

# 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## Part II. Clinical Experience

Years: \_\_\_\_\_

Populations: \_\_\_\_\_

Settings: \_\_\_\_\_

Strengths as a Music Therapist: \_\_\_\_\_

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Challenges as a Music Therapist:

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## 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.

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Comments: \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Application form should be e-mailed to [amt@molloy.edu](mailto:amt@molloy.edu)

**CONTACT: Dr. Seung-A Kim Jung, LCAT, MT-BC,  
Coordinator, Analytical Music Therapy Training  
at Molloy University  
[amt@molloy.edu](mailto:amt@molloy.edu)**

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