

Application for Restoration as a Licensed Music Therapist

Please follow these easy steps to ensure that your application is processed as quickly as possible.

1. Complete the application in its entirety. Indicate N/A for any blanks that are not applicable.
2. Include a check or money order payable to the Professional Licensing Boards in the amount of \$150.00. Please note that application fees are non-refundable.
3. Include verification of certification from the Certification Board for Music Therapists or the National Music Therapy Registry. Please have the verification of certification sent electronically to nursing@sos.ga.gov.
4. Rule 590-11-1-.03 requires applicants who are restoring a license that has been lapsed to submit evidence of completion of forty (40) hours of continuing education. Applicants who are restoring a license that has been inactive for one (1) year or less must submit evidence of completion of twenty (20) hours of continuing education. Applicants who are restoring a license that has been inactive for more than one (1) year but not more than two (2) years must submit evidence of completion of forty (40) hours of continuing education. An applicant whose license has been expired for more than a year or who has a license on inactive status for more than two years must apply as a new applicant and meet all existing requirements for licensure.
5. Applicants are required to disclose all previous arrests and discipline by other regulatory boards. If you have ever been arrested or disciplined by any other regulatory board or agency please provide a certified copy of the official documents showing the final disposition of the incident as well as a personal, detailed letter of explanation regarding each incident. To avoid processing delays please submit all documentation as part of your application packet.
6. Georgia law requires applicants to submit secure and verifiable documentation regarding their United States citizenship status. Submit a copy of your driver's license, United States passport or other document as indicated on page 13 of the application packet. To avoid processing delays please submit the required documentation as part of your application packet.
7. Have your completed and signed application notarized.
8. Georgia law requires applicants for licensure to complete a criminal background check. Please visit our website at www.sos.ga.gov/plb/music, click on "Application Downloads" and view the instructions for completing a criminal background check by fingerprinting. Please note that the ORI/OAC for the Music Therapy is **GA923001Z** and the verification code is **music**. Additional instructions are included on page 5 of the application packet.
9. Submit your completed application to the Professional Licensing Boards for processing. Applications are processed in the order in which they are received. To avoid processing delays please be sure to include all required documentation with your application packet. Applications are valid for one year from the date of submission. When mailing your application please use a 9x12 envelope and do not fold or staple any of the documents.

YOU MUST ANSWER ALL OF THE FOLLOWING QUESTIONS:

8. Are you designated as a registered music therapist, certified music therapist, or advanced certified music therapist and in good standing with the certifying body? No Yes

If yes, please provide the name of the certifying body, a copy of your certificate, and print your certification number here

9. Are you licensed as a music therapist in any other state or jurisdiction? No Yes

If yes, please list the jurisdictions in which you are licensed _____

The applicant is responsible for contacting other states/jurisdictions for verification of licensure. The applicant must provide verification of licensure directly from the other boards.

10. Have you ever been arrested or convicted of a felony, misdemeanor (other than a minor traffic violation), crime involving moral turpitude, or a crime violating federal or state law relating to controlled substances or dangerous drugs? (DWI and DUI are not minor traffic violations.) For purposes of this question, a "conviction" includes a finding of verdict of guilty, plea of guilty, a plea of nolo contendere, or first offender treatment, and also includes adjudication of guilt or sentence withheld or not entered on the charge (s). NOTE: The answer to this question is "YES" if an arrest or conviction has been pardoned, expunged, dismissed or deferred, you pled & completed probation under First offender and/or your civil rights have been restored and/or you have received legal advice that the offense will not appear on your criminal record. No Yes

If "yes," please include a certified copy of the court records and final disposition from the court with your application. In the event the file no longer exists, you must submit documentation from the court stating that fact. Also include a personal letter of explanation regarding each incident.

11. Have you ever had a license revoked, suspended, or otherwise sanctioned by any professional licensing board or agency, or have you ever been denied issuance of, or pursuant to disciplinary proceedings refused renewal of a license by any professional licensing board or agency in Georgia or any other state? No Yes

If you answered "Yes" regarding sanctions from another board, you must request that the licensing board or agency send a certified copy of the action taken against your license with relevant supporting documents to the Board's office. Your application will not be processed until this information is received and reviewed by the PLB.

12. Have you procured or attempted to procure a license by fraud, deceit, misrepresentation, misleading omission, or material misstatement of fact? No Yes

13. Have you willfully or negligently acted in a manner inconsistent with the health or safety of persons under your care? No Yes

14. Have you ever committed a fraudulent insurance act? No Yes

15. Do you excessively or habitually uses alcohol or drugs? No Yes

16. Do you have a physical or mental disability that renders you incapable of safely administering music therapy services? No Yes

APPLICANT AFFIDAVIT:

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Board for which I am applying for licensure and I agree to abide by these laws and rules.

By executing this affidavit under oath, as an applicant for a professional license, as referenced in O.C.G.A. § 50-36-1, administered by the Professional Licensing Boards Division, the undersigned applicant also verifies one of the following with respect to his/her application for a public benefit (check one):

- 1) _____ I am a United States citizen. **Please submit a copy of your current Secure and Verifiable Document(s) such as driver’s license, passport, or document as indicated on the Board’s website.**
- 2) _____ I am not a United States citizen, but I am either a legal permanent resident of the United States or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

In making the above representations under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute. I also understand that any failure to make full and accurate disclosures may result in disciplinary action by the Board for which I am applying for licensure.

Executed in _____ (city), _____ (state).

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

___ DAY OF _____, 20___

NOTARY PUBLIC My Commission Expires:

Have you...

- Enclosed a \$100.00 non-refundable application fee for RN licensure?
- Provided verification of certification?
- Provided documentation of completion of continuing education?
- Answered each question?
- Provided secure and verifiable documentation regarding United States citizenship?
- Have you registered with Cogent Systems for a criminal background check?

<p>Mail to:</p> <p>Professional Licensing Boards 237 Coliseum Drive Macon, Georgia 31217</p>

GEORGIA MUSIC THERAPY ADVISORY GROUP

Instructions for Music Therapy Applicants in the State of Georgia to Obtain Fingerprint for a Background Check

The Georgia Music Therapy Advisory Group requires a fingerprint background check on all applicants. The Georgia Bureau of Investigation (GBI) awarded Cogent Systems the contract to provide a service for electronic submission of fingerprints for Georgia applicants. The service, Georgia Applicant Processing Service (**GAPS**), decreases the need for submitting hard copy fingerprint cards to obtain an applicant's criminal history background check. GAPS Print Sites are strategically located throughout the State of Georgia.

The criminal history results will be available to the Professional Licensing Boards within 48 hours after the applicant has been fingerprinted and the prints are received by GBI, Georgia Crime Information Center (GCIC).

The GAPS fingerprint background check process is simple and easy to use. Follow the instructions below. If assistance is required you may contact the Cogent Systems/GAPS at 1-866-500-2347.

GAPS REGISTRATION PROCESS

1. Visit the GAPS website at www.cogentid.com
2. Select **Georgia/GAPS**
Locate the on Registration menu and choose **Single Applicant Registrations**
(All of the fields that are in yellow and have an **asterisk (*)** must be completed)
3. Near the end of the Registration screen you will see a heading entitled **Transaction Information**. In this area you must:
 - a) Click on the drop box next to **Reason** and select the reason the applicant is being fingerprinted – **Music Therapy License**
 - b) Click on the drop box next to **Payment** and select the appropriate payment option. If credit card is selected you will be prompted to enter additional information so please have credit card information available during the registration process. If the applicant is paying with a money order, the applicant must provide the money order, payable to **Cogent Systems – GAPS**, at the GAPS Print Location before being fingerprinted.
 - c) Enter **GA923001Z** in the **ORI/OAC** field.
 - d) Enter **music** in the **Verification** field.

Do Not check the box for '**Does another agency make the fitness determination**'

- e) Click **Next** at the bottom of the page and you will be taken to another screen. If all of the information displayed is correct, click **Next** and you will be given a **Registration ID** number. The **Registration ID** number **will be needed** by the applicant when they go to the GAPS Print Location to get their **fingerprints taken**.

D – Identification Needed for Fingerprinting

Click on the **Identification Needed for Fingerprinting** link located under the **PRINT LOCATIONS** tab on the GAPS main web page. In addition to the **Registration ID** number the applicant will also be asked to present **identification documents** prior to be fingerprinted. This link provides a list of acceptable identification documents.

E – Print Locations & Hours

Once you have completed the registration process, click on **Print Location & Hours** on the GAPS main web page to find the nearest GAPS Print Location to go to for fingerprinting. Click the region that is most convenient for you. The numbers in the red circles indicate sites that have GAPS Print Locations available. Under **Company**, select the site that is most convenient for the applicant to go to for fingerprinting. If you click on the link for a site, information concerning the site such as Location, Hours of Operation, Directions, etc. will be displayed. Prior to traveling to the Print Location, **the applicant should verify that the site is still a GAPS Print Location and that the hours of operation are accurate.**

NOTE: If a site is no longer providing fingerprint services, please send an email to GAApplicant@gbi.ga.gov and provide the Print Location's name, address and phone number if available and the date the applicant was told the location is no longer providing the service.

DOCUMENTATION TO DETERMINE QUALIFIED ALIEN STATUS

APPLICANT: PLEASE CHECK THE FORM OF IDENTIFICATION BELOW THAT YOU POSSESS. RETURN THIS FORM ALONG WITH A COPY OF YOUR APPROPRIATE DOCUMENTATION.

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2

Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”) provides that “[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

_____ A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at: <http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____ A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____ A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____ A driver’s license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS)(Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]

(Print Name)

(Signature)

(Date)



Professional Licensing Boards Division

237 Coliseum Drive
Macon, Georgia 31217
(844) 753-7825

www.sos.ga.gov/plb/music

Criminal Background Consent Form

Criminal Background Consent Form		
Last Name:	First Name:	
Middle Name:	Previous Name(s):	
Social Security Number:	Date of Birth:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	
Physical Address:		
City:	State:	Zip:

I hereby authorize the Professional Licensing Boards Division ("PLBD") to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia. I give consent to the PLBD to perform periodic criminal history background checks for the duration of my licensure with this state.

Applicant Signature

Date