



MUSIC THERAPIST INITIAL APPLICATION

DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
727 Fairview Drive, Suite E
Carson City, Nevada 89701
Phone: (775) 684-1030 Fax: (775) 684-1073
<http://dpbh.nv.gov/Reg/MusicTherapist/MusicTherapists - Home/>

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COMPLETE THIS FORM. PLEASE FILL IN THIS FORM ELECTRONICALLY, PRINT, SIGN, DATE AND SUBMIT. *(if unable to complete electronically type or print in black or blue ink and submit)*

APPLICANT INFORMATION	
First Name	
Middle Initial	
Last Name	
Social Security Number	
Physical Address	
Mailing Address (if different from above)	
County	
Date of Birth	
Phone Number	
E-mail Address or other method of communication	
Certification Board for Music Therapists (CBMT) Certification #:	
If you are licensed in another state, provide your state of licensure and license number, otherwise leave blank	
Previous name(s) used	
Gender (check one)	Female Male Prefer Not to Answer Other
Military Veteran (check one)	No, I am not a military veteran; or Yes - Army/Army Reserve Yes - Air Force/Air Force Reserve Yes - Coast Guard/Coast Guard Reserve Yes - Marine Corps/Marine Corps Reserve Yes - National Guard, Yes- Navy/Navy Reserve; or Prefer not to answer
Are you an active member of, or the spouse of an active member of one of the armed forces noted above, or the surviving spouse of a veteran?	Check one: Yes No Prefer not to answer

- ❖ License issued is valid for three (3) years after the date on which it is issued.
- ❖ \$200 Application Fee.
- ❖ Allow thirty day processing time.

COMPLETE ALL SECTIONS AS INSTRUCTED

Application Attestations *(Must check first 3 boxes, check last box only if it applies)*

- I certify that I am at least 18 years of age.
- I certify that I am of good moral character.
- I am aware of the mandatory abuse reporting requirements pursuant to [NRS 200.5093](#), [NRS 200.50935](#), and [NRS 432B.220](#).
- If you do not provide a method of electronic communication, such as an e-mail address or any other method by which to communicate with you other than by telephone or U.S. mail, you must check this box attesting that this is not feasible and acknowledging that the U.S. mail is the only means which to communicate with you.

Child Support Information: *(Must check one box)*

- I am not subject to a court order for the support of a child.
- I am subject to a court order for the support of one or more children and am in compliance with the order or with a plan approved by the district attorney or other public agency enforcing the order for repayment of the amount owed pursuant to the order.
- I am subject to a court order for the support of one or more children and I am not in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order. You are required to contact the district attorney or other public agency enforcing the order to determine the actions that you may take to satisfy the arrearage.

In accordance with [NRS 425.520](#), **your application will be denied if you do not indicate which of the provisions above applies to you.**

Disciplinary Action *(Must check one box)*

Are you now, or have you ever been, the subject of any disciplinary action by the Certification Board for Music Therapists?

- Yes No N/A *(only check N/A if you are not or have never been certified with CBMT)* **If yes, please explain:**

Criminal History *(Both boxes must be checked)*

- I attest that I have **never** been convicted of any of the following crimes:
 - Murder, voluntary manslaughter or mayhem;
 - Assault with intent to kill or to commit sexual assault or mayhem;
 - Sexual assault, statutory sexual seduction, incest, lewdness or indecent exposure, or any other sexually related crime that is punished as a felony;
 - A crime involving domestic violence that is punished as a felony;
 - Abuse or neglect of a child or contributory delinquency
 - Abuse, neglect, exploitation or isolation of older persons or vulnerable persons, including, without limitation, a violation of any provision of [NRS 200.5091](#) to [NRS 200.50995](#), inclusive, or a law of any other jurisdiction that prohibits the same or similar conduct;
 - A violation of any provision of [NRS 422.450](#) to [NRS 422.590](#), inclusive; or
 - Any other felony involving the use or threatened use of force or violence against the victim or the use of a firearm or other deadly weapon.
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- I attest that I have not been convicted of any of the following crimes **within the immediately preceding 7 years**:
- Prostitution, solicitation, lewdness or indecent exposure, or any other sexually related crime that is punished as a misdemeanor;
 - A crime involving domestic violence that is punished as a misdemeanor;
 - A violation of any federal or state law regulating the possession, distribution or use of any controlled substance or any dangerous drug as defined in [chapter 454 of NRS](#);
 - A violation of any provision of law relating to the State Plan for Medicaid or a law of any other jurisdiction that prohibits the same or similar conduct;
 - A criminal offense under the laws governing Medicaid or Medicare; or
 - Any offense involving fraud, theft, embezzlement, burglary, robbery, fraudulent conversion or misappropriation of property.
 - An attempt or conspiracy to commit any of the offenses listed in the Criminal History section.

Certified Music Therapist Status (Must Check Box)

I am a Certified Music Therapist in good standing.

I understand that knowingly making a false statement on this application will be cause for denial, suspension, or revocation of licensure. I have examined this application and it is complete.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on:

Applicant's Signature: _____

Date: _____

APPLICATION CHECKLIST – All of these boxes must be checked as completed and all required documents and fees must be submitted for this application to be considered complete.

- Complete, sign and submit dated application.
- Include \$200 initial license application fee via personal check, cashier's check or money order. Pay to the order of Nevada State Treasurer.

Background Investigation:

Complete and submit the Music Therapist Background Investigation Form: http://dpbh.nv.gov/uploadedFiles/dpbhnavgov/content/Reg/MusicTherapist/Docs/Instructions_Fingerprinting_BackgroundChecks_MT.pdf, the Civil Applicant Waiver: <http://dpbh.nv.gov/uploadedFiles/dpbhnavgov/content/Reg/MusicTherapist/Docs/NewUpdatedCivilApplicantWaiver.pdf>, a payment of \$38.25 (as instructed on the Background Investigation Instructions), and two completed fingerprint cards with your application.

Submit completed application, including all requested documentation and fees to:

Nevada Division of Public and Behavioral Health
 Music Therapist Licensing Unit
 727 Fairview Drive, Suite E
 Carson City, NV 89701

If you have any questions please contact 775-684-1030 and request the Music Therapist Licensing Unit or email: individuallicensing@health.nv.gov

Renewal Note

- You will be required to submit proof that you have continuously maintained for the previous 3 years your certification with and that you are currently certified as a music therapist by the Certification Board for Music Therapists at the time of your renewal.
- You will be required to submit proof that you have completed not less than 100 units of continuing education approved by the Certification Board for Music Therapists.

Renew on Time: Late renewals will be charged \$20 in addition to the \$150 renewal fee.

You must notify the Division of any change to the information contained in your application within 15 days after the change by completing and submitting the Change of Information

Form: <http://dpbh.nv.gov/uploadedFiles/dpbhnavgov/content/Reg/MusicTherapist/Docs/ChangeofInformationForm.pdf>

. Failure to comply with this requirement is grounds for denial of your application or the suspension or revocation of your license, as applicable.

INCOMPLETE APPLICATIONS WILL BE RETURNED