

The Music for Healing & Transition Program™

Graduate Application for Addition of New Instrument to Certificate

Instructions

1. Submit the application form below to the MHTP Administrative Office with the \$15 fee.
Address: MHTP, c/o Castaner, 17 Daniele Lane #30, Millbrook, NY 12545
The application form is posted on the MHTP website in the CEU section, or it may be requested as an MSWord document from mhtp@mhtp.org. MHTP will assign a reviewer who is a CMP specializing in the instrument to be evaluated.
2. The reviewer will contact the applicant and discuss the recording format that will work best for them both: it may be a CD, Mp3 or video.
3. Complete a 30 minute recording in the agreed-upon format, demonstrating your proficiency on the instrument in the four categories of therapeutic music, just as you did on your graduate recording for certification. The recording must be labeled with titles of selections, what MHTP category they fit into and the applicant's name.
4. Mail the recording to the Reviewer, with a \$25 check made out to the reviewer.
5. Upon evaluation, the reviewer will notify the MHTP Graduate Administrator and you of successful completion, and the Graduate Administrator will send you a new Graduate Certificate and CEU Certificate for 15 CEUs.

Application

Name of Graduate:

Address:

City/State/Zip-code:

Phone:

Email address:

Date of Graduation as listed on your current Certificate:

Instrument(s) used for initial Certification:

Instrument to be evaluated & added to my Certification:

Please print how name should be listed on new Certificate of Graduation:

Total Fee of \$40 covers:

- Payment to Reviewer
- New Certificate of Graduation
- Certificate of 15 CEUs
- Up-dating your CMP listing on the MHTP website

Please note: the new Certificate of Graduation and CEU Certificate will be sent directly to CMP once Reviewer has submitted the new paperwork for approval. Recording will only be returned if Reviewer receives SASE & request.

**Send with your application:
To be filled in by MHTP & the Reviewer**

Graduate's Name:

Date of Certification (as listed on their Certificate):

Date received by central office:

Reviewer assigned on (date):

Reviewer name:

Address:

Phone/email:

Date recording received:

Does the recording satisfactorily meet MHTP standards? Yes No

Does the recording include the 5 MHTP Patient Conditions: Yes No

CMP approved to receive new Graduation Certificate and 15 CEU Certificate: Yes No

Email to: Donna Castaner at mhtp@mhtp.org