



# RECERTIFICATION MANUAL

QUALITY, INTEGRITY AND PROFESSIONAL  
COMMITMENT IN MUSIC THERAPY



SEVENTH EDITION 2020

# Quality, Integrity and Professional Commitment in Music Therapy



certification board  
for music therapists

## RECERTIFICATION MANUAL

Seventh Edition  
2020





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# 1

## **INTRODUCTION**

The Certification Board for Music Therapists

## ACCREDITATION

CBMT is a member of the Institute for Credentialing Excellence. Our Music Therapist-Board Certification (MT-BC) program has been fully accredited by the National Commission for Certifying Agencies (NCCA) since 1986. Our accreditation ensures our unconditional compliance with stringent testing and measurement standards.

## BOARD RECERTIFICATION

As a board-certified music therapist, you already understand the value and impact of what you do, and why board certification matters. Our recertification program is expertly designed to uphold that value by ensuring that your knowledge and skill sets remain current as methodologies evolve.

Music therapy is a dynamic profession that continues to expand with new theory and innovative approaches to clinical practice and research. The CBMT is charged with reviewing and modifying the board certification examination and recertification programs to accurately reflect the most recent developments and standards of proficiency in the practice of music therapy.

The music therapy professional who receives and maintains the MT-BC credential is responsible for demonstrating current knowledge and skills by participating in continuing education for recertification.

Maintaining your MT-BC credential through recertification not only exemplifies your commitment to excellence, but it also continuously enhances your confidence and competence, which can lead to higher job satisfaction, create new advancement opportunities and improve quality of care.

We support your progress with user-friendly tracking tools and a network of Approved Providers offering convenient, affordable options for Continuing Music Therapy Education (CMTE) credits. We collaborate with our Approved Providers, practicing MT-BCs and our partners to ensure that CMTE opportunities reflect the requirements of real-life therapeutic settings.

We are committed to helping you practice at the highest level throughout your career. By maintaining your board certification, you are empowered to integrate and apply new knowledge with current practice, further develop your interventional skill sets, and stay connected to a community of music therapists working together to advance the profession.

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## THE RECERTIFICATION MANUAL

This Recertification Manual details the most current CBMT recertification policies and procedures, reflecting our commitment to continually review the documents and publications that support our programs. The manual is designed to guide each certificant in the process of:

- Identifying CMTE options that are valuable for the advancement of knowledge aligning with the CBMT Board Certification Domains
- Constructing a plan for continuing education that leads to recertification
- Implementing the plan within the certificant's five-year cycle
- Documenting the completed CMTE options in a manner consistent with accepted practice for national recertification programs accredited by the NCCA

Recertification contributes to the advanced proficiency of the MT-BC through a program of continuing education, professional development, and professional service opportunities. All recertification categories are reflective of the Practice Analysis Study and relevant to maintaining the high level of competence, skill sets and abilities required of the MT-BC.

Integrating and applying new learnings with current practice, developing enhanced skills in delivery of services to clients, and expanding the expertise of an MT-BC 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.

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# 2

## **PROCEDURES & POLICIES**

The Certification Board for Music Therapists

# THE RECERTIFICATION CYCLE

The MT-BC credential is valid for five years and mandates adherence to the rules and regulations set forth by the CBMT Board of Directors in accordance with NCCA Program Accreditation Standards. CBMT reserves the right to revoke the certification of any MT-BC found in violation of the standards set forth in the *CBMT Code of Professional Practice* or found practicing music therapy outside of the parameters defined by the *CBMT Board Certification Domains*.

## QUICK REFERENCE FOR PROCEDURES

### Years 1-5:

- Pay the annual maintenance fee
- Enter and document CMTE credits and submit for recertification

There are four steps to meet recertification requirements during the certificant's five-year cycle.

1. Pay annual maintenance and any accrued late fees prior to expiration in your online account.
2. Earn 100 hours of CMTE credits. CMTE options are broadly categorized as Workshops/Courses/Conferences/Independent Learning; Presentations; Music Therapy Student Supervision; Publications/Writings; and Professional Development. There is an additional requirement that three of the 100 hours must be related to ethics.

Certificants can enter and maintain their recertification credits, view recertification status, pay maintenance fees, and update contact information through their online account accessed from the CBMT home page.

Retain documentation of completed cycle for at least one year beyond cycle completion date in order to comply with random audits conducted by CBMT. If audited, documentation will be requested.

3. Sign and date the Attestation in your online account.
4. When 100 credits are recorded, of which 3 relate to ethics, fees are paid up to date, and the Attestation is signed, "Submit" your Application for Recertification on the Summary tab.

**Certification will expire if the conditions for recertification are not completed by the last day of the five-year cycle.** Should certification expire, the individual must apply for re-entry, which includes applying, paying for, and passing the Board Certification Examination. Individuals forfeit the rights and privileges of the MT-BC certification status until they pass the Board Certification Examination (Refer to [www.cbmt.org](http://www.cbmt.org)).

### MAINTENANCE FEE STRUCTURE

During each year of the Recertification cycle, the certificant will be assessed an annual maintenance fee. The annual maintenance fee covers the administrative costs of CBMT, including the Recertification Program, the activities of certification and recertification, maintenance and documentation of all certificant records, legislative assistance and other functions performed by CBMT on behalf of certificants. A late fee is assessed when the maintenance fee is overdue.

Board certification is granted when demonstrating competent knowledge and skills, not as a function of fee payment. The certificant remains board certified throughout the five-year cycle, whether or not credits are reported, and whether or not fees are paid. *However, Recertification* is only processed when credits are entered and maintenance fees and late fees are paid in full.

### AUDIT

Ultimately, it is the responsibility of the CBMT to uphold and enforce the high standards that have been set for the recertification program. The random audit procedure is the mechanism used for this task and is conducted each year. Every certificant who has reported credits stands an equal chance of being audited regardless of previous audit history. Please note that it is possible that a given individual could be audited more than once in the same five-year recertification cycle. The following steps describe the audit process.

1. A computerized random selection process identifies the names of those persons to be audited from the pool of current certificants.

Notification is sent to those selected for audit, requesting that copies of documentation of all credits reported to date be submitted. Documentation can be uploaded and stored in the online account.

2. Through the audit process materials are examined for quality and accuracy. Established audit procedures ensure that all materials are evaluated according to the same standards and by means of identical procedures. The procedure typically results in one of the following outcomes:
  - Credits are accepted as reported;
  - Some or all credits are denied (often due to lack of proper documentation);
  - Errors in calculating amount of credits are corrected;
  - Credits not placed in the proper category are moved
3. Notification is sent to the certificant indicating the results of the audit. Each certificant audited has the opportunity to request clarification or reconsideration of audit results. If there is no response or question regarding audit results within the specified time limit outlined in the notification from CBMT, the results of the audit are considered final. The record of credits is changed, if necessary, to reflect results of the audit.

The audit process is random and is not a reflection of doubt as to the honesty or accuracy of a certificant's reporting of credits. Financial and staffing limits do not allow the CBMT to audit every claim. It is important that each certificant maintain a complete file of documentation related to continuing music therapy education activities in case of audit selection. Responsible, accurate, and complete documentation by certificants will ensure the audit is a simple process of sending copies of materials when requested.

Non-respondents will be subject to future audit. A certificant who fails to respond to a request for documentation for audit will be automatically audited the following year, and each year thereafter until the required documentation is submitted. If a certificant fails to respond to the audit within the five-year cycle, their board certification will be revoked.

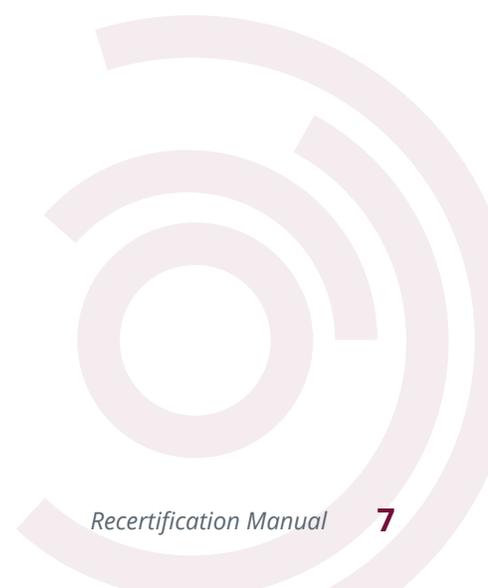
## **CMTE CREDIT CALCULATION**

A CMTE credit is equal to one 50-minute hour of direct coursework or contact. Contact hours are calculated from clock hours (60 minutes). For example, 3 clock hours (180 minutes) is divided by 50 to equal 3.6 contact hours or 3 CMTE credits. CMTE credits are not granted in units smaller than 1 credit. Fractions of hours are rounded down (e.g. 3.6 contact hours would be recorded as 3 CMTEs).

### **CMTE Credit Formula**

$\text{Clock hours} \times 60 = \text{Actual Number of Minutes}$   
 $\text{Actual Number of Minutes} / 50 = \text{Number of CMTE credits}$

This formula will be used to automatically calculate the number of credits from the number of minutes entered in your online account for each opportunity.



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# 3

## **CONTINUING MUSIC THERAPY EDUCATION (CMTE)**

## CMTE CREDITS

You must earn 100 CMTE credits during the five-year cycle. CMTE options are broadly categorized as Workshops/Courses/Conferences/Independent Learning; Presentations; Music Therapy Student Supervision; Publications/Writings; and Professional Development. **Three of these credits must be in Ethics.**

## ETHICS

Three CMTE credits in Ethics must be earned during the five-year cycle. The required three credits may be obtained in any combination of the options indicated with a star below in the chart.

Each certificant may select issues related to ethics that are relevant to their professional and personal development. These ethical topics may include, but are not limited to cultural competency, end-of-life care issues, ethical supervision, sexual harassment, confidentiality (HIPAA), informed consent, business practices, academic integrity, citizenship, and client/civil rights.

## CMTE OPTIONS OVERVIEW

All Continuing Music Therapy Education (CMTE) Options Must Relate to the Board Certification Domains

CMTE Options	Required Documentation	Credit Amount	Allowable Credits
<b>Workshops/Courses/Conferences/Independent Learning</b>			
*Approved Provider Opportunities	Certificate of Completion	1 Credit per 50 Minutes	100
*Graduate Courses	Written Summary Official Transcript	10 Credits per 1 Quarter Hour 15 Credits per 1 Semester Hour	100
*Mentored Self-Study	CMTE Program Plan CMTE Final Evaluation	1 Credit per 50 Minutes for Mentor * 1 Credit per 50 Minutes for Mentee	50 for Mentor 100 for Mentee
Attendance at AMTA National and Regional Conference	Certificate of Attendance	5 Credits per Regional 5 Credits per National	50
*Concurrent Sessions at AMTA National and Regional Conference	Signed Verification	1 Credit per 50 Minutes	100
*Read and Analyze Current Professional Publications	Written Summary Full Reference Citation	2 Credits per Journal Article 2 Credits per Book Chapter	100
*Other Continuing Education Opportunities	Written Summary Proof of Attendance	1 Credit per 50 Minutes	100
	Official Transcript for Undergraduate Courses	20 Credits per Course	100
<b>Presentations</b>			
Workshop, course, concurrent session, research poster, legislative testimony, round table, or symposium	Written Summary Proof of Delivery	10 Credits for Less Than 150 Minutes of Delivery 30 Credits for Equal to or More Than 150 Minutes of Delivery	100
<b>Music Therapy Student Supervision</b>			
Practicum Student and Intern	Verification from Music Therapy University or Facility Coordinator	5 Credits per Practicum Student 10 Credits per Intern	50

**CMTE OPTIONS OVERVIEW**

*All Continuing Music Therapy Education (CMTE) Options Must Relate to the Board Certification Domains*

<b>CMTE Options</b>	<b>Required Documentation</b>	<b>Credit Amount</b>	<b>Allowable Credits</b>
<b>Publications/Writings</b>			
Book (Author and/or Editor)	Written Summary APA Citation, Published Title Page, Copyright Page	50 Credits per Book Chapter 50 Credits per Self-Published Book 100 Credits per Third-Party Published Book	100
Music Composition	Written Summary Musical Score Audio Recording	5 Credits per Composition	50
Grant Awards	Written Summary Letter of Award	10 Credits for Less than \$5,000 30 Credits for Equal to or Greater than \$5,000	100
Non-Peer Reviewed Professional Publication	Written Summary APA Citation	10 Credits per Article	50
Peer-Reviewed Professional Publication (Blind Review)	Written Summary APA Citation	50 Credits per Article	100
Thesis or Dissertation	Written Summary Signed Title Page	80 Credits for Thesis 100 Credits for Dissertation	100
<b>Professional Development</b>			
Develop a New AMTA Academic Program	Letter of Program Approval from AMTA	100 Credits per Academic Program	100
Establish a Music Therapy Internship	Verification from University or AMTA Approval Letter	30 Credits per University-Affiliated 50 Credits per National Roster	100
Service to Music Therapy Profession	Written Summary Verification of Time from Chair or Executive Officer	1 Credit per 50 Minutes	50

*\*Options eligible for ethics requirement credits.*

# OPTIONS

## Workshops/Courses/Conferences/Independent Learning

### **Approved Provider Opportunities** – Allowable Credit 100 per Cycle

*1 Credit per 50 minutes*

Workshops, courses, conferences and independent learning offered by CBMT Approved Providers may be claimed for CMTE credits. The Approved Provider is responsible for justifying the significance and validity of the learning experience in relation to the CBMT Board Certification Domains.

Workshops, courses, and independent learning experiences completed with non-CBMT Approved Providers may be claimed under the Other Continuing Education Opportunities option.

A current list of Approved Providers is available on the CBMT website.

#### **Required Documentation:**

- **Certificate of Completion**

### **Graduate Courses** – Allowable Credit 100 per Cycle

*10 Credits per 1 Quarter Hour, 15 Credits per 1 Semester Hour*

Certificants may claim CMTE credit for graduate coursework in which they enroll for credit and receive a grade of “C” or higher. Graduate courses that are audited or for which credit is not given may be included as a component of a Mentored Self-Study program.

#### **Required Documentation:**

- **Summarize the learning experience and its application to your music therapy practice and each of the relevant CBMT Board Certification Domains.**
- **Official Transcript with “C” grade or better**

### **Mentored Self-Study** – Allowable Credit 50 per Cycle for Mentor; 100 per Cycle for Mentee

*1 Credit per 50 Minutes for Mentor, \*1 Credit per 50 Minutes for Menteez*

CMTE credit may be claimed for a Mentored Self-Study, which is an individualized course of study designed to meet a certificant’s specific educational goals as related to the CBMT Board Certification Domains. Mentored Self-Study is facilitated by a mentor, i.e., music instructor, music therapist, professor, more experienced colleague in another discipline, an expert on a subject, etc.

Certificants acting as the mentor for another MT-BC may claim CMTE credits for their part in the Mentored Self-Study. Both the mentor and the mentee must complete their own required documentation. Guidelines for use in developing Mentored Self-Study courses are outlined in the CMTE Program Plan.

#### **Required Documentation:**

- **CMTE Program Plan (Mentee and Mentor)**
- **CMTE Final Evaluation (Mentee only)**

# OPTIONS

## Workshops/Courses/Conferences/Independent Learning

### **AMTA National and Regional Conference Attendance** – Allowable Credit 50 per Cycle

*5 Credits per Regional*

*5 Credits per National*

Certificants may claim CMTE credits for attendance at AMTA National and Regional Conferences.

Additional CMTE credits from AMTA National and Regional Conferences may be claimed separately under their respective CMTE Options, i.e., Approved Provider Opportunities, Concurrent Sessions, Other Continuing Education Opportunities, etc.

CMTE credits from other professional conferences are documented under Other Continuing Education Opportunities.

#### **Required Documentation:**

- **Certificate of Attendance**

### **AMTA National and Regional Conference Concurrent Sessions** – Allowable Credit 100 per cycle

*1 credit per 50 minutes*

Certificants may claim CMTE credit for attending concurrent sessions at AMTA National and Regional conferences. Concurrent sessions must be at least 50 minutes to earn 1 credit. AMTA National and Regional Conference planners are responsible for justifying the significance and validity of the learning experience in relation to the CBMT Board Certification Domains.

#### **Required Documentation:**

- **Signed verification of the title, date, and length of the concurrent session or the session attendance code. A canceled check, name tag, or copy of workshop material is not acceptable proof of attendance.**

# OPTIONS

## WORKSHOPS/COURSES/CONFERENCES/INDEPENDENT LEARNING

### **Read and Analyze Current Professional Publications** – Allowable Credit 100 per cycle

*2 Credits per Journal Article*

*2 Credits per Book Chapter*

Certificants may claim CMTE credits for reading and analyzing publications, including peer-reviewed and non-peer reviewed literature. Publications must be less than 5 years old. Reading and Analyzing journal articles for legislative testimony and drafting may be claimed in this section.

#### **Required Documentation:**

- **Summarize your learning experience and its application to music therapy practice and each of the relevant CBMT Board Certification Domains.**
- **Full Reference Citation in APA Format**

### **Other Continuing Education Opportunities** – Allowable Credit 100 per Cycle

*1 credit per 50 minutes*

*20 credits per undergraduate course*

Other Continuing Education Opportunities provided by non-CBMT Approved Providers may be claimed for CMTE credits. These educational opportunities may include interactive, non-standardized, live online/distance-learning experiences. The certificant is responsible for justifying the significance and validity of the learning experience in relation to the CBMT Certification Domains.

Examples of Other Continuing Education Opportunities include: courses not provided by CBMT-approved providers, professional conferences, undergraduate coursework, professional in-services, employer-sponsored trainings, CPR training, grand rounds, crisis management training, etc.

#### **Required Documentation:**

- **Summarize your learning experience and its application to music therapy practice and each of the relevant CBMT Board Certification Domains.**
- **Proof of Attendance**
- **Official Transcript for Undergraduate Courses**

## OPTIONS

### PRESENTATIONS

**Workshop, course, concurrent session, research poster, legislative testimony, round table, or symposium** – Allowable Credit 100 per Cycle

*10 Credits for Less Than 150 Minutes of Delivery*

*30 Credits for Equal to or More Than 150 Minutes of Delivery*

Certificants may claim CMTE credits for the first-time development and delivery of presentations. Presentations may take the form of a workshop, course, concurrent session, research poster, legislative testimony, round table, or symposium. All certificants who participated in these presentations may claim credit.

**Required Documentation:**

- **Provide a written summary or abstract of the presentation and identify how it relates to the CBMT Board Certification Domains.**
- **Proof of Delivery**

### MUSIC THERAPY STUDENT SUPERVISION

**Practicum Student and Intern** – Allowable Credit 50 per Cycle

*5 Credits per Practicum Students*

*10 Credits per Intern*

Certificants may claim CMTE credits for supervising music therapy practicum students, including pre-interns and MT-BC graduate students, and interns. There is no provision for claiming CMTE credits for supervision provided to other individuals who are non-music therapy students, interns, etc.

**Required Documentation:**

- **Verification letter from Music Therapy University or Facility Coordinator**

# OPTIONS

## PUBLICATIONS / WRITINGS

**Book (Author and/or Editor)** – Allowable Credit 100 per Cycle

*50 Credits per Book Chapter*

*50 Credits per Self-Published*

*100 Credits for Third-Party Published Book*

Certificants may claim CMTE credits for authoring or editing a book that is relevant to the field of music therapy, with the exception of songbooks (see Music Composition). Publications must be relatable to the CBMT Board Certification Domains. The publication date must be within the certificant's current cycle.

### **Required Documentation:**

- **Provide a written summary or abstract of the publication and identify how it relates to the CBMT Board Certification Domains. (one summary for each chapter or book)**
- **Full Reference Citation in APA Format**
- **Published Title Page**
- **Copyright Page**

**Music Composition** – Allowable Credit 50 per Cycle

*5 Credits per Composition*

Certificants may claim CMTE credits for original music compositions. Compositions must be a minimum of 16 measures and correctly notated by hand or computer software. The composition date must be within the certificant's current cycle.

### **Required Documentation:**

- **Provide a written summary of the therapeutic use of the composition including client population, therapeutic domain(s) addressed, therapeutic objective within the stated domain, and procedure for implementing the composition to meet the objective(s). (one summary for each composition)**
- **Musical score (notated by hand or computer software)**
- **Audio recording**

## OPTIONS

### PUBLICATIONS / WRITINGS

**Grant Awards** – Allowable Credit 100 per Cycle

*10 Credits for Less Than \$5000*

*30 Credits for Equal to or Greater Than \$5000*

Certificants may only claim CMTE credits for awarded grants. The acceptance date for grants must be within the certificant's current cycle. All certificants whose names appears on the letter of award may claim credit.

***Required Documentation:***

- **Summarize your learning experience and its application to music therapy practice and each of the relevant CBMT Board Certification Domains.**
- **Letter of Award**

# OPTIONS

## PUBLICATIONS / WRITINGS

**Non Peer-Reviewed Professional Publication** – Allowable Credit 50 per Cycle  
*10 Credits per Article*

Certificants may claim CMTE credits for authorship of non-peer reviewed publications that are selected by an editor for publication without blind review. Examples of acceptable publications may include both online and print versions of: book reviews, letters to the editor, or any other invited and accepted article. Publication date must be within the certificant's current cycle.

**Required Documentation:**

- Provide a written summary or abstract of the publication and how it relates to the relevant CBMT Board Certification Domains.
- Full Reference Citation in APA Format

**Peer-Reviewed Professional Publication (Blind Review)** – Allowable Credit 100 per Cycle  
*50 Credits per Article*

Certificants may claim CMTE credits for authorship of peer-reviewed publications. Peer-reviewed publications are typically chosen by an editorial board using a blind review process. Publications may include those within the music therapy profession (e.g., Journal of Music Therapy, Music Therapy Perspectives, etc.) as well as other professional publications. Publication date must be within the certificant's current cycle.

**Required Documentation:**

- Provide a written summary or abstract of the publication and how it relates to the relevant CBMT Board Certification Domains.
- Full Reference Citation in APA Format

**Thesis or Dissertation** – Allowable Credit 100 per Cycle  
*80 Credits for Thesis*  
*100 Credits for Dissertation*

Certificants may claim CMTE credits for completion of a thesis or dissertation. The date of the completed signature page must be within the certificant's current cycle.

**Required Documentation:**

- Provide a written summary or abstract of the thesis or dissertation and how it relates to the relevant CBMT Board Certification Domains.
- Signed Title Page

## OPTIONS

### PROFESSIONAL DEVELOPMENT

#### **Develop a New AMTA Academic Program** – Allowable Credit 100 per Cycle

*100 Credits per Academic Program*

Certificants may claim CMTE credits for the approval of a new AMTA program (e.g., college or university degree program) at either the undergraduate or graduate level. The letter of approval date must be within the certificant's current cycle.

##### **Required Documentation:**

- **Letter of Program Approval from AMTA**

#### **Establish a Music Therapy Internship** – Allowable Credit 100 per Cycle

*30 Credits per University-Affiliated*

*50 Credits per National Roster*

Certificants may claim CMTE credits for the approval of a new music therapy internship program, including both University-Affiliated and National Roster internships. The letter of approval date must be within the certificant's current cycle.

##### **Required Documentation:**

- **Verification from University or AMTA Approval Letter**

#### **Service to Music Therapy Profession** – Allowable Credit 50 per Cycle

*1 Credit per 50 Minutes*

Certificants may claim CMTE credits for their service to internal or external organizations. Internal organizations include national, regional, state, or local organizations whose primary purpose is the development or advancement of the field of music therapy. External organizations include non-music therapy focused organizations (e.g., serving as an advisor to hospital boards, community arts programs) where the music therapist's service role primarily includes music therapy advocacy and or education. Testimony before state and federal legislative or executive bodies or committees and/or drafting legislation would also be included in this category.

##### **Required Documentation:**

- **Summarize your learning experience and its application to music therapy practice and each of the relevant CBMT Board Certification Domains.**
- **Verification of Time from Chair or Executive Officer**

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# 4

## **CBMT APPENDIX**

The Certification Board for Music Therapists

- A. CBMT Board Certification Domains
- B. CBMT Code of Professional Practice
- C. Glossary

## THE CBMT BOARD CERTIFICATION DOMAINS

The CBMT *Board Certification Domains* is a profile of the current knowledge and skills of music therapy practice. For purposes of Certification and Recertification, this outline serves to define the knowledge and skills that the MT-BC should possess to practice in the field. In this manual, and in other publications of the CBMT, references are made to the CBMT *Board Certification Domains*.

The development of the CBMT *Board Certification Domains* is the product and culmination of a lengthy process known as Practice Analysis. The process is conducted as follows:

- A broad cross-section of music therapists is surveyed regarding their current music therapy practices.
- From the survey data, a list of objective and observable task statements is developed. These tasks are considered essential for safe and competent music therapy practice. The items are then weighted and grouped into meaningful categories.
- The groupings result in the CBMT *Board Certification Domains* document. The weights of various categories determine the percentage of Exam questions devoted to each category.
- The entire process is repeated, with a new CBMT *Board Certification Domains* document generated every five years to accurately reflect current practice.

The Practice Analysis process is conducted by a committee of experts in various areas of music therapy clinical practice. The members of the Practice Analysis Committee are selected by the CBMT for their recognized expertise and collective breadth of knowledge in areas of music therapy practice. The Practice Analysis is coordinated and guided by test development experts who are hired by the CBMT.

Each item in the CBMT Examination item pool must relate directly to one of the task statements derived from the CBMT *Board Certification Domains*. With each new Practice Analysis, the CBMT Examination Committee reviews each test item to ensure that it reflects current practice and relates to the new listing of task statements. In this way, the CBMT Examination and the CBMT *Board Certification Domains* are representative of current music therapy practice.

**See CBMT Board Certification Domains at [www.cbmt.org](http://www.cbmt.org).**

# Music Therapy Board Certification

From the 2019 Music Therapy Practice Analysis Study, Effective August 1, 2020

## I. Safety: 5 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 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.
7. Inspect materials and instruments on a regular basis.
8. Maintain awareness of client location, materials, and potential risks of harm at all times.
9. Keep apprised of, and comply with emergency procedures.
10. Utilize consistent interactions that promote a sense of safety and security.

## II. Referral, Assessment, Interpretation of Assessment and Treatment Planning: 35 items

### A. Referral

1. Implement an appropriate referral system for the population served.
2. Educate staff, treatment team, or other professionals regarding appropriate referral criteria for music therapy based on population needs.
3. Evaluate the appropriateness of a referral for music therapy services.
4. Prioritize referrals according to immediate client needs.

### B. Assessment

1. Observe client in music and/or non-music settings (e.g., daily activities, routines, or environments).
2. Obtain client information from available resources (e.g., client, caregiver, documentation, family members, medical and other professionals, treatment team members).
3. Using a music therapy assessment, identify client functioning level and strengths within the following areas of need:
  - a. cognitive.
  - b. communicative.
  - c. musical.
  - d. physical/motor.
  - e. psychological.
  - f. sensory.
  - g. social.
  - h. spiritual.

4. Identify client's:
  - a. active symptoms.
  - b. behaviors.
  - c. clinical history, including previous music therapy treatment.
  - d. family dynamics and support systems.
  - e. learning styles.
  - f. mood/affect.
  - g. multicultural and spiritual context.
  - h. music background and skills.
  - i. need for assistive technology.
  - j. resources.
  - k. social and interpersonal relationships.
  - l. stressors related to present status, including trauma.
  - m. values, preferences, and interests.
5. Document intake and assessment information.
6. Understand the possible effects of medical and psychotropic drugs.
7. Select musical and/or non-musical assessment tools and procedures to reflect purpose of assessment.
8. Determine the purpose of the assessment (e.g., eligibility, level of functioning, service delivery).
9. Adapt existing assessment tools and procedures.
10. Develop assessment tools and procedures.
11. Create an assessment environment or space conducive to the assessment protocol and/or client's needs.
12. Engage client in musical and non-musical experiences to obtain assessment data.
13. Identify client response to different:
  - a. elements of music (e.g., melody, harmony, rhythm, dynamics, form).
  - b. styles of music.
  - c. types of musical experiences (e.g., improvising, recreating, composing, and listening) and their variation.
  - d. types of non-musical experiences.

### C. Interpret Assessment Information and Communicate Results

1. Consider the presence of bias in information from available sources.
2. Identify external factors that may impact accuracy of information gathered during assessment (e.g., dominant language, precipitating events, medications, health considerations).
3. Draw conclusions for recommendations based on analysis and interpretation 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 an understandable and useful manner in various formats (e.g., oral, written, audio, video, electronic record-keeping systems).

**D. Treatment Planning**

1. Involve client in the treatment planning process, when appropriate.
2. Consider the following in the treatment decision-making process:
  - a. professional expertise and experience of the therapist.
  - b. research evidence of the effectiveness of the intervention.
  - c. values, preferences, and interests of clients, families, and caregivers.
3. Collaborate with other professionals and/or family, caregivers, and personal network to design interdisciplinary treatment programs.
4. Evaluate the role of music therapy within the overall therapeutic program.
5. Consider the frequency, intensity, duration, service delivery model (e.g., individual or group sessions) when developing a treatment plan.
6. Establish client goals and objectives that are:
  - a. specific.
  - b. measurable.
  - c. achievable.
  - d. realistic.
  - e. time-limited.
7. Determine a data collection system appropriate for the treatment goals and objectives.
8. Create environment or space conducive to client engagement.
9. Consider client's age, culture, language, music background, and preferences when designing music therapy experiences.
10. Design experiences to generalize goals and objectives across settings, people, subjects, behaviors, or time.
11. Select appropriate musical elements, repertoire, instruments and equipment consistent with treatment needs.
12. Select non-music materials consistent with music therapy goals and clients' learning styles (e.g., technology and interactive media, adaptive devices, visual aids).
13. Structure and organize music therapy experiences within each session to create therapeutic contour (e.g., transitions, pacing, sequencing, energy level, intensity).
14. Create and document treatment plan.
15. Determine exit criteria.

2. Provide individualized music therapy experiences to address client's:
  - a. ability to empathize.
  - b. ability to use music independently for self-care.
  - c. abuse and trauma.
  - d. activities of daily living.
  - e. adjustment to life changes or temporary or permanent changes in ability.
  - f. aesthetic sensitivity.
  - g. affect, emotions and moods.
  - h. agitation.
  - i. aggression.
  - j. anticipatory grief.
  - k. anxiety.
  - l. attention (i.e., focused, sustained, selective, alternating, divided).
  - m. auditory perception.
  - n. autonomy.
  - o. bereavement.
  - p. coping skills.
  - q. danger to self or others (e.g., suicidality, self-injurious behavior).
  - r. depression.
  - s. family dynamics.
  - t. enunciation and vocal production.
  - u. executive functions (e.g., decision making, problem solving).
  - v. functional independence.
  - w. generalization of skills.
  - x. grief and loss.
  - y. group cohesion and/or a feeling of group membership.
  - z. impulse control.
  - aa. initiation.
  - bb. interactive response.
  - cc. language skills.
  - dd. memory.
  - ee. motor skills.
  - ff. musical and other creative responses.
  - gg. neurological and cognitive function.
  - hh. on-task behavior.
  - ii. oral motor control.
  - jj. pain (e.g., physical, psychological).
  - kk. participation/engagement.
  - ll. physiological symptoms.
  - mm. quality of life.
  - nn. range of motion.
  - oo. reality orientation.
  - pp. relaxation.
  - qq. respiratory function.
  - rr. responsibility for self.
  - ss. self-awareness and insight.
  - tt. self-esteem.
  - uu. self-motivation.
  - vv. sense of self with others.
  - ww. sensorimotor skills.
  - xx. sensory orientation (e.g., maintenance attention, vigilance).
  - yy. sensory perception.
  - zz. sensory processing.
  - aaa. social skills and interactions.
  - bbb. spirituality.

**III. Treatment Implementation and Documentation: 68 items****A. Implementation**

1. Develop a therapeutic relationship by:
  - a. being fully present, authentic, and respectful.
  - b. building trust and rapport.
  - c. establishing roles, boundaries, and expectations.
  - d. providing ongoing acknowledgement of progress and reflection.
  - e. providing a safe and contained environment.
  - f. recognizing and managing aspects of one's own professional and personal biases, feelings, and behaviors that affect the therapeutic process (e.g., transference and countertransference).
  - g. understanding group dynamics and processes.

- ccc. strength and endurance.
  - ddd. stress management.
  - eee. support systems.
  - fff. verbal and nonverbal-communication.
  - ggg. wellness.
3. Recognize how the following theoretical frameworks inform music therapy practice:
- a. behavioral.
  - b. biopsychosocial.
  - c. cognitive.
  - d. holistic.
  - e. humanistic/existential.
  - f. neuroscience.
  - g. psychodynamic.
4. Utilize the following music therapy approaches to inform clinical practice:
- a. behavioral.
  - b. community music therapy.
  - c. culture-centered.
  - d. developmental.
  - e. health and wellness.
  - f. humanistic.
  - g. improvisational.
  - h. medical.
  - i. neurological.
  - j. psychodynamic.
5. To achieve therapeutic goals:
- a. apply a variety of scales, modes, and harmonic progressions.
  - b. apply standard and alternate tunings.
  - c. apply the elements of music (e.g., melody, harmony, rhythm).
  - d. arrange, transpose, or adapt music.
  - e. compose vocal, instrumental, and digital music.
  - f. employ functional skills with:
    - 1. digital instruments.
    - 2. guitar.
    - 3. keyboard.
    - 4. percussion instruments.
    - 5. ukulele.
    - 6. voice.
  - g. improvise using instruments, voice, or movement.
  - h. sight-read music.
  - i. utilize a varied music repertoire (e.g., blues, pop, metal, hip-hop) from a variety of cultures and eras.
  - j. utilize music and movement.
  - k. utilize music to communicate with client.
  - l. utilize song and lyric analysis.
  - m. utilize songwriting.
  - n. mediate interpersonal problems within the session.
  - o. provide musical cues.
  - p. utilize leadership and/or group management skills.
  - q. utilize prompting hierarchy (i.e., verbal, gestural, model, visual, physical, auditory, or tactile).
  - r. employ active listening.
  - s. employ mindfulness techniques with music.
  - t. employ music relaxation and/or stress reduction techniques.
  - u. facilitate community-building activities.
  - v. facilitate generalization of therapeutic progress into everyday life.
  - w. identify and respond to significant events.
  - x. integrate current technology and interactive media.
  - y. observe client responses.
  - z. offer coaching to family, caregivers, and peers to maintain and support the client's therapeutic progress.
    - aa. provide receptive music experiences.
    - bb. share musical experience and expression with clients.
    - cc. utilize adaptive materials, equipment, and assistive technology.
    - dd. utilize breathwork.
    - ee. utilize creativity and flexibility in meeting client's changing needs.
    - ff. utilize imagery.
    - gg. utilize relaxation techniques.
    - hh. validate client's musical experience.

### B. Documentation

1. Monitor client's progress by using the selected data collection system.
2. Record client responses, progress, and outcomes in a secure manner.
3. Use terminology appropriate to population and setting.
4. Document plan for subsequent session based on data.
5. Provide periodic treatment reports.
6. Adhere to internal and external legal, regulatory, and reimbursement requirements.
7. Provide written documentation that demonstrates evidence-based outcomes related to addressed goals/interventions.

## IV. Evaluation and Termination of Treatment: 10 items

### A. Evaluation

1. Review data and information relevant to client's treatment process.
2. Differentiate between empirical information and therapist's interpretation.
3. Acknowledge therapist's bias and limitations in interpreting information (e.g., cultural differences, clinical orientation).
4. Review treatment plan regularly.
5. Modify treatment plan as needed.
6. Analyze all available data to determine effectiveness of therapy.
7. Communicate with client and/or client's family, caregivers, treatment team, and personal network as appropriate.
8. Make recommendations and referrals as indicated.
9. Compare the client's and therapist's subjective experience/response to the elements, forms, and structures of music.
10. Document music therapy termination and follow-up plans.

### B. Termination of Treatment

1. Provide data-based reasoning for termination.
2. Involve and prepare client and others (e.g., family, caregivers) in the termination process.

3. Use a variety of plans and strategies in coordination with the treatment team.
4. Assess potential benefits and risks of termination.
5. Provide 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).

19. Engage in business management tasks (e.g., budget, contracts, insurance, marketing, payroll, taxes).
20. Maintain equipment and supplies.
21. Supervise staff, volunteers, practicum students, or interns.

*This document, CBMT Board Certification Domains, was developed from the results of the 2019 Music Therapy Practice Analysis Study. CBMT Board Certification Domains defines the body of knowledge that represents competent practice in the profession of music therapy and identifies what a board certified music therapist, a credentialed MT-BC, may do in practice. Continuing Music Therapy Education credits must relate to an area identified in the CBMT Board Certification Domains. This new document will be utilized as the source of reference for exam content, certification, and recertification requirements beginning on August 1, 2020.*

## V. Professional Development and Responsibilities: 12 items

### A. Professional Development

1. Assess areas for professional growth, prioritize, and establish plan of action.
2. Integrate current research and literature in music therapy and related disciplines.
3. Participate in continuing education.
4. Engage in collaborative work with colleagues.
5. Utilize supervision and/or mentoring as needed.
6. Expand musicianship, leadership skills, and therapeutic effectiveness.
7. Develop and advance technology and interactive media skills.

### B. Professional Responsibilities

1. Adhere to the CBMT Code of Professional Practice.
2. Conduct oneself in an authentic, ethical, accountable, and culturally sensitive manner that respects privacy, dignity, and human rights in all settings including social media, marketing, and advertising.
3. Maintain knowledge of federal and state laws, rules, and regulations that may affect practice.
4. Work within a facility's organizational structure, policies, standards, and emergency procedures.
5. Practice within scope of education, training, and abilities.
6. Fulfill legal responsibilities associated with professional role (e.g., mandated reporting, release of information).
7. Access patient information on a "need to know" basis, or at the level deemed necessary to appropriately facilitate services.
8. Maintain client confidentiality as required by law (e.g., HIPAA, IDEA).
9. Maintain professional and effective working relationships with colleagues and community members.
10. Maintain professional boundaries to ensure competent and ethical music therapy practice.
11. Examine one's own assumptions, values, and biases.
12. Monitor own mental and physical health, and seek support as needed to ensure professional effectiveness and competence.
13. Prepare accountability documentation for facility administration and/or local, state, and federal agencies.
14. Communicate with colleagues regarding professional issues.
15. Document relevant communications.
16. Conduct information sharing sessions (e.g., in-service workshops) for professionals and/or the community.
17. Respond to public inquiries about music therapy.
18. Serve as a representative, spokesperson, ambassador, or advocate for the profession of music therapy.

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# 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;
- 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 II. A-L 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 or the presence of actual or apparent conflict of interest 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 to accept the Disciplinary Review Committee's offer, the requested review or hearing will proceed as provided below.

### 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:

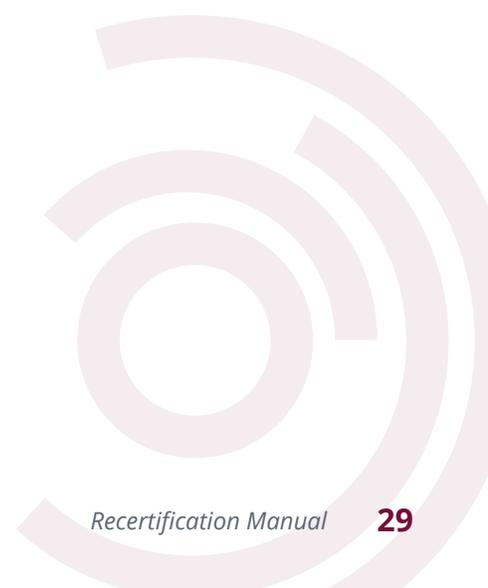
- A. In the event of a felony conviction directly related to music therapy practice or public health and/or safety, no earlier than seven (7) years from the exhaustion of appeals or release from confinement (if any), or the end of probation, whichever is later:
- B. In any other event, no earlier than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



# GLOSSARY

## A

**Appeal:** The process a certificant or applicant undertakes regarding disputes related to admissibility of credits submitted, expiration of certification, revocation of certification, and other adverse decisions.

**Appellant:** The individual making an appeal.

**Applicant:** A music therapist or Approved Provider (individual or group) seeking first time board certification or Approved Provider status.

**Approved Provider:** An institution, agency, or association that is approved by CBMT to issue CMTE credit to certificants for participation in continuing education courses. For more information, please contact the CBMT office.

**Audit:** A random review of recertification credit reports. Audit participants are selected randomly each year. Every certificant who has reported credits stands equal chance of being audited, regardless of previous audit history. Nonrespondents to an audit will be selected for audit each successive year until a response is received or certification expires.

## B

**BC Status:** Credential recognition given to music therapists demonstrating competence through exam or accruing recertification credits. This term is also the name given to the newsletter issued by CBMT to all certificants.

**Book Author:** Refers to a certificant who has written a self-published book/chapter or book/chapter published by a 3rd party.

**Book Editor:** Refers to a certificant who has edited a self-published book/chapter or a book/chapter published by a 3rd party.

## C

**CBMT:** The Certification Board for Music Therapists, founded in 1983 to enhance the quality, integrity, and professional commitment to Music Therapy.

**CBMT Code of Professional Practice:** The document by which all board certified music therapists and examination candidates must abide in relation to their professional practice. This document provides the enforceable means of revoking the credential or taking disciplinary action against a certificant should protection of the public require such action.

**CBMT Board Certification Domains:** This document defines the current knowledge and skills necessary to practice in the music therapy profession. It is the outline of categories covered on the CBMT examination. The *CBMT Board Certification Domains* is the product of a Practice Analysis, which is conducted every 5 years.

**Certificant:** A Board Certified Music Therapist.

**Certification Exam:** Standardized examination used to measure comprehensiveness of the current CBMT Board Certification Domains.

**Certificate of Attendance:** A dated form or certificate signed by the Continuing Education Director that provides proof of attendance at an AMTA Regional or National Conference.

**Certificate of Completion:** A dated form or certificate signed by the instructor or Continuing Education Director of an Approved Provider course that provides written verification of the title, date, and length of the Continuing Music Therapy Education option.

**Clock hour:** 60 minutes, as differentiated from a contact hour for CMTE credits which is 50 minutes.

**CMTE:** A unit of continuing education time spent in educational experiences that are counted towards recertification of a MT-BC. One CMTE is equal to 50 minutes of instruction or learning.

**Contact hour:** 50 minutes spent in Continuing Music Therapy Education, a single CMTE credit.

**Continuing education:** A variety of professional courses and educational pursuits that may serve to enhance competence.

## D

**Dissertation:** A culminating research manuscript completed by an individual who is pursuing a doctoral degree.

**Documentation:** Specific records and information required by the CBMT in the event of an audit of recertification credits.

**Domain area:** A specific category within the content outline of the examination, e.g. "Assessment and Treatment Planning", "Treatment Implementation and Termination", "Ongoing Documentation and Evaluation of Treatment" and "Professional Development and Responsibilities."

## G

**Grant Awards:** Financial support provided by an organization or agency to a certificant to pursue a clinical or research-based activity or project.

## L

**Late fee:** Cost assessed by the CBMT to the certificant for each year in which a maintenance fee is overdue.

## M

**Maintenance fee:** Annual cost assessed by the CBMT to the certificant during the current year designed to cover costs of maintaining records and administering the recertification program.

**Mentee:** The certificant who is receiving guidance from a Mentor.

**Mentor:** A qualified person chosen by a certificant to serve as teacher or guide for a mentored self-study experience; an expert in the field of study.

**Mentored Self-Study:** An individualized program of study appropriate to specific educational goals of the MT-BC and relating to one domain of the CBMT *Board Certification Domains*. The individualized self-study is conducted under the supervision of a qualified mentor selected by the certificant.

## N

**National Commission for Certifying Agencies (NCCA):** A national organization that oversees and accredits certification programs in a variety of fields, including health care-related disciplines. The NCCA serves as an independent third-party reviewer of CBMT's board certification exam and recertification process and ensures that these meet national standards. For more information, see: [www.credentialingexcellence.org/ncca](http://www.credentialingexcellence.org/ncca)

**Non-Peer Reviewed Professional Publication:** A publication where an editor selects items for publication.

**Non-Respondent:** A certificant who fails to respond to a request for documentation for audit.

### O

**Official Transcript:** A sealed document from the registrar of an educational institution that serves as proof of successful completion of academic work.

### P

**Panel:** A presentation involving multiple individuals discussing/presenting on various facets of a single topic.

**Peer-Reviewed Professional Publication:** A publication which employs an editorial board to conduct a blind review of articles submitted for publication (e.g. Journal of Music Therapy; Nordic Journal of Music Therapy; Music Therapy Perspectives, etc.).

**Practice Analysis:** A process repeated every five years in which a committee surveys music therapists' current knowledge and skills of music therapy practice. This then generates a new list of knowledge, skills, and abilities considered essential for the successful practice of music therapy.

**Practicum Student:** A student in an American Music Therapy Association-approved academic program who is enrolled in a pre-internship clinical practicum placement.

**Proof of attendance:** A dated form or certificate signed by the instructor or presider of a concurrent session or Other Continuing Education Option that provides written verification of the title, date, and length of the Continuing Music Therapy Education option.

### R

**Recertification:** The process by which a certificant meets the requirements to maintain certification every five years.

**Recertification cycle:** A term of five years during which the MT-BC pursues recertification by accruing 100 recertification credits.

**Re-Entry:** The process by which an individual whose certification has expired applies to take the exam to become an MT-BC

**Roundtable:** Informational presentation(s) with organizer(s) engaging all those attending the session in group discussion.

### S

**Supervisor:** An MT-BC who is a training music therapy student who is an intern or pre-intern. For supervision of MT-BCs, see "Mentor".

**Symposium:** A formal conference that typically involves experts presenting about a unifying or single topic or interest.

### T

**Thesis:** A culminating research manuscript completed by an individual who is pursuing a master's degree.

### V

**Verification of Time:** Written proof of music therapy-related service in the form of volunteering time to a board, committee, or organization to promote or advocate for music therapy.

### W

**Workshop:** Individual/s engaging participants in a process to gain experience and mastery over the material covered. Workshops typically have 20% didactic material and involve 80% experiential components.

