

Music Therapist

License Application Checklist & Application

PLEASE NOTE: While we will accept electronic documents sent in the form of a scanned pdf (phone screenshots are not acceptable) to help expedite the licensing process, we will NOT accept ANY documents without original signatures and notarizations. Documents without original signatures and/or notarizations will be considered incomplete and the application will not be approved. Original documents of any electronic pdf submission must ALSO be sent to the Board office within 30 days of the issuance of a license. Please upload your application with supporting documents using our online application. If you have any questions please email monicah.wright@maryland.gov.

I. All applications require the following items be received at the Board office, in addition to the items in section II, before the application is complete and ready for Board Approval.

- \$150.00 Fee (Paid via online, check or money order payable to the Board)
- A Recent 2x2 passport size photo
- Signed and Notarized Application
- Completed Affidavit from the Certification Board of Music Therapists (MT-BC)
- Criminal History Records Check (must be received by CJIS before a license can be issued)
- Privacy Act Form

II. Additional documents to be submitted

- License affidavit from all states in which the applicant is currently licensed or has ever been licensed (online verifications are acceptable)

Note: Criminal History Check

Effective October 1, 2016 an applicant for initial licensure must complete a criminal history records check (CHRC). Information and forms regarding the required CHRC is on the Board's Licensure and other Forms page. All applicants should download, fill out, and print the Board's pre-filled LiveScan Pre- Registration Form. The form has relevant Board-specific information already on the form.

This form must be presented to the fingerprinting service. Application forms can be found on the CHRC resources page on the Board's website, by clicking on the "Licensure and other Forms" section.

In-state applicants and out-of-state applicants near Maryland may go to an authorized fingerprinting location in Maryland. The CHRC resources page on the Board's website provides a link to the Department of Public Safety & Correctional Services' list of authorized fingerprinting locations.

Out-of-state applicants must contact the Board's Office Secretary to provide the name and address of where to send the fingerprint card. Applicants may email monicah.wright@maryland.gov, to request and provide their information. Official out-of-state fingerprint cards may be mailed directly to the applicant before submission of an application for licensure.

Please note that the CHRC requirement is in addition to answering the disciplinary questions in the application and a license cannot be issued until the CHRC requirement has been satisfied.

TOEFL Scores

English as Second Language (ESL) applicants are required to have a minimum combined Test of English as a Foreign Language (TOEFL) score of 105, with at least a 26 on Speaking and Listening within the previous two years from the date of the application. A copy of your exam scores must be submitted with your application.

Continuing Education Notice

Continuing education is a requirement to renew a license. Continuing education hours are prorated for most new licensees depending on the issuance date of the full license. Information regarding the amount of continuing education required to renew the license is issued to new licensees.

The continuing education requirement for renewing a Music Therapist license is 40.0 hours (clock hours), completed before expiration.

Maryland Department of Health

Board of Examiners for Audiologists, Hearing Aid Dispensers, Speech-Language Pathologists and Music Therapists

4201 Patterson Avenue, Baltimore, Maryland 21215-2299

Phone 410-764-4725 Fax 410-358-0273

TTY/Maryland Relay Service 1-800-735-2258

Music Therapist License Application

Date _____

I. Affix current 2x2 passport size photo here

*****To prevent delays, please refer to the Music Therapist Checklist included with this application, to ensure proper completion. *****

II. Name _____
Last First Middle Maiden

Home Address _____
Street Apt.

City State Zip Code

Home Phone _____ Alternate # _____

Email _____

Date of Birth _____ Social Security # _____

What is your first language? _____ English Other _____

Have you previously been licensed in the State of Maryland? _____ Yes _____ No

If yes, License # _____ Expiration Date _____

Have you ever been convicted of a felony or misdemeanor involving moral turpitude?

_____ No _____ Yes

If yes, please provide a detailed explanation on a separate sheet of paper and attach it to the application as well as court documentation.

III. Education

Undergraduate School _____

Address _____
Street City State Zip code

Major _____ Degree Type _____ Award Date _____

Graduate School _____

Address _____
Street City State Zip code

Major _____ Degree Type _____ Award Date _____

IV. Are you currently certified with the Certification Board of Music Therapists (MT-BC) ?

_____ Yes _____ No If Yes, date originally granted _____ ** (Please include a MT-BC primary source verification)

V. Are you now or have you ever been licensed in any other state as a Music Therapist?

_____ Yes _____ No

If yes, please complete the first page of the Licensure Affidavit (AS4) or submit and online license verification for each state. Request the State licensure Board to return the completed form to the Maryland Board office.

I am licensed in the following states: _____

I was licensed in the following states: _____

Has any disciplinary action ever been taken against any license you have held in any other jurisdiction? Yes No

If yes, please provide a detailed explain on a separate sheet attached to this application. If yes, please provide a detailed explain on a separate sheet attached to this application.

- VI. To further its commitment to equal access, the Board of Examiners requests applicants to provide voluntarily the following information. This information will be used for statistical purposes only by authorized personnel.

Male Female Other

Race/Ethnic Identification – Please Check All That Apply

Are you of Hispanic or Latino origin? Yes No (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Select one or more of the following racial categories:

1. **Native American or Alaska Native** (A person having origins in any of the original peoples of North or South America, including Central America, and who maintains tribal affiliations or community attachment.)
2. **Asian** (A person having origin in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
3. **Black or African American** (A person having origins in any of the black racial groups of Africa.)
4. **Native Hawaiian or other Pacific Islander** (A person having origins in the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
5. **White** (A person having origins in any of the original peoples of Europe, or the Middle East)

VII. Have this Affidavit completed by a Notary Public

I hereby affirm that I have read Sections 2-101 to 2-502 of Title 2 of the Health Occupations Article of the Annotated Code of Maryland and fully understand that in receiving a license from the Board, I bind myself to be governed by the Board. I understand that in submitting this application that the accompanying fee is for administrative purposes and is not refundable. The fee includes issuance of licensure.

State of _____ City/County of _____

The undersigned, being duly sworn, deposes and says that he/she is the person who executed this application, that the statements herein contained are true to the best of his/her knowledge, that he/she has not suppressed any information that might affect this application and that he/she has read and understands this affidavit.

Signature of Applicant

Signature of Notary

Subscribed and sworn to before the _____ day of _____

In accordance with Executive Order 01.01.1093-18, the Board is required to advise you as follows regarding the collection of personal information:

Personal information requested by the Board is necessary in determining your eligibility for licensure. Such personal information is also intended for use as an additional means of verifying the licensee's identity or to enable the Board to communicate, in a timely manner, with the licensee should that need arise. The licensee has a right to inspect his personal record and to amend or correct the personal data if necessary.

Your Social Security Number is needed on the application. It will be used for identification purposes and may be released to the Department of Public Safety and Correctional Services to check for any criminal convictions.

Certification/Licensure Board Affidavit

This section is to be completed by the Music Therapist applying for a Maryland license.

First Name Middle Name Last Name
Date of Birth _____ Social Security Number _____ Date _____

This portion of the affidavit is to be completed by the Licensure Board you are requesting verification from.

*****Please verify the license of the above applicant in your state of jurisdiction*****

State _____ License/Cert# _____ Date Issued _____

With State Examination _____ Without Examination _____

Is the license/cert in good standing? _____ Expiration Date _____

Has the license/cert ever been suspended or revoked? _____ If yes, please explain:

Has the license been reinstated? _____

Has any disciplinary action been taken against the licensee? _____ If yes, please explain:

Is there any derogatory information on file concerning this licensee? _____ If yes, please explain:

Signature _____ Date _____

Title _____

Affix Board Seal Here



MARYLAND

Department of Health

Larry Hogan, Governor • Boyd K. Rutherford, Lt. Governor • Dennis R. Schrader, Secretary

**BOARD OF EXAMINERS FOR AUDIOLOGISTS, HEARING AID DISPENSERS
SPEECH-LANGUAGE PATHOLOGISTS & MUSIC THERAPISTS**
Carolyn Stine, Board Chair • Oluremi Dean, Executive Director

Criminal History Records Check – In Maryland

A full Criminal History Records Check is a requirement to obtain a license issued by the Maryland Board of Examiners for Audiologists, Hearing Aid Dispensers, Speech-Language Pathologists and Music Therapists. This includes all initial licenses, transfers from limited to full licensure, and all renewal licenses. Each individual only needs to complete the process once for this Board.

These instructions are for individuals who reside in Maryland or reside near Maryland. It is best to obtain fingerprints in Maryland. If it is not convenient to get fingerprinted in Maryland please follow the procedure in the Out-of-State instructions.

The Department of Public Safety and Correctional Services, Criminal Justice Information System (CJIS) oversees Criminal History Records Checks. The criminal history records check is initiated by the applicant/licensee being fingerprinted.

CJIS Authorization #:	1600003672
FBI ORI #:	MD920528Z
Reason Fingerprinted:	Audiology license Hearing Aid Dispenser license Speech-Language Pathology license Speech-Language Pathology Assistant license Music Therapists
Type of Check:	Governmental Licensing/Certification

Electronic Fingerprinting

It is best to have your fingerprints taken electronically in the State of Maryland.

Electronic fingerprinting is available at CJIS-approved private providers, most Maryland MVA locations and most local law enforcement offices.

Please note that the cost of fingerprinting services from private providers may vary. The total fee must be paid to the provider and the cost is borne by the applicant for initial licensure and renewal candidates. Private providers in Maryland do not accept cash or money orders.

For additional information regarding fingerprinting in Maryland please contact CJIS:

via telephone at 410-764-4501; or
via their website at <http://www.dpscs.maryland.gov/publicservs/fingerprint.shtml>.

Applicants for Initial Licensure, Reinstatement, or Reactivation

Effective October 1, 2016 all initial applicants for full or limited licensure in Maryland will be required to submit fingerprints. All applicants for reinstatement or reactivation who have not previously fulfilled this requirement must submit fingerprints. This is a requirement of the application process and cannot be waived for any reason. An initial license will not be issued unless proof of the CHRC is on file with the Board.

Maryland residents and individuals who reside near Maryland may have fingerprints taken prior to mailing an application to the Board. Maryland residents and individuals who reside near Maryland must use the pre-filled form specific to this Board (link at end of this document and also available on this Board's Forms page). If an individual is unable to use the pre-filled form the individual must have the CJIS Authorization number and FBI ORI numbers to ensure that the required reports are issued to the Board (on the first page of this document and on the Board's homepage). Please note that these numbers are specific to this Board.

After your fingerprints are taken you will be given a receipt for payment that includes a tracking number; the tracking number is unique to you. Include a copy of the receipt with the tracking number when submitting the initial application to the Board. Hand-write the professional license you are applying for and specify either full license or limited license.

Once the results of the background check are received by the Board the application process will be completed in accordance to Board regulations and policies.

Renewal Applicants

Individuals who obtained a full license before October 1, 2016 will be required to submit evidence of the CHRC to the Board prior to the issuance of a renewal license. Additional information has been provided to renewal applicants via e-mail.

General Information

Pursuant to federal law a criminal history records check is only effective for one purpose. Accordingly, any prior fingerprinting and criminal history records check was only good for the educational institution, employer, licensing entity, etc. that it was completed for.

When getting fingerprinted please ensure the following:

that the fingerprint operator spells your name correctly; and

that the proper OIR and authorization numbers are used.

A list of private providers that have electronic fingerprinting services are provided on the State of Maryland's Department of Public Safety & Correctional Services website. Click below for immediate access to fingerprinting locations in Maryland. **Call ahead to make sure the provider is open and has the October 1, 2016 software update.**

<https://www.dpscs.state.md.us/publicservs/fingerprint.shtml>

Print LiveScan Pre-Registration Application

<https://health.maryland.gov/boardsahs/DocumentsaudLiveScan.pdf>

All applicants must print the LiveScan Pre-Registration Application and take it to the fingerprinting location in Maryland.

Please **do not** call the Board's offices for an update on a background check. The background check is completed by a separate state agency. The Board has no control over the amount of time it takes to complete the check. If you have not received the results of the criminal history background check after thirty days, you may contact CJIS directly at 410-764-4501.

Please refer to § 2-303.1 Criminal History Record Checks of the Maryland Board of Examiners for Audiologists, Hearing Aid Dispensers, Speech-Language Pathologists and Music Therapists for a full description of the requirements.

AGENCY PRIVACY REQUIREMENTS FOR NONCRIMINAL JUSTICE APPLICANTS

Authorized governmental and non-governmental agencies/officials that conduct a national fingerprint-based criminal history record check on an applicant for a noncriminal justice purpose (such as employment or a license, immigration or naturalization matter, security clearance, or adoption) are obligated to ensure the applicant is provided certain notices and that the results of the check are handled in a manner that protects the applicant's privacy. All notices must be provided in writing.¹ These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.), Section 552a, and Title 28, Code of Federal Regulations (CFR), Section 50.12, among other authorities.

- Officials must ensure that each applicant receives an adequate written FBI Privacy Act Statement (dated 2013 or later) when the applicant submits his/her fingerprints and associated personal information.²
- Officials must advise all applicants in writing that procedures for obtaining a change, correction, or update of an FBI criminal history record are set forth at 28 CFR 16.34. Information regarding this process may be found at <https://www.fbi.gov/services/cjis/identity-history-summary-checks> and <https://www.edo.cjis.gov>.
- Officials must provide the applicant the opportunity to complete or challenge the accuracy of the information in the FBI criminal history record.
- Officials should not deny the employment, license, or other benefit based on information in the FBI criminal history record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.
- Officials must use the FBI criminal history record for authorized purposes only and cannot retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.³

The FBI has no objection to officials providing a copy of the applicant's FBI criminal history record to the applicant for review and possible challenge when the record was obtained based on positive fingerprint identification. If agency policy permits, this courtesy will save the applicant the time and additional FBI fee to obtain his/her record directly from the FBI by following the procedures found at 28 CFR 16.30 through 16.34. It will also allow the officials to make a more timely determination of the applicant's suitability.

Each agency should establish and document the process/procedures it utilizes for how/when it gives the applicant the FBI Privacy Act Statement, the 28 CFR 50.12 notice, and the opportunity to correct his/her record. Such documentation will assist State and/or FBI auditors during periodic compliance reviews on use of FBI criminal history records for noncriminal justice purposes.

Name: _____

Date: _____

¹ Written notification includes electronic notification, but excludes oral notification.

² See <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement>

³ See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 34 U.S.C. § 40316 (formerly cited as 42 U.S.C. § 14616), Article IV(c); 28 CFR 20.21(c), 20.33(d), 50.12(b) and 906.2(d).



STATE OF MARYLAND
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
CRIMINAL JUSTICE INFORMATION SYSTEMS – CENTRAL REPOSITORY

LIVESCAN PRE-REGISTRATION APPLICATION

APPLICANT INFORMATION *(PLEASE TYPE OR PRINT CLEARLY)*

Name:					
Date of birth:		SSN:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <i>(Please check)</i>	
Height:	ft. inches	Weight:	lbs.	Eye Color:	Hair Color:
Race:	<input type="checkbox"/> Black	<input type="checkbox"/> White	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Native American	<input type="checkbox"/> Other <i>(Please check)</i>
Place of Birth:				Citizenship:	
Current address:					
City:			State:		ZIP Code: -
Daytime Phone:		Evening Phone:		Driver's License #:	

AGENCY INFORMATION

Agency Authorization #: 1600003672	
ORI # (if required): MD920528Z	Reason fingerprinted? Licensing
Position Applied for: Board of AUD HAD SLP and MT	
Request Type: <i>(Choose one ONLY)</i>	
<input type="checkbox"/> Adult Dependent Care <input type="checkbox"/> Attorney/Client <input type="checkbox"/> Child care <input type="checkbox"/> Criminal Justice <input type="checkbox"/> Gold Seal/ Adoption <input type="checkbox"/> Gold Seal/Letter/VISA <input type="checkbox"/> Government Employment	<input checked="" type="checkbox"/> Government Licensing or Certification <input type="checkbox"/> Immigration/VISA <input type="checkbox"/> Individual Challenge <input type="checkbox"/> Individual Review <input type="checkbox"/> MSP Licensing <input type="checkbox"/> Private Party Petition <input type="checkbox"/> Public Housing

Mail Response to:

(Mailing option only available for Visa Gold Seal and/or Individual Review)

Name: Do Not Mail This Form To The Board

Address: Do Not Mail This Form To The Board

City, State, Zip code: Do Not Mail This Form To The Board



MARYLAND

Department of Health

Larry Hogan, Governor • Boyd K. Rutherford, Lt. Governor • Dennis R. Schrader, Secretary

**BOARD OF EXAMINERS FOR AUDIOLOGISTS, HEARING AID DISPENSERS
SPEECH-LANGUAGE PATHOLOGISTS & MUSIC THERAPISTS**
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Criminal History Records Check – Out of State Applicants

A full Criminal History Records Check is a requirement to obtain a license issued by the Maryland Board of Examiners for Audiologists, Hearing Aid Dispensers Speech-Language Pathologists and Music Therapists. This includes all initial licenses, transfers from limited to full licensure, and all renewal licenses (including reinstatement of a license or reactivation of a license). Each individual only needs to complete the process once for this Board.

These instructions are for individuals who reside outside of Maryland where it is inconvenient to come to Maryland to complete the fingerprinting process. Please note that it is best to obtain fingerprints in Maryland. If fingerprints are able to be completed in Maryland please follow the procedure in the In-State instructions.

The Department of Public Safety and Correctional Services, Criminal Justice Information System (CJIS) oversees Criminal History Records Checks. The record checks are conducted by the applicant/licensee being fingerprinted.

CJIS Authorization #:	1600003672
FBI ORI #:	MD920528Z
Reason Fingerprinted:	Audiology license Hearing Aid Dispenser license Speech-Language Pathology license Speech-Language Pathology Assistant license Music Therapists
Type of Check:	Governmental Licensing/Certification

In order to comply with the Criminal History Records Check requirement and to not delay the issuance of a license, please abide by these instructions. Please note that it may take up to five weeks for CJIS to issue the required reports to the Board.

Out-of-state residents may use a location outside the State of Maryland, but must use the CJIS fingerprint card that has pre-printed Board-specific information.

Call the Board at 410-764-4725 to request a fingerprint card. Applicants for an initial license should request a fingerprint card at least six weeks in advance of the anticipated date that licensure is required.

These time frames assume an individual mails the fingerprint card to Maryland CJIS within a week of receiving the fingerprint card and having the fingerprints taken.

Once the fingerprint process is complete you must mail the fingerprint card to the following address with a check for \$31.25 payable to the "CJIS Central Repository."

CJIS Central Repository
PO Box 32708
Pikesville, MD 21282-2708

Make a copy of the receipt with the tracking number that was issued to you. Legibly write your full name and profession on the copy being mailed to the Board (may be included with the application for licensure). Mail a copy of the receipt for fingerprinting to:

Maryland Board of AUD HAD SLP MT
ATTN: Background Check
4201 Patterson Avenue, 3rd Floor
Baltimore, MD 21215

For applicants for initial licensure: Once the results of the background check are received the application process will be completed in accordance with Board regulations and policies.

For renewal applicants: Once the results of the background check are received the Board will make the necessary changes to allow access to the online renewal process within 48 hours (notice will be provided via e-mail).

For additional information contact CJIS:

via telephone at 410-764-4501; or

via their website at <http://www.dpscs.maryland.gov/publicservs/fingerprint.shtml>.

Effective October 1, 2016

Every new applicant submitting an application on or after October 1, 2016 for a license issued by the Board must submit a criminal history records check (CHRC) to the Board. This includes license reinstatement and license reactivation when this requirement has not previously been fulfilled.

This is a requirement of the application process and it is a one-time requirement. All fees associated with the criminal history records check requirement must be borne by the applicant/licensee.

A license will not be issued unless proof of the CHRC is on file with the Board.

Individuals with an incomplete application as of October 1, 2016, with the Board must submit a CHRC to the Board. This is a requirement prior to the issuance of a license.

Individuals holding a full license on or after October 1, 2016 will be required to submit evidence of the CHRC to the Board prior to the issuance of a renewal license.

Please **do not** call the Board's offices for an update on a background check. The background check is completed by a separate state agency. The Board has no control over the amount of time it takes to complete the check. If you have not received the results of the criminal history background check after thirty days, you may contact CJIS directly at 410- 764-4501.

Please refer to § 2-303.1 Criminal History Record Checks of the Maryland Board of Examiners for Audiologists, Hearing Aid Dispensers Speech-Language Pathologists and Music Therapists for a full description of the requirements.