Verification of Board Certification for Music Therapists

Section 1: Applicant Information – To be completed by Applicant

Last Name: _____ First Name: _____ Middle Initial: ____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Board Certification Number: _____ Expiration Date: _____

Section 2: Applicant Authorization – To be completed by Applicant

I request and give authorization to the Certification Board for Music Therapists to verify the information on this form and submit the results of the verification requested on this form to the Health Division and to release any other information required, such as education information.

_____ _____/_____/_____

Applicant's Signature mo. day yr.

Applicant – Stop here. Submit this form with your licensure application.

Section 3: Verification: To be completed by the Certification Board for Music Therapists

A. The applicant is a Board Certified Music Therapist in good standing. ☐Yes ☐No

B. Has the applicant been subject to any disciplinary action(s)? ☐Yes ☐No

C. The information provided in Section 1 by the applicant matches the information on file with the Board. ☐Yes ☐No

If the answer to A or C is 'no', please attach a complete explanation with any supporting documents.

If the answer to B is 'yes', please attach a complete explanation with any supporting documents.

Certification Board for Music Therapists: Signature and Certification of individual making verification
I declare under penalty of perjury under the law of the State of Nevada that the foregoing is true and correct.

Executed on:

Signature: _____ Date: _____

Print Name: _____ Title: _____

Certification Board for Music Therapists representative please submit this form electronically to:
individuallicensing@health.nv.gov