

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 \$100.00 + \$10.00 processing fee. Please note 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. Include verification of licensure from any other state or jurisdiction in which you are licensed as a music therapist. To avoid processing delays please submit all documentation as part of your application packet.
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/georgia-board-music-therapy and view the instructions for completing a criminal background check.
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.

FOR BOARD USE ONLY
 Amount Submitted _____
 Date _____
 Receipt # _____



FOR BOARD USE ONLY
 Certificate Number _____
 Date Issued _____
 Applicant No. _____

Licensed Music Therapist
 237 Coliseum Drive • Macon, Georgia 31217 • (404) 424-9966
www.sos.ga.gov/georgia-board-music-therapy

APPLICATION FOR LICENSURE AS A MUSIC THERAPIST

Application Fee \$100.00 + 10.00 Processing Fee (nonrefundable)

Please check this box if you are a military spouse or a transitioning service member of the United States armed forces (including the National Guard).

1. Legal Name to appear on License:

LAST

FIRST

MIDDLE

MAIDEN

2. Social Security #*:

____ - ____ - _____

Date of Birth:

MM - DD - YYYY

3. Gender: Male Female

4. Residential (Physical) Address:

NUMBER AND STREET (P.O. BOX NOT ACCEPTABLE)

APT #

 CITY STATE ZIP

5. Mailing Address*:

NUMBER AND STREET (P.O. BOX ACCEPTABLE)

APT #

 CITY STATE ZIP

*Pursuant to O.C.G.A. §43-1-2 (k) your name, mailing address and license number are public information and will appear on Secretary of State's website.

6. Daytime Phone #:

____ - ____ - _____

Evening Phone #:

____ - ____ - _____

7. E-mail Address: _____ **Fax Number:** _____

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 application fee + \$10.00 processing fee (nonrefundable)?
- Provided verification of certification?
- Provided verification of licensure (if required)?
- Answered each question?
- Provided secure and verifiable documentation regarding United States citizenship?
- Have you registered with Gemalto/GAPS for a criminal background check?

Mail to:

Professional Licensing
Boards 237 Coliseum Drive
Macon, Georgia 31217

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)



Office of the Secretary of State

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize the Georgia Board of Music Therapy to conduct an inquiry for the purpose listed below and receive any Georgia and/or national criminal history record information as authorized by state and federal law.
Agency/Company

Full Name (print)			
Address			
Sex	Race	Date of Birth	Social Security Number

Please check **ONLY** one of the boxes listed below:

- This authorization is valid for _____ days from date of signature.
- I, _____, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my employment.

Signature

Date

AREA BELOW IS FOR AGENCY USE ONLY

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Purpose Code Used: (check one)

NON-CRIMINAL JUSTICE PURPOSES	
<input type="checkbox"/>	E - Employment
<input type="checkbox"/>	M - Working with Mentally Disabled
<input type="checkbox"/>	N - Working with Elderly
<input type="checkbox"/>	W - Working with Children
<input type="checkbox"/>	P - Public Records (no consent required)
<input type="checkbox"/>	F - Probate Court / Weapons Carry License
PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY)	
<input type="checkbox"/>	U - Personal Copy
CRIMINAL JUSTICE	
<input type="checkbox"/>	J - Civilian Criminal Justice Employment (State & III Info Received)
<input type="checkbox"/>	Z - Sworn Criminal Justice Employment (State & III Info Received)

The inquiry resulted in the following: (check all that apply)

<input type="checkbox"/>	No Criminal Record Available
<input type="checkbox"/>	Criminal Record (Attached/Released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: _____

Wanting Agency Telephone: _____

Agency Designee Signature and Title: _____ Date: _____