

**Music for Healing and Transition Program, Inc.**

[mhnp@mhnp.org](mailto:mhnp@mhnp.org)

**STUDENT APPLICATION - PART I**

*MHNP is a professional training program. We consider only those 18 years or older.*

- Complete parts I and II of the application.
- Obtain two letters of recommendation (personal referrals), with one referral related to your musicianship.

**IMPORTANT!** Please mail the application and \$175.00 fee to the Application Registrar (address below), with the check payable to MHNP. The fee includes a \$25 non-refundable application fee, and a \$150 advisor and administrative fee.

Letters of recommendation: have the letters of recommendation postal-mailed or emailed by the person writing the recommendation to:

**Application Registrar, PO Box 127, Hillsdale, NY 12529**  
**email: [harp@taconic.net](mailto:harp@taconic.net)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Exactly how did you find out about MHNP? Please be specific: Which publication? Which event or web-site? \_\_\_\_\_

Where will you be attending MHNP classes? \_\_\_\_\_

1. What instrument(s) do you play? \_\_\_\_\_

2. What is your level of proficiency? (Check one)  Beginner  Beginner/Intermediate  
 Intermediate  Intermediate/Advanced  Advanced

3. Describe your education including workshops, independent study, and continuing education, and other credentials:

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4. Describe your work experience (attach additional pages if necessary):

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## **STUDENT APPLICATION - PART II**

Completely review the MHTP requirements described in the Student Handbook and class descriptions in the Class Brochure, keeping them in mind as you answer the following questions and describe your education and life-experience. The purpose of these questions is to help us better assess your experience, education and goals in order to consider your acceptance in MHTP. Please use additional paper as needed. You will be assigned an MHTP Advisor after you have been accepted into the Program.

1. Do you have any medical, healthcare, hospice, or spiritual care experience or training? If so, please describe. (Examples: certificate for hospice volunteer training, hospital staff or volunteer orientation, professional medical, nursing, chaplain training, etc.)
  
2. Have you any experience or credentials in any alternative or complementary health care modality? Please describe.
  
3. Please answer each of these questions completely:  
Do you have musical training or credentials?  Yes  No  
If “yes,” please describe:  
  
Have you studied college-level music theory?  Yes  No  
  
Do you improvise?  Yes  No  
  
Do you make your own arrangements?  Yes  No  
  
Do you currently take lessons?  Yes  No  
  
With whom have you studied?
  
4. Do you have a daily practice for stress-relief (exercise, yoga, meditation, etc.)? Please describe your practice.
  
5. Have you already experienced playing music at the bedside of the ailing? In front of a group? In a public area in health-care facilities? Where? For how long?

6. Do you have any credentials from other healing, therapeutic music and/or sound-healing training programs? Have you ever attended another therapeutic music program? Please attach any certificate(s). If you attended a program but did not complete it, please explain.

7. Why do you wish to become a therapeutic musician and CMP®?

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### Statement of Agreement

The statements that I have made in this application are true.

I have read and understand the most current MHTP Student Handbook. I agree to abide by the requirements and expectations set forth by MHTP in the Handbook in order to receive my certification as a Certified Music Practitioner®. I also agree to follow the policies and procedures as outlined in the Student Handbook, and understand that the Handbook outlines the agreement I make with MHTP, and that MHTP makes with me as a student.

I understand that the Board of Directors reserves the right to change the policies stated in the Student Handbook at anytime, and that I will be notified by the organization of those changes in a timely manner. I understand that failure to follow MHTP policies and procedures will lead to disciplinary action up to and including termination from the program. I understand that MHTP reserves the right to not certify students: due to the nature of this profession, not all people are suited for the work.

*Intellectual Property:* The course content and all handouts used in MHTP classes are the copy-righted, intellectual property of MHTP. I will respect those rights and ask permission of MHTP for any use of course content and handouts other than that granted by MHTP to me as a student and graduate.

*Course Completion:* I understand that I have 3 years in which to complete the Program. If I do not complete the Program in that timeframe and do not request extensions in advance from my advisor, I will be placed in in-active status. If I then wish to complete the Program, after the 3-year deadline, I may have to resubmit an application and application fee to the Registrar and may be assigned a new Advisor.

*Grievance Policy:* I understand that if I have any questions regarding policy and procedure, that I may ask representatives of MHTP – teachers, Area Coordinators, and my Advisor, (who will be assigned to me). I understand that if I have a specific concern, that my Advisor is always the first person to consult, then the Advisor Administrator, and then finally, the Executive Director of MHTP if the previous persons cannot satisfactorily address my concern.

*Applicant authorization release:* I understand that the information I have provided MHTP may be verified by contacting persons and organizations whom I have listed on my application. I agree to release from liability and damages MHTP and its agent(s) who conduct such verifications, as well as any individual or organization which I have listed on my application. I understand that the completed document will be kept in MHTP confidential files. The information supplied will be seen only by the MHTP personnel responsible for processing applications and if requested, myself, as the applicant.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MHTP encourages students to retain copies of everything they submit (electronically or through the US postal system) during their course of study. Please retain a copy of your completed application for your records.

Revised 7/7/11 Board