapy <input type="checkbox"/> degree (MM/DD/YY): <input type="checkbox"/> equivalency (MM/DD/YY):						12. Program Code		
13. Highest degree completed: _____ (01) Bachelor's degree (music therapy) (02) Bachelor's degree (other) (03) Master's degree (music therapy) (04) Master's degree (other) (05) Doctorate degree (music therapy) (06) Doctorate degree (other) (07) Other _____				14. Postgraduate clinical experience in music therapy: _____ (02) Less than 1 year (03) 1 year to 3 years (04) 4 years to 6 years (05) 7 years to 10 years (06) more than 10 years				
				15. Identify the population served during internship:				
16. Employer Name and Address: _____								
						Supervisor's Name:		
17. Documentation Required for Verification of Eligibility Checklist: Please refer to the Instructions for Completing the Application in the Candidate Handbook for detailed information.								
CANDIDATE				RECERTIFICATION				
1) Official Transcript <input type="checkbox"/> Enclosed <input type="checkbox"/> University sending				_____ Write CBMT Board Certification number here _____ Write CBMT Recertification cycle here				
2) Confirmation of Music Therapy Degree or Equivalency <input type="checkbox"/> Awarded on transcript <input type="checkbox"/> Program Director sending letter of verification				RE-ENTRY CANDIDATE				
3) Confirmation of Music Therapy Internship <input type="checkbox"/> Confirmed with grade on transcript <input type="checkbox"/> Clinical Training Director sending letter of verification				_____ Write former CBMT Board Certification number here _____ Write former CBMT Board Recertification cycle here (ex. 88-92) _____ Copy of CBMT certificate enclosed _____ Use CBMT records for verification (CBMT certificate is unobtainable)				
				STATE LICENSURE				
				<input type="checkbox"/> Copy of the state approval letter				

18. AUTHORIZATION

I certify that all information contained in my application for certification by the Certification Board for Music Therapists (CBMT) is true and accurate to the best of my knowledge. I authorize CBMT, Applied Measurement Professionals, Inc., their officers, directors, committee members, employees and agents (CBMT's designated parties) to review my application and examination to determine whether I have met the CBMT's standards for certification.

By signing this Authorization, I acknowledge that I have read and understand the CBMT's rules and standards. I understand and agree to the denial, revocation or any other limitation of my certification if any statement made on this application or hereafter supplied to the CBMT is false or inaccurate, or if I violate any of the rules or standards of the CBMT. I understand that I can be disqualified from taking, or continuing to sit for an examination, or from receiving examination scores if the CBMT determines through either proctor observation or statistical analysis that I was engaged in collaborative, disruptive or other prohibited behavior during the administration of the examination.

I agree to cooperate promptly and fully in any review of my certification by the CBMT, including submitting such documents and information as may be required in the sole discretion of the CBMT to confirm the information in this application. I authorize the CBMT and the CBMT's designated parties to communicate information relating to my certification status to any individual, employer or organization that requests this information. I further authorize and consent to the use of information from my application and examination for the purpose of statistical analysis, provided I am not personally identified in the information released.

I agree to indemnify and hold harmless the CBMT and the CBMT's designated parties for any action taken pursuant to the rules and standards of the CBMT with regard to my certification and this application.

I agree that if I am granted CBMT Board Certification or recertification, it will be my responsibility to remain in compliance with all CBMT certification standards and the CBMT Code of Professional Practice (included on pages 12-16). I understand it is my responsibility to maintain valid certification status by either taking and passing the examination during the fourth year of my certification cycle or demonstrating my successful completion of at least 100 recertification credits.

By signing, I acknowledge that I have read and understand this information, and agree to abide by these terms.

Candidate's Signature

Date

19. FEES – Fill in blank for all that apply.

Examination Fee for Board Certification – Examination Fee of \$175 and Processing Fee of \$45	\$220	\$ <input type="text"/>
Examination Fee for Current Certificants Recertifying – Examination Fee of \$55 and Processing Fee of \$45	\$100	\$ <input type="text"/>
International Test Center Fee, if applicable	\$55	\$ <input type="text"/>
TOTAL FEES enclosed in U.S. funds payable to CBMT		\$ <input type="text"/>

If payment is made by credit card, please complete the following:

VISA MasterCard

Credit Card Number

Expiration Date

Name as it Appears on the Card

Signature

Billing address of card if different than #6.

COMPLETION CHECKLIST

- _____ 1 Is application filled out completely including your signature and date?
- _____ 2 Is required documentation of eligibility enclosed or being sent under separate cover?
- _____ 3 Are appropriate fees payable to CBMT in U.S. funds or credit card information enclosed?

AMERICAN MUSIC THERAPY ASSOCIATION

APPROVED PROGRAMS

6000 University of Windsor, Windsor, Ontario, Canada
3301 University of Alabama, University, AL
0301 Arizona State University, Tempe, AZ
0502 University of the Pacific, Stockton, CA
0503 California State University-Northridge, Northridge, CA
0601 Colorado State University, Fort Collins, CO
0902 Howard University, Washington, DC
1001 Florida State University, Tallahassee, FL
1002 University of Miami, Coral Gables, FL
1101 Georgia College and State University, Milledgeville, GA
1102 University of Georgia, Athens, GA
1402 Illinois State University, Normal, IL
1403 Western Illinois University, Macomb, IL
1501 Indiana U-Purdue U at Fort Wayne, Fort Wayne, IN
1502 University of Evansville, Evansville, IN
1503 St. Mary-of-the-Woods College,
St. Mary-of-the-Woods, IN
1504 Indiana U-Perdue U-Indianapolis, Indianapolis, IN
1601 University of Iowa, Iowa City, IA
1602 Wartburg College, Waverly, IA
1701 University of Kansas, Lawrence, KS
1801 University of Louisville, Louisville, KY
1901 Loyola University, New Orleans, LA
0201 Anna Maria College, Paxton, MA
0202 Berklee College of Music, Boston, MA
0203 Lesley University, Cambridge, MA
2301 Eastern Michigan University, Ypsilanti, MI
2302 Michigan State University, East Lansing, MI
2304 Western Michigan University, Kalamazoo, MI
2401 Augsburg College, Minneapolis, MN
2403 University of Minnesota, Minneapolis, MN
2501 William Carey University, Hattiesburg, MS
2502 Mississippi University for Women, Columbus, MS
2601 Maryville University of St. Louis, St. Louis, MO
2602 University of Missouri-Kansas City, Kansas City, MO
2603 Drury University, Springfield, MO
3404 Appalachian State University, Boone, NC
3401 East Carolina University, Greenville, NC
3402 Queens University of Charlotte, Charlotte, NC
3501 University of North Dakota, Grand Forks, ND
3101 Montclair State University, Upper Montclair, NJ
0105 Molloy College, Rockville, NY
0101 Nazareth College, Rochester, NY
0104 New York University, New York, NY
0102 SUNY – Fredonia, Fredonia, NY
0103 SUNY – New Paltz, New Paltz, NY
3601 Baldwin-Wallace College, Berea, OH
3603 Cleveland State University, Cleveland, OH
3604 The College of Wooster, Wooster, OH
3607 Ohio University, Athens, OH
3608 University of Dayton, Dayton, OH

3702 Southwestern Oklahoma State University,
Weatherford, OK
3802 Marylhurst University, Marylhurst, OR
3903 Duquesne University, Pittsburgh, PA
3904 Elizabethtown College, Elizabethtown, PA
3910 Immaculata University, Immaculata, PA
3907 Marywood University, Scranton, PA
3912 Drexel University (Hahnemann), Philadelphia, PA
3908 Slippery Rock University, Slippery Rock, PA
3911 Temple University, Philadelphia, PA
4502 Seton Hill University, Greensburg, PA
4101 Charleston Southern University, Charleston, SC
4102 Converse College, Spartanburg, SC
4401 Sam Houston State University, Huntsville, TX
4402 Southern Methodist University, Dallas, TX
4403 Texas Woman's University, Denton, TX
4404 West Texas A&M University, Canyon, TX
4405 University of the Incarnate Word, San Antonio, TX
4501 Utah State University, Logan, UT
0001 Radford University, Radford, VA
0002 Shenandoah University, Winchester, VA
4601 Seattle Pacific University, Seattle, WA
5001 Alverno College, Milwaukee, WI
9999 Schools not listed

FORMERLY APPROVED PROGRAMS

0401 Henderson State University, Arkadelphia, AR
0501 California State University-Long Beach, Long Beach, CA
0504 Chapman University, Orange, CA
0602 Naropa University, Boulder, CO
0901 Catholic University of America, Washington, D. C.
1401 DePaul University, Chicago, IL
0220 Emmanuel College, Boston, MA
2101 Columbia Union College, Takoma Park, MD
2303 Wayne State University, Detroit, MI
2402 College of Saint Teresa, Winona, MN
2701 Eastern Montana College, Billings, MT
3201 Eastern New Mexico University, Portales, NM
3602 Case Western Reserve University, Cleveland, OH
3605 Oberlin College, Oberlin, OH
3606 College of Mt. St. Joseph on the Ohio,
Mt. St. Joseph, OH
3701 Phillips University, Enid, OK
3801 Willamette University, Salem, OR
3901 Combs College of Music, Philadelphia, PA
3902 College Misericordia, Dallas, PA
3906 Mansfield University, Mansfield, PA
4301 Tennessee Technological University, Cookeville, TN
5002 University of Wisconsin-Eau Claire, Eau Claire, WI
5003 University of Wisconsin-Milwaukee, Milwaukee, WI
5004 University of Wisconsin-Oshkosh, Oshkosh, WI