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Rev. 3/27/2012
SPONSORSHIP

The Certification Board for Music Therapists, Inc. (CBMT) was incorporated in 1983 to advance the profession of music therapy and assist the public in identifying qualified professionals by developing board certification and recertification programs for music therapists. The CBMT is an independent body that establishes policies, procedures and standards for board certification in music therapy. The CBMT board certification program is accredited by the National Commission for Certifying Agencies (NCCA). The CBMT is also a charter member of the Institute for Credentialing Excellence (ICE). Granting of the Board Certification credential to music therapists (MT-BC) recognizes professional competence in the knowledge and skills required for current practice.

All correspondence and requests for information concerning the CBMT Board Certification Examination should be directed to:

Certification Board for Music Therapists (CBMT)
506 E. Lancaster Avenue, Suite 102
Downingtown, PA 19335
(800) 765-CBMT (2268)
(610) 269-8900
Fax: (610) 269-9232
E-mail: info@cbmt.org
Web: www.cbmt.org

For questions regarding examination administration, contact:

Applied Measurement Professionals, Inc. (AMP)
18000 W. 105th Street
Olathe, KS 66061-7543
(913) 895-4600
Fax: (913) 895-4651
E-mail: info@goAMP.com
Web: www.goAMP.com
INTRODUCTION
The CBMT adheres to the guidelines established by the NCCA in the development and implementation of its board certification program. The purpose of board certification in music therapy is to assist the public by identifying standards for the professional practice of music therapy. The CBMT provides uniform and valid examinations to individuals to assist the public in its efforts to evaluate qualified music therapists.

The CBMT Board Certification program consists of a computerized multiple-choice examination developed by its examination committee, a committee of music therapists from diverse backgrounds, using the guidelines issued by the Equal Employment Opportunity Commission (EEOC), as well as the American Psychological Association’s (APA) standards for Educational and Psychological testing. Based on a national practice analysis of music therapy tasks, the examination was developed by the CBMT on behalf of members of the profession. Also in accordance with the EEOC guidelines and APA standards, the practice analysis is regularly reviewed and updated to reflect current, clinical practice.

The CBMT also sponsors and administers a recertification program. After successful completion of the examination, each certificant must recertify every five years. Recertification may be accomplished through re-examination only in the fourth year of the five-year cycle, or through accrual of 100 recertification credits by the end of the five-year cycle. The purpose of the recertification program is to provide certificants with guidelines to assist them in remaining competent with current music therapy practice and further enhancing their knowledge in the profession of music therapy. The recertification program contributes to the professional development of the MT-BC through a program of continuing education, professional development and professional service opportunities. Documentation guidelines require relating content and learning outcomes to the CBMT Scope of Practice. Integrating and applying new knowledge with current practice, developing enhanced skills in the delivery of services to clients, and enhancing an MT-BC’s overall abilities are direct outcomes of the recertification program. To support CBMT’s commitment of ensuring the competence of the certificant and protecting the public, certification must be renewed every five years with the accrual of 100 recertification credits, or by retaking the examination to demonstrate competence in current music therapy practice.

STATEMENT OF NONDISCRIMINATION
The CBMT and AMP do not discriminate among candidates on the basis of age, gender, race, color, religion, national origin, disability or marital status.

REQUIREMENTS FOR EXAMINATION ADMISSION
Candidates for Board Certification must have successfully completed the academic and clinical training requirements for music therapy, or their equivalent, as established by the American Music Therapy Association. To be eligible to sit for the examination, these requirements must be completed by the scheduled examination administration date. Refer to the application instructions for specific documentation requirements for verification of eligibility.

If you are a certificant taking the examination to fulfill recertification requirements, you must be in the fourth year of your recertification cycle and have paid all maintenance fees through the fourth year, including any applicable late fees.

If you are taking the examination for state licensure, please contact the CBMT office for further direction or refer to the Examination tab on the CBMT website for State Licensure information.

ALTERNATE ADMISSION PROCEDURE
If you completed your music therapy education and training outside the USA, you may obtain an application for alternate admission by contacting the AMP office. Applicants will be notified of the AMP’s decision of their eligibility within 90 days. Domestic candidates with a music therapy bachelor’s degree or equivalency who have completed a non-traditional internship should phone the CBMT office to discuss their eligibility.

APPLYING FOR AN EXAMINATION
The CBMT Examination is administered by computer at over 200 AMP Assessment Centers geographically distributed throughout the United States and abroad. There are no application deadlines and candidates who meet the eligibility requirements for an examination may submit their applications and fees at any time. The following steps outline the application process:

1. The candidate completes and submits a paper application (included in this handbook or obtained from www.cbmt.org) and appropriate fee when the eligibility requirements are satisfied. The CBMT reserves the right to verify information supplied by or on behalf of a candidate.

   An application is considered complete only if all information requested is complete, legible and accurate; if the candidate is eligible for the examination; and if the appropriate fee accompanies the application. Required information includes: Personal Information, indication of Eligibility for Examination, documentation of the applicable Fee, and Signature.

   The application is processed, and a confirmation notice of eligibility is sent to the candidate within approximately two weeks. If a confirmation notice is not received within three weeks, contact the CBMT Office. This confirmation of a candidate’s eligibility and acceptance of the application is valid for 90 days. A candidate who fails to schedule an appointment for examination within the 90-day period forfeits the application and all fees paid to take the examination. A complete application and examination fee are required to reapply for examination.

2. The application is processed, and a confirmation notice of eligibility is sent to the candidate within approximately two weeks. If a confirmation notice is not received within three weeks, contact the CBMT Office. This confirmation of a candidate’s eligibility and acceptance of the application is valid for 90 days. A candidate who fails to schedule an appointment for examination within the 90-day period forfeits the appointment and all fees paid to take the examination. A complete application and examination fee are required to reapply for examination.

3. For candidates testing in the USA, the confirmation notice contains a website address and toll-free telephone number for the candidate to contact AMP to schedule an appointment for examination. Be prepared to confirm a date and location for testing and to provide your Social Security number as your unique identification number. The examinations are administered by appointment only Monday through Saturday at.

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3  Certification Board for Music Therapists Candidate Handbook
9:00 a.m. and 1:30 p.m. Individuals are scheduled on a first-come, first-served basis. Refer to the chart on page 4.

Candidates testing abroad will receive an e-mail with further scheduling instructions.

### If you contact AMP by 3:00 p.m. Central Time

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<th>Monday</th>
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<td>Tuesday</td>
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<td>Wednesday</td>
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<td>Thursday</td>
<td>Monday</td>
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When you call to schedule your appointment for examination, you will be notified of the time to report to the center.

UNSCHEDULED CANDIDATES (WALK-INS) WILL NOT BE ADMITTED to the Assessment Center.

### HOLIDAYS

Note: Examinations will not be offered on the following holidays.
- New Year’s Day
- Martin Luther King Jr. Day
- Presidents’ Day
- Good Friday
- Memorial Day
- Independence Day (July 4)
- Labor Day
- Columbus Day
- Veterans’ Day
- Thanksgiving Day (and the following Friday)
- Christmas Eve Day
- Christmas Day
- New Year’s Eve Day

### REQUIRED DOCUMENTATION FOR VERIFICATION OF ELIGIBILITY

Review each category and choose the one that is appropriate to you. Send everything noted in that category to the CBMT Office at least 30 calendar days prior to the date you wish to schedule an examination. If you request documentation be sent to the CBMT Office from other sources, such as a university, feel free to call the CBMT Office to check the status of your application.

AMTA – If you graduated from an AMTA-approved program, submit:
- an official transcript showing degree awarded, date of graduation in music therapy and internship completion.
- If an internship grade and awarded degree are not shown on the official transcript, also submit confirmation from the Music Therapy Program Director verifying music therapy internship and degree requirements have been met.

EQUIV – If you earned an equivalency in music therapy from an AMTA-approved program, enclose:
- an official transcript showing music therapy coursework and internship, noting that an equivalency in music therapy was awarded.
- if an equivalency is not shown on the transcript, also submit confirmation from the Music Therapy Program Director verifying music therapy internship and degree requirements have been met.

ALT – If you completed a music therapy association’s alternate route/track, enclose:
- an original letter from the Association verifying completion of qualifications for alternate route/track.

RE-ENTRY – If you were previously Board Certified and your certification expired, enclose:
- a photocopy of candidate’s CBMT certificate showing date originally certified, date of expiration and Board Certification number.
- if copy of CBMT certificate is unobtainable, contact the CBMT Office for verification of initial certification.

RECERT – If you are a certificant taking the examination for recertification, maintenance fees and all applicable late fees must be paid through the fourth year of the cycle at the time of application.

Under no circumstances will evidence of another credential be accepted as documentation of eligibility.

### ELIGIBILITY REVIEW AND APPEAL POLICY

The CBMT provides the ability for an individual to appeal issues related to certification and recertification eligibility. Contact the CBMT Office to obtain a copy of the Eligibility Review and Appeal Policy.

### STATE LICENSURE

If you are taking the examination for state licensure, please contact the CBMT office for further direction or refer to the Examination tab on the CBMT website for State Licensure information.

### SPECIAL ARRANGEMENTS FOR CANDIDATES WITH DISABILITIES

CBMT and AMP comply with the Americans with Disabilities Act and strive to ensure that no individual with a disability as defined by the ADA as a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment is deprived of the opportunity to take the examination solely by reason of that disability. CBMT and AMP will provide reasonable accommodations for candidates with disabilities.

1. Wheelchair access is available at all established Assessment Centers. Candidates must advise AMP at the time of scheduling that wheelchair access is necessary.
2. Candidates with visual, sensory, physical or learning disabilities that would prevent them from taking the examination under standard conditions may request special accommodations by contacting the CBMT office.

Verification of the disability and a statement of the specific type of assistance needed must be made in writing to CBMT at least 45 calendar days prior to your desired examination date by completing the Request for Special Examination Accommodations and Documentation of Disability-Related Needs forms found on pages 19-20. CBMT will review the submitted forms and will contact you regarding your request for accommodations.

**ASSESSMENT CENTER LOCATIONS**

Detailed maps and directions are available on AMP's website www.goAMP.com. Specific address information will be provided when you schedule an examination appointment. A list of International Assessment Center locations are also available on AMP’s website.

**EXAMINATION FEES**

Submit the appropriate fee with the examination application, or indicate payment made through the CBMT website, according to the following schedule. Payment may be made by personal check, cashier’s check, money order, or credit card (VISA, Discover or MasterCard only).

<table>
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<th>Fee Type</th>
<th>Amount</th>
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<tr>
<td>Examination Fee</td>
<td>$325 ($275 examination fee; $50 processing fee)</td>
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<tr>
<td>Examination Fee for Recertifiers</td>
<td>$100</td>
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<tr>
<td>International Test Site Fee</td>
<td>$55</td>
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**MISSED APPOINTMENTS AND CANCELLATIONS**

You will forfeit your examination registration and all fees paid to take the examination under the following circumstances. A new, complete application and examination fee are required to reapply for examination.

- You cancel your examination after confirmation of eligibility is received.
- You wish to reschedule an examination but fail to contact AMP at least two business days prior to the scheduled testing session.
- You wish to reschedule a second time.
- You appear more than 15 minutes late for an examination.
- You fail to report for an examination appointment.

**INCLEMENT WEATHER, POWER FAILURE OR EMERGENCY**

In the event of inclement weather or unforeseen emergencies on the day of an examination, AMP will determine whether circumstances warrant the cancellation, and subsequent rescheduling, of an examination. The examination will usually not be rescheduled if the Assessment Center personnel are able to open the Assessment Center.

You may visit AMP’s website at www.goAMP.com prior to the examination to determine if AMP has been advised that any Assessment Centers are closed. Every attempt is made to administer the examination as scheduled; however, should an examination be canceled at an Assessment Center, all scheduled candidates will receive notification following the examination regarding rescheduling or reapplication procedures.

If power to an Assessment Center is temporarily interrupted during an administration, your examination will be restarted. The responses provided up to the point of interruption will be intact, but for security reasons the questions will be scrambled.

**EXAMINATION APPOINTMENT CHANGES**

1. You may reschedule ONE appointment for examination at no charge by calling AMP at (888) 519-9901 at least two business days prior to your scheduled appointment. The following schedule applies.

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<th>If your examination is scheduled on...</th>
<th>You must call AMP by 3:00 p.m. Central Time to change your appointment by the previous...</th>
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2. If you wish to reschedule an examination but fail to contact AMP at least two business days prior to the scheduled appointment you will forfeit the application and all fees paid to take the examination. A complete application and examination fee are required to reapply for examination.

3. If you cancel your examination after confirmation of eligibility is received you will forfeit the application and all fees paid to take the examination. A complete application and examination fee are required to reapply for examination.

**REQUEST FOR SPECIAL TEST CENTER**

Requests may be made for international and/or military test centers by contacting the CBMT Office. Reservations for these special sites will require an additional test center fee.

1. **International test centers** may be arranged for candidates living outside the United States. A written request indicating the preferred country and city of testing must be mailed to the CBMT Office and be postmarked at least 90 days prior to the requested examination date. Information regarding your request will be sent to you after receipt in the CBMT Office.

2. **Military test centers** may be established for United States military personnel serving on active duty with the assistance of the Defense Activity for Non-Traditional Education Support (DANTES). Military personnel should contact the Test Control Officer in the Education Office of the military installation at which they are stationed. The Test Control Officer should contact CBMT regarding the exact location where testing should be arranged. Information regarding your request will be sent to you after receipt in the CBMT Office.
EXAMINATION CONTENT
The CBMT Examination was developed to objectively measure the knowledge and skills required of music therapists and to foster uniform standards for measuring such knowledge and skills. The examination is based on a content outline developed from a national practice analysis of music therapy clinical practice which identified tasks that are significant to music therapy practice. Examination questions were written by committee members and other practitioners to assess the knowledge and skills required to perform the identified tasks. The objective examination consists of 150 multiple-choice questions (130 scored and 20 nonscored pretest questions). The nonscored pretest questions will be scattered throughout the examination and you will not be able to discern pretest from scored questions while taking the examinations. You will be expected to respond to all 150 questions in the three hour time limit. You are presented with a question and are asked to choose the correct answer from four options. The summary content outline that follows was developed from the most recent CBMT practice analysis. The number of questions on the examination from each content area is provided with each major content heading.

Scope of Practice and Examination Outline

I. Assessment and Treatment Planning: 40 items
   A. Assessment: 20 items
      1. Observe client in music or non-music settings.
      2. Obtain client information from available resources (e.g., documentation, client, other professionals, family members).
      3. Within the following domains (e.g., perceptual, sensory, physical, affective, cognitive, communicative, social, and spiritual), identify the client’s:
         a) functioning level.
         b) strengths.
         c) areas of need.
      4. Identify client’s:
         a) active symptoms.
         b) behaviors.
         c) cultural and spiritual background, when indicated.
         d) issues related to family dynamics and interpersonal relationships.
         e) learning styles.
         f) manifestations of affective state.
         g) music background, skills.
         h) preferences.
         i) stressors related to present status.
      6. Evaluate the appropriateness of a referral.
      7. Identify the effects of medical and psychotropic drugs.
      8. Review and select music therapy assessment instruments and procedures.
      9. Adapt existing music therapy assessment instruments and procedures.
     10. Develop new music therapy assessment instruments and procedures.

   B. Interpret Assessment Information and Communicate Results: 5 items
      1. Evaluate reliability and presence of bias in information from available resources.
      2. Identify factors which may impact accuracy of information gathered during assessment (e.g., precipitating events, medications, health considerations).
      3. Draw conclusions and make recommendations based on analysis and synthesis of assessment findings.
      4. Acknowledge therapist’s bias and limitations in interpreting assessment information (e.g., cultural differences, clinical orientation).
      5. Communicate assessment findings and recommendations in oral, written, or other forms (e.g., video, audio).

   C. Treatment Planning: 15 items
      1. Involve client in the treatment planning process, when appropriate.
      2. Consult the following in the treatment planning process:
         a) clinical and research literature and other resources.
         b) client’s family, caregivers, or personal network, when appropriate.
         c) other professionals, when appropriate.
      3. Coordinate treatment with other professionals and/or family, caregivers, and personal network when appropriate.
      4. Evaluate how music therapy fits within the overall therapeutic program.
      5. Consider length of treatment when establishing client goals and objectives.
      6. Establish client goals and objectives.
      7. Select or design a data collection system.
      8. Create environment or space conducive to client engagement.
      9. Consider client’s age, culture, music background, and preferences when designing music therapy experiences.
     10. Create music therapy experiences that address client goals and objectives.
     11. Select and adapt musical instruments and equipment consistent with treatment needs.

11. Create an assessment environment or space conducive to the assessment protocol and/or client’s needs.
12. Engage client in music experiences to obtain assessment data.
13. Identify how the client responds to different types of music experiences (e.g., improvising, recreating, composing, and listening) and their variations.
14. Identify how the client responds to different styles of music.
15. Identify how the client responds to the different elements of music (e.g., tempo, pitch, timbre, melody, harmony, rhythm, meter, dynamics).
12. Select and prepare non-music materials consistent with music therapy goals and clients’ learning styles (e.g., adaptive devices, visual aids).

13. Plan music therapy sessions of appropriate duration and frequency.

14. Structure and organize music therapy experiences within each session to create therapeutic contour (e.g., transitions, pacing, sequencing, energy level, intensity).

15. Design programs to reinforce goals and objectives for implementation outside the music therapy setting.


II. Treatment Implementation and Termination: 60 items

A. Implementation: 45 items

1. Develop a therapeutic relationship by:
   a) building trust and rapport.
   b) being fully present and authentic.
   c) providing a safe and contained environment.
   d) establishing boundaries and communicating expectations.
   e) providing ongoing acknowledgement and reflection.
   f) recognizing and managing aspects of one’s own feelings and behaviors that affect the therapeutic process.
   g) recognizing and working with transference and countertransference dynamics.

2. Provide music therapy experiences to address client’s:
   a) ability to empathize.
   b) ability to use music independently for self-care (e.g., relaxation, anxiety management, redirection from addiction).
   c) adjustment to life changes or temporary or permanent changes in ability.
   d) aesthetic sensitivity and quality of life.
   e) agitation.
   f) anticipatory grief.
   g) emotions.
   h) executive functions (e.g., decision making, problem solving).
   i) focus and maintenance of attention.
   j) generalization of skills to other settings.
   k) grief and loss.
   l) group cohesion and/or a feeling of group membership.
   m) impulse control.
   n) interactive response.
   o) initiation and self-motivation.
   p) language, speech, and communication skills.
   q) memories.
   r) motor skills.
   s) musical and other creative responses.
   t) neurological and cognitive function.
   u) nonverbal expression.
   v) on-task behavior.
   w) participation/engagement.
   x) physical and psychological pain.
   y) physiological symptoms.
   z) reality orientation.

   aa) responsibility for self.
   bb) self-awareness and insight.
   cc) self-esteem.
   dd) sense of self with others.
   ee) sensorimotor skills.
   ff) sensory perception.
   gg) social skills and interactions.
   hh) spirituality.
   ii) spontaneous communication/interactions.
   jj) support systems.
   kk) verbal and/or vocal responses.

3. Utilize the following music therapy treatment approaches and models to inform clinical practice:
   a) behavioral.
   b) developmental.
   c) improvisational.
   d) medical.
   e) music and imagery.
   f) neurological.

4. Integrate the following theoretical orientations into music therapy practice:
   a) behavioral.
   b) cognitive.
   c) holistic.
   d) humanistic/existential.
   e) psychodynamic.
   f) transpersonal.

5. To achieve therapeutic goals:
   a) apply the elements of music (e.g., tempo, pitch, timbre, melody, harmony, rhythm, meter, dynamics).
   b) apply a variety of scales, modes, and harmonic progressions.
   c) arrange, transpose, or adapt music.
   d) compose vocal and instrumental music.
   e) employ active listening.
   f) provide visual, auditory, or tactile cues.
   g) use creativity and flexibility in meeting client’s changing needs.
   h) improvise instrumentally and vocally.
   i) integrate movement with music.
   j) provide verbal and nonverbal guidance.
   k) provide guidance to caregivers and staff to sustain and support the client’s therapeutic progress.
   l) mediate problems among clients within the session.
   m) identify and respond to significant events.
   n) use song and lyric analysis.
   o) utilize imagery.
   p) employ music relaxation and/or stress reduction techniques.
   q) use music to communicate with client.
   r) apply standard and alternate tunings.
   s) apply receptive music methods.
   t) sight-read.
   u) exercise leadership and/or group management skills.
   v) utilize a varied music repertoire (e.g., blues, classical, folk, jazz, pop) from a variety of cultures and sub-cultures.
w) employ functional skills with:
   1) voice.
   2) keyboard.
   3) guitar.
   4) percussion instruments.
   x) select adaptive materials and equipment.
   y) share musical experience and expression with clients.
   z) empathize with client’s music experience.
   aa) observe client reactions.

B. Safety: 8 items
1. Recognize and respond to situations in which there are clear and present dangers to a client and/or others.
2. Recognize the potential harm of music experiences and use them with care.
3. Recognize the potential harm of verbal and physical interventions during music experiences and use them with care.
4. Observe infection control protocols (e.g., universal precautions, disinfecting instruments).
5. Recognize the client populations and health conditions for which music experiences are contraindicated and adapt treatment as indicated.
6. Comply with safety protocols with regard to transport and physical support of clients.

C. Termination and Closure: 7 items
1. Assess potential benefits and detriments of termination.
2. Determine exit criteria.
3. Inform and prepare client.
5. Provide a client with transitional support and recommendations.
6. Help client work through feelings about termination.
7. Address client needs during staffing changes (e.g., therapist leaves job, job transfer, leave of absence).

IV. Professional Development and Responsibilities: 15 items
A. Professional Development: 5 items
1. Assess areas for professional growth and set goals.
2. Review current research and literature in music therapy and related disciplines.
3. Participate in continuing education.
4. Engage in collaborative work with colleagues.
5. Seek out and utilize supervision and/or consultation.
6. Participate in local and national music therapy professional organizations.
7. Share knowledge through professional development activities and workshops.
8. Communicate with colleagues regarding professional issues.
9. Work within a facility’s organizational structure, policies, and procedures.
10. Maintain client confidentiality within HIPAA privacy rules.

B. Professional Responsibilities: 10 items
1. Document all treatment and non-treatment related communications.
2. Maintain and expand music repertoire.
3. Respond to public inquiries about music therapy.
4. Conduct information sharing sessions, such as in-service workshops, for professionals and/or the community.
5. Communicate with colleagues regarding professional issues.
6. Work within a facility’s organizational structure, policies, and procedures.
7. Maintain client confidentiality within HIPAA privacy rules.
8. Supervise staff, volunteers, practicum students, or interns.
10. Fulfill legal responsibilities associated with professional role (e.g., mandated reporting, release of information).
11. Practice within scope of education, training, and abilities.
12. Acquire and maintain equipment and supplies.
13. Engage in business management tasks (e.g., marketing, payroll, contracts, taxes, insurance).
14. Prepare and maintain a music therapy program budget.
15. Prepare accountability documentation for facility administration and/or local, state, and federal agencies.
16. Maintain assigned caseload files (e.g., electronic, digital, audio, video, hard copies) in an orderly manner.
17. Serve as a representative, spokesperson, ambassador, or advocate for the profession of music therapy.

Preparing for the Examination

It is expected that the academic and clinical experience in an accredited music therapy curriculum, or its equivalent, will be sufficient preparation for the examination. The CBMT Examination has been based on a study of tasks required for current music therapy practice.

The CBMT neither sponsors nor endorses review courses or study guides for the CBMT Certification Examination. Suggested preparation for the examination might include, but should not be limited to, the study of journal articles, textbooks or other publications reflecting current practice related to the content outline.

Examination scores are based on the number of questions correctly answered. You should carefully consider the possible answers to each question and select the best response. It is better to answer every item than to leave any blank.

Sample Questions

The following are samples of questions that appear in the CBMT Examination.

1. Which of the following sets of notes comprises a pentatonic scale?
   A. G, A, B, D, E
   B. E, F#, G#, A#, B
   C. C, D, E, F#, G#
   D. D, D#, E, F, F#

2. After six months of treatment to promote a child’s language development, the music therapist wishes to determine the effectiveness of music therapy treatment. The therapist should
   A. repeat the initial assessment to compare results.
   B. arrange to have a speech/language therapist evaluate the child.
   C. administer a new evaluation tool specifically designed for this child.
   D. apply a standardized test to assess current level of language development.

3. If catharsis is a primary need for a client, the music therapist should use music
   A. that will provide support.
   B. that will help to sedate the client.
   C. to enhance altered states of consciousness.
   D. to evoke the expression of repressed feelings.

4. What is the BEST documentation for the assessment of a client who does not imitate the music therapist in beating rhythmic patterns on a drum?
   A. The client was unable to imitate the therapist in beating rhythmic patterns.
   B. The client refused to imitate the therapist in beating rhythmic patterns.
   C. The client did not imitate the therapist in beating rhythmic patterns.
   D. The client attempted to imitate the therapist in beating rhythmic patterns, but did not succeed.

5. The actions of a therapist’s co-worker have repeatedly interfered with the therapeutic process of a client. The therapist’s FIRST responsibility is to
   A. ask the client to ignore the co-worker.
   B. contact the co-worker’s supervisor.
   C. discuss the problem with other co-workers.
   D. confront the co-worker privately.

Answers

<table>
<thead>
<tr>
<th>Content Area</th>
<th>Key</th>
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<tbody>
<tr>
<td>1. I.A.</td>
<td>A</td>
</tr>
<tr>
<td>2. IV.B.</td>
<td>A</td>
</tr>
<tr>
<td>3. III.A.</td>
<td>D</td>
</tr>
<tr>
<td>4. IV.A.</td>
<td>C</td>
</tr>
<tr>
<td>5. V.B.</td>
<td>D</td>
</tr>
</tbody>
</table>
ON THE DAY OF YOUR EXAMINATION

On the day of your examination appointment, report to the Assessment Center no later than your scheduled testing time. Once you enter the office, look for the sign indicating AMP Assessment Center Check-In. IF YOU ARRIVE MORE THAN 15 MINUTES AFTER THE SCHEDULED TESTING TIME, YOU WILL NOT BE ADMITTED.

To gain admission to the Assessment Center, you need to present two forms of identification, one with a current photograph. Both forms of identification must be valid and include your current name and signature. You will also be required to sign a roster for verification of identity.

Acceptable forms of photo identification include: a current driver’s license with photograph, a current state identification card with photograph, a current passport, or a current military identification card with photograph. Employment ID cards, student ID cards and any type of temporary identification are NOT acceptable as the primary form of identification, but may be used as a secondary identification if they include your name and signature.

You are prohibited from misrepresenting your identity or falsifying information to obtain admission to the Assessment Center.

YOU MUST HAVE PROPER IDENTIFICATION TO GAIN ADMISSION TO THE ASSESSMENT CENTER.

After your identification has been confirmed, you will be directed to a testing carrel. You will be instructed on-screen to enter your Social Security number. You will capture your own photograph and it will remain on-screen throughout your testing session. This photograph will also print on your score report.

SECURITY

CBMT and AMP maintain examination administration and security standards that are designed to assure that all candidates are provided the same opportunity to demonstrate their abilities. The Assessment Center is continuously monitored by audio and video surveillance equipment for security purposes.

The following security procedures apply during the examination:

- Examinations are proprietary. No cameras, notes, tape recorders, Personal Digital Assistants (PDAs), pagers or cellular phones are allowed in the examination room.
- Hand-held, silent, non-printing, battery-operated calculators may be used. You may NOT use calculators which have either word processing or word storage capabilities (complete A-Z keypad). All calculators will be examined by the proctor before you are admitted to the examination area. You are responsible for providing your own calculators. You cannot share calculators during the examination.
- No guests, visitors or family members are allowed in the examination room or reception areas.

• No personal items, valuables, or weapons should be brought to the Assessment Center. AMP is not responsible for items left in the reception area.

EXAMINATION RESTRICTIONS

- Pencils will be provided during check-in.
- Possession of a cellular phone or other electronic devices is strictly prohibited and will result in dismissal from the examination.
- You will be provided with one piece of scratch paper at a time to use during the examination. You must return the scratch paper to the supervisor at the completion of the examination, or you will not receive your score report. No documents or notes of any kind may be removed from the examination room.
- No questions concerning the content of the examination may be asked during the examination.
- Eating, drinking or smoking will not be permitted in the Assessment Center.
- You may take a break whenever you wish, but you will not be allowed additional time to make up for time lost during breaks.

MISCONDUCT

Individuals who engage in any of the following conduct may be dismissed from the examination, their scores will not be reported and examination fees will not be refunded. Examples of misconduct are when a candidate:

• creates a disturbance, is abusive, or otherwise uncooperative;
• displays and/or uses electronic communications equipment such as pagers, cellular phones, PDAs;
• talks or participates in conversation with other examination candidates;
• gives or receives help or is suspected of doing so;
• attempts to record examination questions or make notes;
• attempts to take the examination for someone else; or
• is observed with notes, books or other aids.

Violation of any of the above provisions results in dismissal from the examination session. The candidate’s score on the examination is voided and examination fees are not refunded. Evidence of misconduct is reviewed as outlined in the CBMT Code of Professional Practice to determine whether the candidate will be allowed to reapply for examination. If re-examination is granted, a complete examination and processing fee are required to reapply.

COPYRIGHTED EXAMINATION QUESTIONS

All examination questions are the copyrighted property of CBMT. It is forbidden under federal copyright law to copy, reproduce, record, distribute or display these examination questions by any means, in whole or in part. Doing so may subject you to severe civil and criminal penalties.
**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.
# Application

**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

**PLEASE PRINT ALL INFORMATION**

<table>
<thead>
<tr>
<th>1. FULL NAME:</th>
<th>Last</th>
<th>First</th>
<th>Middle</th>
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<tr>
<td>2. BIRTHDATE:</td>
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<td>3. SOCIAL SECURITY #:</td>
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<td>4. GENDER:</td>
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<td>6. ADDRESS:</td>
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<td>City</td>
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<td>7. Have you previously taken the CBMT Examination for Board Certification?</td>
<td>□ Yes</td>
<td>□ No</td>
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<tr>
<td>If yes, list all dates (MM/YY):</td>
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<td>8. Are you taking the CBMT Examination for recertification?</td>
<td>□ Yes</td>
<td>□ No</td>
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<tr>
<td>9. Have you previously been Board Certified by the CBMT at any time?</td>
<td>□ Yes</td>
<td>□ No</td>
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<td>If yes, under what name:</td>
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<td>10. Are you testing outside the USA?</td>
<td>□ Yes</td>
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<td>If yes, Country:</td>
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<td>11. Date graduated with music therapy</td>
<td>degree (MM/DD/YY):</td>
<td>equivalency (MM/DD/YY):</td>
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<td>12. Program Code</td>
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<td>13. Highest degree completed:</td>
<td>Bachelor’s degree (music therapy)</td>
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<tr>
<td>Bachelor’s degree (other)</td>
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<td>Master’s degree (music therapy)</td>
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<td>Doctorate degree (other)</td>
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<td>Other</td>
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<td>14. Postgraduate clinical experience in music therapy:</td>
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<td>15. Identify the population served during internship:</td>
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<td>16. Employer Name and Address:</td>
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<td>Supervisor’s Name:</td>
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<tr>
<td>17. Documentation Required for Verification of Eligibility Checklist:</td>
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Please refer to the Instructions for Completing the Application in the Candidate Handbook for detailed information.
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 $325 $______
  – Examination Fee of $275 and Processing Fee of $50
- Examination Fee for Current Certificants Recertifying $100 $______
- International Test Center Fee, if applicable $55 $______

TOTAL FEES enclosed in U.S. funds payable to CBMT $______

If payment is made by credit card, enter the information below, or enter your payment through the Products and Services tab on the CBMT website using Make a Payment. www.cbmt.org

☐ VISA ☐ MasterCard ☐ Discover ☐ Paid through CBMT website

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?

REV 4/12
PRACTICE TEST
Prior to attempting the examination, you will be given the opportunity to practice taking an examination on computer. The time you use for this practice examination is NOT counted as part of your examination time. When you are comfortable with the computer testing process, you may quit the practice session and begin the timed examination.

TIMED EXAMINATION
Following the practice examination, you will begin the timed examination. Before beginning, instructions for taking the examination are provided on-screen. The examination contains 150 test questions (130 scored and 20 nonscored pretest questions). Three hours are allotted to complete the examination. The following is a sample of what the computer screen will look like when you are attempting the examination.

The computer monitors the time you spend on the examination. The examination will terminate if you exceed three hours. You may click on the “Time” box in the lower right portion of the screen or select the TIME key to monitor your time. A digital clock indicates the time remaining for you to complete the examination. The time feature may also be turned off during the examination.

Only one question is presented at a time. The question number appears in the lower right portion of the screen. The entire question appears on-screen (i.e., stem and four options labeled – A, B, C and D). Indicate your choice by either entering the letter of the option you think is correct (A, B, C or D) or clicking on the option using the mouse. The letter of the selected option appears in the window in the lower left portion of the screen. To change your answer, enter a different option by pressing the A, B, C and D key or by clicking on the option using the mouse. An answer may be changed multiple times.

To move to the next question, click on the forward arrow (>) in the lower right portion of the screen or select the NEXT key. This action allows the candidate to move forward through the examination question by question. To review a question or questions, click the backward arrow (<) or use the left arrow key to move backward through the examination.

A question may be left unanswered for return later in the testing session. Questions may also be bookmarked for later review by clicking in the blank square to the right of the Time button. Click on the hand icon or press the NEXT key to advance to the next unanswered or bookmarked question on the examination. To identify all unanswered or bookmarked questions, repeatedly click on the hand icon or press the NEXT key. When you have completed the examination, the number of examination questions you answered is reported. If you have not answered all questions and you have time remaining, return to the examination and answer those questions.

Comments may be provided for any question by clicking on the button displaying an exclamation point (!) to the left of the Time button. This opens a dialogue box where comments may be entered. Comments will be reviewed, but individual responses will not be provided. Be sure to answer each examination question before ending the examination. There is no penalty for guessing.

FOLLOWING THE EXAMINATION
After you finish the examination, you are asked to complete a short evaluation of your testing experience. Then, you are instructed to report to the proctor to receive your score report. Scores are reported in printed form only, in person or by U.S. mail. Scores are not reported over the telephone, by electronic mail or by facsimile.

Your score report will indicate a “pass” or “fail.” Additional detail is provided in the form of raw scores by major content category. A raw score is the number of questions you answered correctly. Your pass/fail status is determined by your raw score. Even though the examination consists of 150 questions, your score is based on 130 questions. Twenty questions are “pretest” questions.

The methodology used to set the minimum passing score is the Angoff Method, in which expert judges estimate the passing probability of each question on the examination. These ratings are averaged to determine the minimum passing score (i.e., the number of correctly answered questions required to pass the examination.)

EXAMINATION APPEALS POLICY
It is the policy of the CBMT to provide every candidate with an opportunity to question the fairness of the test, its questions and its administration within 30 days of the exam date. Contact the CBMT office for the Examination Appeals Policy.

IF YOU PASS THE EXAMINATION
If you pass the CBMT Examination, you are allowed to use the credential “Music Therapist – Board Certified” (MT – BC).

The CBMT, reserves the right to recognize publicly any candidate who has successfully completed a CBMT Certification Examination, thereby earning the certification credential. Recognition will be awarded so as not to embarrass any candidate who is unsuccessful in an attempt to achieve certification.
IF YOU DO NOT PASS THE EXAMINATION

If you do not pass the examination, a reapplication form is provided at the bottom of your score report. To schedule another examination, submit this reapplication form and the full examination fee. You will not be able to schedule an appointment within the 90-day waiting period imposed between examination attempts. There is no limit to the number of times an individual may take the CBMT Examination.

SCORES CANCELED BY THE CBMT OR AMP

The CBMT and AMP are responsible for the integrity of the scores they report. On occasion, occurrences, such as computer malfunction or misconduct by a candidate, may cause a score to be suspect. The CBMT and AMP are committed to rectifying such discrepancies as expeditiously as possible. The CBMT may void examination results if, upon investigation, violation of its regulations is discovered.

CONFIDENTIALITY

Information about candidates for testing or recertification and their examination results are considered confidential; however, the CBMT reserves the right to use information supplied by or on behalf of a candidate in the conduct of research. Studies and reports concerning candidates will contain no information identifiable with any candidate, unless authorized by the candidate.

DUPLICATE SCORE REPORT

You may purchase additional copies of your score report at a cost of $25 per copy. Requests must be submitted to AMP, in writing, within 12 months after the examination. The request must include your name, Social Security number, mailing address, telephone number, date of examination and examination taken. Submit this information with the required fee payable to AMP. Duplicate score reports will be mailed within approximately two weeks after receipt of the request.

RECERTIFICATION

Attaining certification is an indication of mastery of a well-defined body of knowledge at a point in time. Periodic renewal of the certification is required to maintain certified status. Initial certification or recertification is valid for five years.

Certificants may recertify through one of two routes:
1. Re-examination in the fourth year of the five year cycle.
2. Documentation of 100 recertification credits.

Annual maintenance fees must be current to recertify.

Failure To Recertify: A certificant who fails to meet requirements for recertification is no longer considered certified and may not use the MT–BC credential in professional communications, such as on letterhead, email address, stationery and business cards, in directory listings and in signature.

REVOCAION OF BOARD CERTIFICATION

Board Certification will be revoked for falsification of an application or application materials, violation of examination procedures or security, or violation of the CBMT Code of Professional Practice. If a certificant is notified of revocation, he/she will also be notified of the appeal process available.

CBMT CODE OF PROFESSIONAL PRACTICE

PREAMBLE

The CBMT is a nonprofit organization which provides board certification and recertification for music therapists to practice music therapy. The members of the Board of Directors comprise a diverse group of experts in music therapy. The Board is national in scope and blends both academicians and clinicians for the purpose of establishing rigorous standards which have a basis in a real world practice, and enforcing those standards for the protection of consumers of music therapy services and the public.

The CBMT recognizes that music therapy is not best delivered by any one sub-specialty, or single approach. For this reason, the CBMT represents a comprehensive focus. Certification is offered to therapists from a wide variety of practice areas, who meet high standards to the Practice of Music Therapy. To the extent that standards are rigorously adhered to, it is the aim of the CBMT to be inclusive, and not to be restrictive to any sub-specialty.

Maintenance of board certification will require adherence to the CBMT’s Code of Professional Practice. Individuals who fail to meet these requirements may have their certification suspended or revoked. The CBMT does not guarantee the job performance of any individual.

I. COMPLIANCE WITH CODE OF PROFESSIONAL PRACTICE

As a condition of eligibility for and continued maintenance of any CBMT certification, each certificant agrees to the following:

A. Compliance with CBMT Standards, Policies and Procedures

No individual is eligible to apply for or maintain certification unless in compliance with all the CBMT standards, policies and procedures. Each individual bears the burden for showing and maintaining compliance at all times. The CBMT may deny, revoke, or otherwise act upon certification or recertification when an individual is not in compliance with all the CBMT standards, policies, and procedures. Nothing provided herein shall preclude administrative requests by the CBMT for additional information to supplement or complete any application for certification or recertification.

B. Notification

The individual shall notify the CBMT within sixty (60) days of occurrence of any change in name, address, telephone number, and any other facts bearing on eligibility or certification (including but not limited to: filing of any criminal charge, indictment, or litigation; conviction; plea of guilty; plea of nolo contendere; or disciplinary action by a licensing board or professional organization). A certificant
shall not make and shall correct immediately any statement concerning the certificant’s status which is or becomes inaccurate, untrue, or misleading.

All references to ‘days’ in the CBMT standards, policies and procedures shall mean calendar days. Communications required by the CBMT must be transmitted by certified mail, return receipt requested, or other verifiable methods of delivery when specified. The certificant agrees to provide the CBMT with confirmation of compliance with the CBMT requirements as requested by the CBMT.

C. Property of the CBMT
The examinations and certificates of the CBMT, the name Certification Board for Music Therapists, and abbreviations relating thereto are all the exclusive property of the CBMT and may not be used in any way without the express prior written consent of the CBMT. In case of suspension, limitation, revocation, or resignation from the CBMT or as otherwise requested by the CBMT, the individual shall immediately relinquish, refrain from using, and correct at the individual's expense any outdated or otherwise inaccurate use of any certificate, logo, emblem, and the CBMT name and related abbreviations. If the individual refuses to relinquish immediately, refrain from using and correct at his or her expense any misuse or misleading use of any of the above items when requested, the individual agrees that the CBMT shall be entitled to obtain all relief permitted by law.

II. APPLICATION AND CERTIFICATION STANDARDS
In order to protect consumers of music therapy services and the public from harm and to insure the validity of the MT-BC credential for the professional and public good, CBMT may revoke or otherwise take action with regard to the application or certification of a certificant in the case of:

A. Ineligibility for certification, regardless of when the ineligibility is discovered;
B. Failure to pay fees required by the CBMT;
C. Unauthorized possession of, use of, or access to the CBMT examinations, certificates, and logos of the CBMT, the name ‘Certification Board for Music Therapists’, and abbreviations relating thereto, and any other CBMT documents and materials;
D. Obtaining or attempting to obtain certification or recertification by a false or misleading statement or failure to make a required statement; fraud or deceit in an application, reapplication, representation of event/s, or any other communication to the CBMT; quality, integrity and professional commitment in music therapy
E. Misrepresentation of the CBMT certification or certification status;
F. Failure to provide any written information required by the CBMT;
G. Failure to maintain confidentiality as required by law;
H. Gross or repeated negligence or malpractice in professional practice, including sexual relationships with clients, and sexual, physical, social, or financial exploitation;
I. Limitation or sanction (including but not limited to revocation or suspension by a regulatory board or professional organization) relating to music therapy practice, public health or safety, or music therapy certification or recertification;
J. The conviction of, plea of guilty or plea of nolo contendere to a felony or misdemeanor related to music therapy practice or public health and safety;
K. Failure to timely update information to CBMT; or
L. Other violation of a CBMT standard, policy or procedure as outlined in the CBMT Candidate Handbook, Recertification Manual, or other materials provided to certificants.

III. ESTABLISHMENT OF SPECIAL DISCIPLINARY REVIEW AND DISCIPLINARY HEARING COMMITTEES
A. Upon the recommendation by the Chair, the CBMT Board of Directors may elect by a majority vote (i) a Disciplinary Review Committee and (ii) a Disciplinary Hearing Committee, to consider alleged violations of any CBMT disciplinary standards set forth in Section III.1-12 above or any other CBMT standard, policy, or procedure.

B. Each of these Committees shall be composed of three members drawn from CBMT certificants.

C. A committee member’s term of office on the committee shall run for three years and may be renewed.

D. A committee member may serve on only one committee and may not serve on any matter in which his or her impartiality might reasonably be questioned.

E. At all times during the CBMT’s handling of the matter, the CBMT must exist as an impartial review body. If at any time during the CBMT’s review of a matter, any member of the CBMT Disciplinary Review Committee, Disciplinary Hearing Committee, or Board of Directors identifies a situation where his or her judgment may be biased or impartiality may be compromised, (including employment with a competing organization), the member is required to report such matter to the Executive Director immediately. The Executive Director and Board Chair shall confer to determine whether a conflict exists, and if so, shall replace the member.

F. Committee action shall be determined by majority vote.

G. When a committee member is unavailable to serve due to resignation, disqualification, or other circumstance, the Chair of CBMT shall designate another individual to serve as an interim member.
IV. REVIEW AND APPEAL PROCEDURES

A. Submission of Allegations

i. Allegations of a violation of a CBMT disciplinary standard or other CBMT standard, policy or procedure are to be referred to the Executive Director for disposition. Persons concerned with possible violation of CBMT’s rules should identify the persons alleged to be involved and the facts concerning the alleged conduct in as much detail and specificity as possible with available documentation in a written statement addressed to the Executive Director. The statement should identify by name, address and telephone number the person making the information known to the CBMT and others who may have knowledge of the facts and circumstances concerning the alleged conduct. Additional information relating to the content or form of the information may be requested.

ii. The Executive Director shall make a determination of the substance of the allegations within sixty (60) days and after consultation with counsel.

iii. If the Executive Director determines that the allegations are frivolous or fail to state a violation of CBMT’s standards, the Executive Director shall take no further action and so apprise the Board and the complainant (if any).

iv. If the Executive Director determines that good cause may exist to question compliance with CBMT’s standards, the Executive Director shall transmit the allegations to the Disciplinary Review Committee.

B. Procedures of the Disciplinary Review Committee

i. The Disciplinary Review Committee shall investigate the allegations after receipt of the documentation from the Executive Director. If the majority of the Committee determines after such investigation that the allegations and facts are inadequate to sustain a finding of a violation of CBMT disciplinary standards, no further adverse action shall be taken. The Board and the complainant (if any) shall be so apprised.

ii. If the Committee finds by majority vote that good cause exists to question whether a violation of a CBMT disciplinary standard has occurred, the Committee shall transmit a statement of allegations to the certificant by certified mail, return receipt requested, setting forth:

a. The applicable standard;

b. Of facts constituting the alleged violation of the standard;

c. That the certificant may proceed to request: (i) review of written submission by the Disciplinary Hearing Committee; (ii) a telephone conference of the Disciplinary Hearing Committee; or (iii) an in-person hearing (at least held annually proximate to the annual meeting of the CBMT) for the disposition of the allegations, with the certificant bearing his or her own expenses for such matter;

d. That the certificant shall have fifteen (15) days after receipt of such statement to notify the Executive Director if he or she disputes the allegations, has comments on available sanctions, and/or requests a written review, telephone conference hearing, or in-person hearing on the record;

e. That, in the event of an oral hearing in person or by phone, the certificant may appear in person with or without the assistance of counsel, may examine and cross-examine any witness under oath, and produce evidence on his or her behalf;

f. That the truth of allegations or failure to respond may result in sanctions including possible revocation of certification; and

g. That if the certificant does not dispute the allegations or request a review hearing, the certificant consents that the Committee may render a decision and apply available sanctions. (Available sanctions are set out in Section V, below.)

iii. The Disciplinary Review Committee may offer the individual the opportunity to negotiate a specific sanction in lieu of proceeding with a written review or hearing. The individual may ask the Disciplinary Review Committee to modify its offer, and the Committee may do so in its sole discretion. Any agreed-upon sanction must be documented in writing and signed by CBMT and the individual. If the individual is unwilling upon sanction, the certificant shall have fifteen (15) days after receipt of such statement to notify the Executive Director.

C. Procedures of the Disciplinary Hearing Committee

i. Written Review. If the individual requests a review by written briefing, the Disciplinary Review Committee will forward the allegations and response of the individual to the Disciplinary Hearing Committee. Written briefing may be submitted within thirty (30) days following receipt of the written review request by the Disciplinary Hearing Committee. The Disciplinary Hearing Committee will render a decision based on the record below and written briefs (if any) without an oral hearing.

ii. Oral Hearing. If the individual requests a hearing:

a. The Disciplinary Review Committee will:

   (1) forward the allegations and response of the certificant to the Disciplinary Hearing Committee; and

   (2) designate one of its members to present the allegations and any substantiating evidence, examine and cross-examine witness(es) and otherwise present the matter during any hearing of the Disciplinary Hearing Committee.

b. The Disciplinary Hearing Committee shall then:

   (1) schedule a telephone or in-person hearing as directed by the certificant;
(2) send by certified mail, return receipt requested, a Notice of Hearing to the certificant. The Notice of Hearing will include a statement of the time and place selected by the Disciplinary Hearing Committee. The certificant may request a modification of the date of the hearing for good cause. Failure to respond to the Notice of Hearing or failure to appear without good cause will be deemed to be the individual’s consent for the Disciplinary Hearing Committee to administer any sanction which it considers appropriate.

c. The Disciplinary Hearing Committee shall maintain a verbatim audio and/or video tape or written transcript of any telephone conference or in-person hearing.

d. The CBMT and the certificant may consult with and be represented by counsel, make opening statements, present documents and testimony, examine and cross-examine witnesses under oath, make closing statements, and present written briefs as scheduled by a Disciplinary Hearing Committee.

e. The Disciplinary Hearing Committee shall determine all matters relating to the hearing or review. The hearing or review and related matters shall be determined on the record by majority vote.

f. Formal rules of evidence shall not apply. Relevant evidence may be admitted. Disputed questions of admissibility shall be determined by majority vote of the Disciplinary Hearing Committee.

iii. In all written reviews and oral hearings:

a. The Disciplinary Hearing Committee may accept, reject, or modify the recommendation of the Disciplinary Review Committee, either with respect to the determination of a violation or the recommended sanction.

b. Proof shall be by preponderance of the evidence.

c. Whenever mental or physical disability is alleged, the certificant may be required to undergo a physical or mental examination at the expense of the certificant. The report of such an examination shall become part of the evidence considered.

d. The Disciplinary Hearing Committee shall issue a written decision following the hearing or review and any briefing. The decision shall contain factual findings, legal conclusions, and any sanctions applied. The decision of the Disciplinary Hearing Committee shall be mailed promptly by certified mail, return receipt requested, to the certificant. If the decision rendered by the Disciplinary Hearing Committee is that the allegations are not supported, no further action on them shall occur.

D. Appeal Procedures

i. If the decision rendered by the Disciplinary Hearing Committee is not favorable to the certificant, the certificant may appeal the decision to the CBMT Board of Directors by submitting a written appeal statement within thirty (30) days following receipt of the decision of the Disciplinary Hearing Committee. CBMT may file a written response to the statement of the certificant.

ii. The CBMT Board of Directors by majority vote shall render a decision on the appeal without oral hearing, although written briefing may be submitted by the certificant and CBMT.

iii. The decision of the CBMT Board of Directors shall be rendered in writing following receipt and review of any briefing. The decision shall contain factual findings, legal conclusions, and any sanctions applied and shall be final. The decision shall be transmitted to the certificant by certified mail, return receipt requested.

iv. A Director may not: (a) review a matter at the appeal stage if he/she heard the matter as a member of the Disciplinary Hearing Committee; (b) review any matter in which his/her impartiality might reasonably be questioned, or (c) review any matter which presents an actual, apparent, or potential conflict of interest.

v. In all reviews:

a. The Board of Directors may affirm or overrule and remand the determination of the Disciplinary Hearing Committee.

b. In order to overturn a decision of the Disciplinary Hearing Committee, the individual must demonstrate that the Committee’s decision was arbitrary or capricious [e.g., was inappropriate because of: (a) material errors of fact, or (b) failure of the Disciplinary Review Committee or the Disciplinary Hearing Committee to conform to published criteria, policies, or procedures]. Proof is by preponderance of the evidence.

V. SANCTIONS

A. Sanctions for violation of any CBMT standard set forth herein or any other CBMT standard, policy, or procedure may include one or more of:

i. Mandatory remediation through specific education, treatment, and/or supervision;

ii. Written reprimand to be maintained in certificant’s permanent file;

iii. Suspension of board certification with the right to re-apply after a specified date;

iv. Probation;

v. Non-renewal of certification;

vi. Revocation of certification; and vii. Other corrective action.
B. The sanction must reasonably relate to the nature and severity of the violation, focusing on reformation of the conduct of the individual and deterrence of similar conduct by others. The sanction decision may also take into account aggravating circumstances, prior disciplinary history, and mitigating circumstances. No single sanction will be appropriate in all situations.

VI. SUMMARY PROCEDURE
Whenever the Executive Director determines that there is cause to believe that a threat of immediate and irreparable harm to the public exists, the Executive Director shall forward the allegations to the CBMT Board. The Board shall review the matter immediately, and provide telephonic or other expedited notice and review procedure to the certificant. Following such notice and opportunity by the individual to be heard, if the Board determines that a threat of immediate and irreparable injury to the public exists, certification may be suspended for up to ninety (90) days pending a full review as provided herein.

VII. PERIOD OF INELIGIBILITY FOLLOWING REVOCATION
If certification is revoked based on noncompliance with the Code of Professional Practice, then the individual is automatically ineligible to apply for certification or re-certification for the periods of time listed below:

A. In the event of a felony conviction directly related to music therapy practice or public health and/or safety, no earlier than seven (7) years from the exhaustion of appeals or release from confinement (if any), or the end of probation, whichever is later:

B. In any other event, no earlier than five (5) years from the final decision of revocation. After these periods of time, eligibility will be considered as set forth in CBMT’s Eligibility Review and Appeal Policy.

After these periods of time, eligibility will be considered as set forth in CBMT’s Eligibility Review and Appeal Policy.

VIII. CONTINUING JURISDICTION
CBMT retains jurisdiction to review and issue decisions regarding any matter which occurred prior to the termination, expiration, or relinquishment of certification.

ADOPTED: FEBRUARY 8, 1997
EFFECTIVE DATE: JANUARY 1, 1998
REVISED: FEBRUARY 7, 1998
REVISED: FEBRUARY 8, 2001
REVISED: OCTOBER 4, 2011
## Approved Programs

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REQUEST FOR SPECIAL EXAMINATION ACCOMMODATIONS

If you have a disability covered by the Americans with Disabilities Act, please complete this form and the Documentation of Disability-Related Needs on the reverse side so your accommodations for testing can be processed efficiently. The information you provide and any documentation regarding your disability and your need for accommodation in testing will be treated with strict confidentiality.

CANDIDATE INFORMATION

Social Security # __________ – _______ – ____________ Requested Assessment Center: ______________________
________________________________________________________________________________________________
Name (Last, First, Middle Initial, Former Name)
________________________________________________________________________________________________
Mailing Address
________________________________________________________________________________________________
City State Zip Code
________________________________________________________________________________________________
Daytime Telephone Number

SPECIAL ACCOMMODATIONS

I request special accommodations for the __________________________________________________________ examination.

Please provide (check all that apply):

____ Reader
____ Extended testing time (time and a half)
____ Reduced distraction environment
____ Please specify below if other special accommodations are needed.

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
Comments:
________________________________________________________________________________________________
________________________________________________________________________________________________
Signed: _________________________________________________________________ Date: ________________________________

Return this form with your examination application to:
CBMT, 506 East Lancaster Avenue, Suite 102, Downingtown, PA 19335.
If you have questions, call the CBMT office at 800/765-2268.
Please have this section completed by an appropriate professional (education professional, physician, psychologist, psychiatrist) to ensure that AMP is able to provide the required examination accommodations.

**PROFESSIONAL DOCUMENTATION**

I have known _______________________________________________________________________ since _____ / _____ / ____ in my capacity as a

Candidate Name ...

Date

Professional Title

The candidate discussed with me the nature of the examination to be administered. It is my opinion that, because of this candidate’s disability described below, he/she should be accommodated by providing the special arrangements listed on the reverse side.

Description of Disability: ________________________________________________________________________________________

__________________________________________________________________________________________

Signed: _________________________________________________________ Title: ________________________________________

Printed Name: _________________________________________________________________________________________________

Address: ______________________________________________________________________________________________________

______________________________________________________________________________________________________________

Telephone Number: ________________________________ E-mail Address: _____________________________________________

Date: _____________________________________________ License # (if applicable): __________________

Return this form with your examination application to:

CBMT, 506 East Lancaster Avenue, Suite 102, Downingtown, PA 19335.

If you have questions, call the CBMT office at 800/765-2268.
CHANGE OF ADDRESS FORM

Directions: Use this form to report a change of address. Please print or type all information. Send to: Certification Board for Music Therapists, Inc., 506 E. Lancaster Ave., Suite 102, Downingtown, PA 19335.

Print your new address below:

Name _________________________________________________________________________________________________________
Street _______________________________________________________________________________________________________
City_____________________________________________________________________ State_______________ Zip _______________
Telephone (_______)_________________________ E-mail ____________________________________________________________

Please print previous address

Name _________________________________________________________________________________________________________
Street _______________________________________________________________________________________________________
City_____________________________________________________________________ State_______________ Zip _______________
Telephone (_______)_________________________ E-mail ____________________________________________________________

I hereby authorize CBMT to change my address as indicated above.

Candidate’s Signature_____________________________________________________________ Date __________________________

*You may also submit your new address information to the CBMT office by selecting the Update Info tab on the CBMT website at www.cbmt.org.