



Blended Learning Analytical Music Therapy Certification

Application

Part I. Applicant Data

Name: _____ Date of Birth: _____
(Last) (First) (M.I.) (MM/DD/YYYY)

Address: _____
(Street) (Apt.)

(City) (State) (ZIP)

Home Phone: _____ Cell Phone: _____

E-mail: _____

Degree(s): _____

Music Therapy Credentials: _____

Music Therapy Advanced Training: _____

Employment Experience (List most recent employment):

Employer Name	Position
_____	_____
_____	_____
_____	_____
_____	_____

Honors, Awards, Research Grants, and Leadership:

Part II. Clinical Experience

Years: _____

Populations: _____

Settings: _____

Strengths as a Music Therapist: _____

Challenges as a Music Therapist:

Part III. Musical Background

Primary Instrument or Voice: _____

Years Studied: _____ Years Studied Privately: _____

Additional Instruments/Voice (if applicable):

Number of Years Studied:

Additional Instruments/Voice (if applicable):	Number of Years Studied:
_____	_____
_____	_____
_____	_____
_____	_____

Performance Experience:

Please list any ensembles in which you have performed regularly, including church choirs, rock bands, personal musical projects, etc.

Part IV. Personal Exploration

Comments: _____

Applicant Signature: _____ Date: _____

Application form should be e-mailed to skim@molloy.edu.

Please submit the completed application form directly to skim@molloy.edu.

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Analytical Music Therapy Training
at Molloy College**