



Clinical Musician Certification Program Application

Admission and final assessment decisions will be made without discrimination based upon gender, race or religious affiliation. Please note that healthcare institutions usually have a minimum age requirement of 18 to play at the bedside, so age may affect your ability to complete the internship requirement.

Application Process

1. Complete the application
2. Complete the Tuition and Materials Request on page 5
3. Review and sign the Statement of Agreement
4. Tuition payment can be made by check or money order. PayPal is available for the convenience of international students. Send payment and your completed application and Student Agreement to:

Harp for Healing, LLC
920 4th Avenue
Havre, Montana 59501-4506 USA

For additional information:
Email us at harpforhealing@gmail.com or call 406-265-8542

Date: _____

Name: _____

Address: _____

City: _____ State _____ Zip _____

Telephone _____ Country _____

Email _____ Skype Name: _____

The program office may share your contact information with your mentor and other program participants. Please indicate here if you DO NOT want your contact information shared with anybody but your mentor. Do Not share my contact information with anyone but my mentor.

What instrument(s) do you play? _

How do you rate your skill level? (check one) Beginner Intermediate
 Advanced



Please describe your background including your education, training and any credentials. Please include information about any healthcare, hospice, complementary healthcare or spiritual training or experience.

Have you already experienced bedside playing? Please describe _____

What is your objective in taking this program? _____

How did you hear about this program? _____

If you are a graduate of a therapeutic music training, and you wish to become certified as a Clinical Musician, please contact the course office for details.

**Certified Clinical Musician
Code of Ethics and Professional Conduct**

As a Certified Clinical Musician, I agree to conduct myself in accordance with the following principles:

Patient Welfare and Confidentiality:

I will focus on the welfare of the patient above all else in a compassionate and non-judgmental manner. Services will be offered only in settings that ensure safety for both the patient and myself. I will hold all patient information and records, and all information observed or shared in my presence, confidential according to Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule requirements.

Competence and Qualifications:

I will perform only those duties for which I have been adequately trained, not engaging in practices outside of my area(s) of competence. I will state my qualifications, titles, and professional affiliation(s) accurately and work within the scope of practice of therapeutic musicians (unless licensed or qualified, and hired/approved to do additional therapies in conjunction with therapeutic music work). If I am referred to incorrectly, I will take appropriate steps to correct any misrepresentation. I will seek appropriate assistance when needed and I will avoid making any predictions or claims about the efficacy of the services that I offer.

Respect:

I will respect the rights of others to hold values, attitudes, cultural traditions, musical preferences, religious beliefs, political perspectives, and opinions that differ from my own. During a therapeutic music session I will speak of my own personal opinions, traditions, perspectives, and beliefs only when asked by the client or responsible family members and only if appropriate to the situation.

Practice and Personal Awareness:

I will practice with integrity, honesty, fairness and respect for others. I will not engage in any type of discriminatory or exploitive relationship(s). I will report any serious ethical violations that I have observed to the appropriate agency or persons. If I become aware of my own personal limitations, problems, or values that might interfere with my professional work I will take whatever action is necessary (e.g., seeking professional help, limiting or discontinuing work with clients, etc.) to ensure that services to clients are not affected by these limitations and problems.

Department:

I will use my best professional judgment, interpersonal skills, and etiquette when interacting with patients, families, and hospital staff. My appearance and dress will be appropriate, professional and respectful. Any public statements that I release will be truthful and objective, and will protect the proprietary interests of patients and professional colleagues.

Self-Interest:

I will avoid actions that promote self-interest at the expense of the profession, and I will uphold the standards of my employer/contractor with honor and dignity. I will accept appropriate compensation only for services actually rendered by myself.

Permission:

I will obtain the patient's or family/caregiver's permission or obtain permission from facility staff members for a therapeutic music session.

Camaraderie:

I will work harmoniously to the best of my ability with nurses, physicians, therapeutic musicians, colleagues and other members of the patient's health care team and staff in those facilities where I serve. I will not knowingly damage the professional reputation or practice of others.

Continuing Education:

I will strengthen my abilities as a Therapeutic Musician through continuing practice and education. I will strive to increase my level of knowledge and skills and promote research within the profession.



Clinical Musician Certification Program Student Agreement

I agree that I will review the course materials, graduation requirements, and expectations of students, mentors and the program upon receipt. If I decide not to pursue the program after reviewing the materials and I return all the materials in new condition to the course office within 20 days, I will receive a refund of my payment less a processing fee of \$100.

I understand that the course materials are copyrighted and may not be copied or shared with anyone not registered in the program. I agree that I will not inappropriately use the program's copyrighted materials, nor will I teach these materials to others.

I have read the Certified Clinical Musician Code of Ethics & Conduct and agree, as a student or graduate of the Clinical Musicians Certification Program, to conduct myself in accordance with the Certified Clinical Musician Code of Ethics & Conduct.

I understand that the program may modify completion requirements to meet NSBTM standards and that I may be subject to revised requirements if I have not completed the program for which I am registered within three years.

I understand that I will have a mentor assigned and that it is my responsibility to work with my mentor openly. I understand my mentor and the program office are available to answer questions regarding program materials and requirements.

Student's Printed Name _____

Student's Signature _____ Date _____

Harp for Healing, LLC
920 4th Avenue
Havre, Montana 59501-4506 USA



Tuition and Materials Information

Basic Clinical Musicianship – Course fee is \$625 USD

Tuition includes:

- Up to seven hours of mentoring, which includes emails and review of recordings
- Level 1 notebook and website resources
- Basic Clinical Musician textbook
- Body, Mind and Music
- Therapeutic Harp DVD
- Postage and Handling for addresses in the USA

All other required reading materials are your responsibility to acquire.

Clinical Musician Certification Program Level 2 – Tuition is \$625 USD

Tuition includes:

- Up to seven hours of mentoring, which includes emails and review of recordings
- Level 2 course notebook and website resources
- Postage and Handling for addresses in the USA
- Certification upon completion of all requirements

All other required reading materials are your responsibility to acquire.

| <u>Check off</u> | <u>Program</u> | <u>Applicable fees</u> |
|--------------------------|---|------------------------|
| <input type="checkbox"/> | Level 1 Tuition (\$625 USD) | \$ _____ |
| <input type="checkbox"/> | Level 2 Tuition (\$625 USD) | \$ _____ |
| <input type="checkbox"/> | Modified Requirements Track (\$100 USD) | \$ _____ |
| <input type="checkbox"/> | Additional postage if outside US: *****CN - \$20*WUF *****Other - \$35 USD | \$ _____ |
| Total Due | | \$ _____ |

When registering by mail, payment is made by check or money order in US dollars. Payment by credit card or PayPal may be done through the Harp for Healing website www.HarpforHealing.com