State of Vermont
Office of the Secretary of State

Office of Professional Regulation
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Montpelier, VT 05620-3402
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James C. Condos, Secretary of State
Christopher D. Winters, Deputy Secretary
S. Lauren Hibbert, Director

APPLICATION FOR PRELIMINARY SUNRISE REVIEW ASSESSMENT

1. Profession/Occupation seeking regulation:

Music Therapist-Board Certified (MT-BC)

2. Person/Organization submitting application:

Name:	Lynn Noble, MT-BC, NMT, RYT (Task Force Chair)
Organization:	Vermont State Music Therapy Task Force
Address: Street/City/State/Zip	P.O. Box 3281 Burlington VT 05408

Phone:	(802) 391-4437	**Cell Phone:**	(802) 310-9793
Fax:		**E-Mail:**	vtmusictherapytf@gmail.com

3. Vermont Society/Association (Attach copies of Standards of Practice and Code of Ethics)

Name: Vermont State Music Therapy Task Force	
Contact Person: Lynn Noble, MT-BC, NMT, RYT (Task Force Chair)	
Address: Street/City/State/Zip PO Box 3281, Burlington, VT 05408	

Phone:	(802) 391-4437	**Cell Phone:**	(802) 310-9793
Fax:		**E-Mail:**	vtmusictherapytf@gmail.com

Standards of Practice and Code of Ethics attached

VERMONT

4. National Society/Association (Attach copies of Standards of Practice and Code of Ethics)

Name:	1) Certification Board for Music Therapists (CBMT) 2) American Music Therapy Association (AMTA)
Contact Person:	1) Dena Register, Regulatory Affairs Advisor 2) Judy Simpson, Director of Government Relations
Address: Street/City/State/Zip	1) 506 E. Lancaster Ave. Suite 102 Downington, PA 19335 2) 8455 Colesville Road, Suite 1000 Silver Spring, MD 20910

Phone:	1) 610-269-8900 2) 310-589-3300	**Cell Phone:**	
Fax:	1) 610-269-9232 2) 301-589-5175	**E-Mail:**	1) dregister@cbmt.org 2) simpson@musictherapy.org

Standards of Practice and Code of Ethics attached

5. Does the National Organization have a license or certification process? If "Yes", attach supporting documentation.	YES	NO

Continued on "Additional Sheets" addendum; Supporting documentation attached

6. List other states currently regulating this profession/occupation. For each state attach copies of the laws and rules.

California	North Dakota	Virginia
Connecticut	Oklahoma	Wisconsin
Georgia	Oregon	
Nevada	Rhode Island	
New Jersey	Utah	

Continued on "Additional Sheets" addendum; Supporting documentation attached

7. Define the services provided by this profession/occupation. What is the Scope of Practice? (If space provided is insufficient, attach additional sheets as needed.)

Music therapy means the clinical and evidence-based use of music interventions to accomplish individualized goals for people of all ages and ability levels within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program.

Continued on "Additional Sheets" addendum.

8. What harm or danger to the health, safety, or welfare of the public can be demonstrated if the practice of this profession/occupation were to remain unregulated? *Note: The potential for harm must be recognizable and not remote of speculative.*

(If space provided is insufficient, attach additional sheets as needed.)

There is substantial concern for the safety and welfare of the public without the regulation of the music therapy profession. Individuals who present to the public as music therapists without the credential "music therapist board-certified" (MT-BC) do not have the training in clinical applications of music to address therapeutic goals.

Music therapists often work with vulnerable populations (e.g. persons with intellectual or emotional disabilities, or persons coping with physical, mental, or terminal illness). It is imperative to regulate this profession within the state in order to safeguard members of the public who may be less able to protect themselves. Music therapists abide by the AMTA Code of Ethics and CBMT Code of Professional Practice, which serve to guide ethical practice. An untrained, uncredentialed music therapist is not aware or obligated to follow this code and could result in ethically questionable practices.

Continued on “Additional Sheets” addendum.

9. What benefit can the public reasonably expect if this profession/occupation is regulated and how would it be measured?

(If space provided is insufficient, attach additional sheets as needed.)

Demand for music therapy services continues to grow in Vermont. Our profession strives to meet the needs of our communities with safe, appropriate, and accessible services provided by qualified professionals. Current MT-BCs have observed concerning instances that place consumers at risk and see regulation as a way to address these concerns and provide additional benefits to Vermonters. More specifically, regulating music therapy will provide the following benefits to the public: 1) improved public safety/ physical and psychological protection, 2) increased access to quality music therapy services provided by qualified professionals, 3) protection of patient privacy and confidentiality, 4) compliance with state regulations, 5) positive economic impact, and 6) safe continuation of services throughout emergent situations.

Continued on “Additional Sheets” addendum

10. Why isn't the public protected from unprofessional practitioners through means other than regulation? (For example, criminal penalties, consumer fraud laws, small claims court, civil litigation, etc.?

(If space provided is insufficient, attach additional sheets as needed.)

No legal protections currently exist in Vermont that protect consumers from unprofessional practice. CBMT has a disciplinary review process through which they can pull the Music Therapist-Board Certified credential, but they cannot legally stop an individual from practicing. The state is the only entity that can stop an individual from practicing as long as there are state laws recognizing the credential and regulating the profession.

Unlike art therapy, music therapy is not regulated under mental health professions, nor is it considered a subspecialty of psychotherapy. Fewer than 20% of music therapists work in mental health, and the music therapy education and clinical training requirements do not prepare music therapists for a mental health license. In fact, it would be unlawful for a practitioner in Vermont to offer music therapy as a form of psychotherapy without first being licensed as an LCMHC, LICSW, LMFT, psychologist, or LADC. Indeed, in the absence of Vermont regulation, a client is protected only if the music therapist possesses credentials in addition to board certification, adhering to the codes and regulations of that profession.

11. Are you seeking: [Licensure] Certification Registration

(See 26 V.S.A. § 3101 a. Definition)

We are seeking licensure for board certified music therapy.

12. a. What other regulated professions/occupations perform similar services to those of this profession/occupation?

allied mental health	applied-behavior analysis	
occupational therapy		
physical therapy		
speech-language pathology		
respiratory care		

Vermont provides for licensure, oversight and regulation for the following related professions: allied mental health, occupational therapy, physical therapy, speech-language pathology, respiratory care, and applied-behavior analysis. The goal areas and populations served by these occupations share similarities with the music therapy profession. However, the state does not currently regulate professions that include the same education, clinical training, or national board certification requirements of music therapy. While music therapists often co-treat and collaborate with these related professions, it would be highly unethical and beyond their scope of practice for a music therapist to claim to be a member of these professions unless they had training and held a credential in that field.

12. b. How will the program distinguish between or among respective scopes of practice?

(If space provided is insufficient, attach additional sheets as needed.)

The music therapy profession is not a part of another licensed profession's scope of practice. What distinguishes music therapy from these other therapies is the intentional use of music as the therapeutic mechanism. The music therapy treatment plan is designed to help the client attain and/or maintain a maximum level of functioning using interactive music therapy strategies. Music therapists' qualifications are unique due to the requirements to be a professionally trained musician in addition to training and clinical experience in practical applications of biology, anatomy, psychology, and social and behavioral sciences. In contrast, when other professions, such as occupational therapy, speech-language pathology, and mental health professionals, report using music as a part of treatment, it involves specific, isolated techniques within a pre-determined protocol, using pre-arranged aspects of music to address specific issues. Continued on "Additional Sheets" addendum.

13. How many practitioners of this profession/occupation do you estimate are practicing in Vermont?	15

15, as of a 2018 survey of Vermont Music Therapists. (Doubled since 2015)
See attached VT Music Therapy Task Force Fact Sheet

14. Estimate the percentage of the practitioners practicing in the following settings.

Independent	Clinics	Hospitals	Other
50%	0%	10%	40%

There are currently fifteen board-certified music therapists practicing in Vermont. Of these, over half (53.3%) are self-employed, working as independent contractors in private practice. A single music therapist may divide their time among a variety of settings.

Vermont's music therapists work in places such as schools (46.6%), assisted living facilities (33.3%), home health (33.3%), preschools/ daycare centers (26.6%), community-based settings (20%), early intervention settings (20%), hospice/bereavement (13.3%), pediatric medical (13.3%), mental health (13.3%), and group homes (6.6%).

15. Is formal education required? ***(If " Yes", complete below.)***	Yes	No
Education Requirements	See "Additional Sheets" addendum.	
Where may this education be obtained?	See "Additional Sheets" addendum.	

16. Is supervised experience required in addition to, or instead of, formal education? ***(If "Yes", complete below.)***	Yes	No
Education Requirements	Music therapy education consists of 1,200 hours of supervised clinical training, which includes a 6-month supervised internship.	
Where may this experience be obtained?	See "Additional Sheets" addendum.	
17. Is there a National examination? ***(If "Yes", complete below.)***	Yes	No

Name and address of examination agency

Name of Agency	The Certification Board for Music Therapists
Street	506 East Lancaster Ave., Suite 102
City/State/Zip	Downingtown, PA 19335

See "Additional Sheets" addendum.

18. Does this professional/occupation need continuing education? ***(If "Yes", complete below.)*** ***(If space provided is insufficient, attach additional sheets as needed.)***	Yes	No

Yes, music therapists participate in a re-certification program. In order to maintain the MT-BC credential, music therapists must engage in a variety of professional experiences and continuing education pursuits. They must demonstrate continuing competence and growth in the current practice of music therapy. Board certified music therapists must recertify every five years. To do this, MT-BCs must accrue 100 recertification credits (including 3 CMTE credits in ethics) each consecutive five year time period. Random audits are used as a mechanism to uphold and enforce the high standards that have been set for the recertification program.

19. Based on the criteria you proposed as a requirement to become licensed/certified/registered, estimate how many of the current practitioners will qualify?	15

Continued on “Additional Sheets” addendum.

20. What transitional provisions/”grandfather provisions” do you propose for current practitioners to obtain licensure/certification/registration?

(When space provided is insufficient, attach additional sheets as needed.)

This proposal does not contain transitional provisions . All music therapists who hold the existing music therapy credential, Music Therapist-Board Certified (MT-BC), and complete the required application steps would be eligible to apply for licensure.

The standards established through this proposal would be the same as those required of all board-certified music therapists across the United States. Thus, if implemented, any nationally board-certified music therapist from another state who successfully completes the state application, submits the required fees, and demonstrates adherence to the CBMT *Code of Professional Practice* could be eligible to practice in Vermont.

21. Attach copies of any proposed legislative bill(s) related to this request.

H.764 An act relating to the professional regulation of music therapists — Attached: Short form of bill H.764
https://legislature.vermont.gov/bill/status/2020/H.764 — Attached: Enacted MT Statues and Rules 2020

22. Attach a list of all interested persons or groups in favor of, or opposed to, this request. Have they been consulted?

See “Additional Sheets” addendum.

23. Include any statistical data on disciplinary actions for this profession/occupation in other states.

See “Additional Sheets” addendum.

24. What is the applicant seeking to gain through regulation of the occupational group? What benefit does regulation bring to members of this occupational group?

See “Additional Sheets” addendum.

Go to: Administrative Rules for Procedures for Preliminary Sunrise Review Assessments

Email questions and comments about these pages to:

S. Lauren Hibbert, Director
Office of Professional Regulation
89 Main Street, 3rd Floor
Montpelier, VT 05620-3402
Lauren.Hibbert@sec.state.vt.us

VT Music Therapy Application for Preliminary Sunrise Review Assessment: Additional Sheets

5. Does the National Organization have a license or certification process? YES NO
If "Yes", attach supporting documentation.

Continued:

To become a Board-Certified Music Therapist (MT-BC), individuals must hold a bachelor's degree or higher in music therapy, including at least 1200 hours of clinical training, and pass a national board certification examination administered by the Certification Board for Music Therapists (CBMT). After successful completion of the CBMT examination, graduates are issued the credential necessary for professional practice, Music Therapist-Board Certified (MT-BC). Certification requires mastery of all American Music Therapy Association (AMTA) and CBMT requirements (see attached supporting documentation). Recertification occurs every five years, during which the certificant must complete 100 hours of continuing education to ensure continued competence in music therapy. For details, see attached CBMT Recertification Credit Chart. MT-BCs are subject to audit of CE requirements.

The process (education, training, examination, continuing education) required to become a board certified music therapist (MT-BC) is unique in quality and integrity from other comparable professions. We would be happy to provide more detailed information about curriculum, certification content, and/or enforced standards if that would be helpful.

The national organizations, CBMT and AMTA, support individual states in seeking state-specific licensure.

For more information visit www.cbmt.org

6. List other states currently regulating this profession/occupation. For each state attach copies of the laws and rules.

Continued:

There are twelve states that regulate music therapy:

- Music therapy licensure: Georgia, Nevada, New Jersey, North Dakota, Oklahoma, Oregon, Rhode Island, Virginia
- Music therapy registration: Wisconsin.
- Music therapy state certification: Utah
- Music therapy title protection: California, Connecticut

Please find attached a document entitled "National Overview," which links to the particular language used for each state.

Also attached are the laws and rules for each state (Enacted MT Statues and Rules 2020). The licensure programs in New Jersey and Virginia were established in 2020, and regulations have yet to be written.

7. Define the services provided by this profession/occupation. What is the Scope of Practice? (If space provided is insufficient, attach additional sheets as needed.)

*Continued***:**

Music therapists are qualified to complete the following tasks independently, and when applicable, in collaboration with an interdisciplinary treatment team: music therapy assessment, music therapy program planning and implementation, music therapy treatment evaluation and documentation, and music therapy service termination. Music therapists are not governed by outside professions and are held accountable by the American Music Therapy Association (AMTA) Standards of Clinical Practice (attached) and Code of Ethics (attached), which outline therapist responsibilities and relationships with other professionals involved in client treatment. In addition, the CBMT Board Certification Domains(attached) and Code of Professional Practice(attached) provide requirements and guidance for clinical work.

Music therapists develop individualized music therapy treatment plans specific to the needs and strengths of clients, who may be seen individually or in groups. The goals, objectives, and potential strategies of the music therapy services are tailored to both the client and the setting. Music therapy interventions may include, but are not limited to: music improvisation, receptive music listening, songwriting, lyric discussion, music and imagery, singing, music performance, learning through music, music combined with other arts, music-assisted relaxation, music-based patient education, electronic music technology, adapted music intervention, and movement to music. Music therapy clinical practice may be in developmental, rehabilitative, habilitative, medical, mental health, preventive, wellness care,or educational areas. Standards of practice in music therapy include the following:

- Accepting referrals for music therapy services from medical, developmental, mental health, and education professionals; family members; clients; caregivers; or others involved and authorized with provision of client services. Before providing music therapy services to a client for an identified clinical or developmental need,the music therapist collaborates, as applicable, with the primary care provider(s) to review the client's diagnosis, treatment needs,and treatment plan. During the provision of music therapy services to a client, the music therapist collaborates, as applicable,with the client's treatment team;
- Conducting a music therapy assessment of a client to determine if treatment is indicated. If treatment is indicated, the music therapist collects systematic, comprehensive, and accurate

information to determine the appropriateness and type of music therapy services to provide for the client;

- Developing an individualized music therapy treatment plan for the client that is based upon the results of the music therapy assessment. The music therapy treatment plan includes individualized goals and objectives that focus on the assessed needs and strengths of the client and specify music therapy approaches and interventions to be used to address these goals and objectives. Implementing an individualized music therapy treatment plan that is consistent with any other developmental, rehabilitative, habilitative, medical, mental health, preventive, wellness care, or educational services being provided to the client;
- Evaluating the client's response to music therapy and the music therapy treatment plan, documenting change and progress, and suggesting modifications, as appropriate;
- Developing a plan for determining when the provision of music therapy services is no longer needed in collaboration with the client, physician, or other provider of healthcare or education of the client, family members of the client, and any other appropriate person upon whom the client relies for support;
- Minimizing any barriers to ensure that the client receives music therapy services in the least restrictive environment;
- Collaborating with and educating the client and the family, caregiver of the client, or any other appropriate person regarding the needs of the client that are being addressed in music therapy and the manner in which the music therapy treatment addresses those needs; and utilizing appropriate knowledge and skills to inform practice including use of research, reasoning, and problem solving skills to determine appropriate actions in the context of each specific clinical setting.

As allied health professionals, music therapists are members of an interdisciplinary team of healthcare, education, and other professionals who work collaboratively to address the needs of clients while protecting client confidentiality and privacy. That said, music therapy is not a subspecialty of any other profession, including counseling or psychotherapy. Consequently, clients are not protected by regulations that might apply to other professions within Vermont. If a music therapist has additional credentials alongside their board certification, then they would follow the regulations and codes of practice for that profession.

Music therapists work with a variety of populations, within a variety of healthcare and educational settings. They function as independent clinicians within the context of the interdisciplinary team, supporting the treatment goals and co-treating with physicians, nurses, rehabilitative specialists, neurologists, psychologists, psychiatrists, social workers, counselors, behavioral health specialists, physical therapists, occupational therapists, speech-language pathologists, audiologists, educators, clinical case managers, patients, caregivers, and more. Music therapy-specific assessment, treatment planning, and implementation consider diagnosis and history, are performed in a manner congruent with the client's level of functioning, and address client needs across multiple domains.

8. What harm or danger to the health, safety, or welfare of the public can be demonstrated if the practice of this profession/occupation were to remain unregulated? Note: The potential for harm must be recognizable and not remote of speculative.
(If space provided is insufficient, attach additional sheets as needed.)

Continued:

The recognizable potential for music to cause harm when utilized by untrained, non-qualified individuals include the following:

1. Neurological Harm: Music stimulus that is too complex for one's neurological system, may cause increased agitation and dysregulation.

    1. Seizure Disorder: Music therapists often work with individuals with seizure disorders.There is evidence-based research documenting the potential for music and auditory stimulation trigger seizure activity. For individuals where music is not a trigger for seizure activity, there is still a risk if their seizure threshold is low. Thresholds can change based on a multitude of factors. Music therapists have the clinical training to determine when or when not to use music with these individuals.

    2. Pediatric/NICU: At least one Vermont hospital has been approached by an individual who wanted to provide "music therapy" services in the neonatal intensive care unit (NICU) and did not have any education or clinical training in music therapy. This is concerning because infants in the NICU have fragile neurological systems that can become overstimulated and cause stress. Stress in NICU patients can be detrimental to their progress and can worsen medical conditions (e.g.increased heart rate in an infant with a congenital heart defect). Stress in an infant can lower oxygen saturation and can have an effect on neural structure, function, and development. Board-certified music therapists have specific training in implementing evidence-based NICU intervention, recognizing infant distress signals, and knowledge of infant neurological development to inform what levels and type of music is most appropriate. Through their specialized training, board certified music therapists know that infant distress signals can be extremely subtle and, therefore, remain acutely aware when providing any type of stimuli in this setting.

2. Physical Harm- Noncompliance with safety protocols and guidelines in the clinical environment, including those related to appropriate sound environments, can result in hearing loss, injury, infection, regression, or even death.

    1. Infection: For example, in the current COVID-19 pandemic there is concern that singing can increase aerosolization of the virus. Many MT-BCs have implemented telehealth treatment options to align with public health standards and are actively discussing how to provide services in the safest way. As this situation is still unfolding, MT-BCs are staying

abreast of the most up-to-date research and recommendations to inform the safe and ethical practice of music therapy.

3. Emotional Harm- Music has the potential to elicit or evoke intense emotions. The lack of an effective therapeutic response to and processing of these emotions may lead to short and/or long term social and psychological harm

    1. Trauma: There are observed instances of music causing increased agitation and emotional distress for veterans with PTSD. For veterans, hearing patriotic music can activate a trauma-based response. MT-BCs are equipped to anticipate potential triggers and thereby avoid causing harm by not evening using certain music. When activating music is not pre-identified, music therapists are highly trained in order to manage and support individuals going through a trauma response

    2. Behavioral Impact: An intern (who went on to become a board-certified music therapist) worked briefly with an untrained, uncertified individual, who purported to be a music therapist. This was in central Vermont. The individual was observed dispensing psychological advice to an adult male with developmental delays and a background of uncontrolled behavior patterns, including outbursts of uncontrolled anger. This individual directed the client out of the therapy space and into his private bedroom, in order to demonstrate an anger-management technique. Although the client seemed uncertain, he dutifully complied. Once upstairs, the individual picked up a pillow from the client's bed, and proceeded to hurl it upon the mattress, while releasing a loud shout. The client appeared alarmed and ill-at-ease, expressing concern for his pet cat, who had dashed off in obvious distress.

4. Privacy Harm- A non-qualified individual claiming to be a music therapist may not comply with federal and state statutes and regulations, (i.e., HIPAA regulations) safeguarding client privacy, which can result in breaches of confidentiality and the disclosure of private health information without consent.

5. Financial Harm- Consumers can be caused financial harm when they pay for services labeled as music therapy, but are not provided by a music therapist. Financial implications for constituents include being overcharged by untrained individuals that are not held accountable to follow or uphold professional standards and ethics, and who are not qualified to provide the service or document measurable outcomes.

The public is at risk for harm resulting from the current lack of music therapy regulation in the state of Vermont. At highlighted above, residents are at-risk for negative social, emotional, physical, and economic consequences. Additionally, without any form of licensure or registration there is no formal mechanism for clients to report instances of clinical harm by a person claiming to be a music therapist. Vermonters do not have the assurance that people who say they are “music therapists” have the thorough training and understanding of assessment, treatment

planning, implementation and documentation processes that board-certified music therapists obtain when getting their music therapy degrees and undergoing their extensive clinical training experiences. There is concern regarding individuals in Vermont claiming to be music therapists who do not have the requisite training and skill set, which leads to potential harm to the public when unqualified persons misrepresent the music therapy profession. When individuals present to the public as music therapists without holding the MT-BC credential, they are not trained to provide evidence-based services or understand when music is contraindicated in treatment. Without the structured training of a board certified music therapist, these individuals pose an unnecessary risk to clients.

9. What benefit can the public reasonably expect if this profession/occupation is regulated and how would it be measured?
(If space provided is insufficient, attach additional sheets as needed.)

Continued:

Specific Benefits Include:

1. Physical and psychological protection of the general public
   - The proposed licensing of music therapists will **protect the general public** by creating a minimum standard for music therapy practice in Vermont. Presently, anyone in Vermont may call themself a music therapist, which is confusing to the general public, as these individuals do not always represent their qualifications accurately. Due to the lack of regulation, clients and facilities who are seeking services are at risk for entering into a relationship with a non-credentialed music practitioner who may not have the training necessary to safely meet the needs of the public. The licensing process will ensure Vermont residents that only qualified, trained individuals who have met the education, clinical training, and national examination requirements will be able to call their practice music therapy. Regulation would provide a platform for education of the public and accountability for those in Vermont who call themselves music therapists. The public will be confident that this level of clinical therapeutic relationship will comply with an established scope of practice. Furthermore, Vermont residents and potential employers will have a state-established system (listed through OPR) for verifying competent music therapy practice as well as a disciplinary system to address issues of unethical behavior and practice. Through including continuing education as part of re-licensure, the public would be ensured that any music therapist practicing in Vermont is up-to-date on current evidence-based practices. If regulated, the public would be protected from non-credentialed practitioners calling their work music therapy and practicing without the required training, thereby eliminating a significant risk of physical and psychological harm.

2. Increased access and quality
    - There is a growing need for legitimate allied health services in Vermont, and regulation will allow more residents to connect with qualified therapists. Licensure will draw more music therapists to the state, thereby increasing the reach and availability of the profession, especially into more rural and underserved areas of the state who consistently struggle with providing services for their residents. **Access** to medically, behaviorally, or educationally necessary music therapy services would be improved, as residents would be able to locate qualified providers recognized by the state through OPR listings. Licensing by the state would effectively decrease confusion for those seeking private services, as consumers would have a well-defined, easily accessed method of discovering qualified practitioners and determining competence, thereby removing a barrier to entry. Regulation would increase access and also ensure that all practitioners using the title Music Therapist would have the skills to provide safe services that comply with an established scope of practice and ethical code. Referrals for music therapy are often made when treatment teams have exhausted other options for helping clients. The regulation and increased access to services by a qualified music therapist would be of extreme benefit to these clients who have had limited treatment success or functional outcomes through other treatment options. Regulation will ensure that all clients interested in music therapy will obtain high quality and safe services provided by a qualified professional.

3. Protection of privacy and confidentiality
    - Regulation will **protect privacy and confidentiality** by preventing the incidence of unqualified individuals having access to clients' confidential information and potentially compromising clients' health and wellness. Board Certified Music Therapists (MT-BCs) are all trained extensively on HIPAA practices, including the safe storage and transmission of PII and PHI data. HIPAA, along with other best practices in privacy and confidentiality, are a complex set of rules and standards. It is unreasonable to expect lay people to adequately comply with these required safety practices. Therefore, licensing music therapists will increase the health information safety and security of Vermont citizens. Regulation would maintain a high standard of care in the state of Vermont by establishing a level of competence for a practitioner to provide music therapy services. Having this informed access to client information also creates the context for deeper clinical relationships and the ability for therapists to communicate with interdisciplinary team members, thereby increasing quality of services overall.

4. Compliance with state regulations
    - Facilities interested in providing music therapy services would be able to **comply** more easily with state regulations in contracting with or employing music therapists. All Board Certified Music Therapists (MT-BCs) receive education and training in how to comply with state/ federal/facility regulations and accreditation (e.g. IEPs). They are able to conduct assessments, draft and incorporate goals and objectives into treatment plans, specify procedures and define expected treatment outcomes, collaborate with interdisciplinary teams, evaluate and make appropriate modifications and accommodations,

and document this process utilizing standardized tools. They are trained to meet priority needs of clients during crisis intervention, comply with infection control requirements, and incorporate medical precautions. Licensure would assist potential employers in selecting an MT-BC as opposed to a non-credentialed music professional. This has become especially relevant in response to the COVID-19 pandemic, in which the proper safety training and response to State recommendations for implementation of protocol is an even more serious matter of public health.

5. Positive economic impact
   - Licensure for music therapists could also have a **positive economic impact** on the public. There is potential for decreased out-of-pocket expenses for those receiving services, as facilities identify and employ therapists who have met the state requirements for professional practice. Increasing availability of music therapy as part of interdisciplinary offerings will allow more individuals to benefit from these services without having to privately contract therapists. Reimbursement for music therapy services from third-party payers could also be improved, as most of these entities do require state licensure for coverage. Many clients are unable to access services due to the difficulties in receiving reimbursement, and this barrier to entry would be greatly lessened with regulation.

6. Safe continuation of services throughout emergent situations
   - The COVID-19 pandemic has highlighted the reality that only a subset of trained professionals are prepared to continue offering distance health services safely in response to global crisis. Due to the training required of Board Certified Music Therapists (MT-BCs), the response to this pandemic has been swift and creative. In Vermont, we have been able to adapt our services to fit the current safety protocols. Having been trained in infection control procedures, MT-BCs in Vermont have been able to provide properly sanitized instruments to clients for use during isolation. We have also been able to continue providing services through Telehealth mediums while maintaining HIPAA compliance and protecting the safety and confidentiality of our clients. While adhering to the "Stay Home, Stay Safe" protocol, including the family unit and household members in our services has addressed much needed mental health concerns throughout this pandemic while safely maintaining social distancing regulations.

Benefits to regulating music therapy could be measured by tracking the number of claims reported to the AMTA Professional Advocacy committee regarding incorrect use of the title "Music Therapist" in Vermont, changes in the number and/or population of clients served, changes in the number of licensed/Board Certified Music Therapists (MT-BCs) practicing in Vermont, and changes to the number of facilities offering music therapy services. Additionally, as we are seeking formal state recognition of an existing national board certification credential, responsibilities required for implementation and enforcement of the license could be completed in coordination with CBMT. For example, the Office of Professional Regulation could use the existing resources of CBMT to verify applications. OPR could also contact CBMT for

interventions required to process complaints, initiate disciplinary action or when revocation, suspension, and non-renewal is necessary.

Finally, the Vermont State Music Therapy Task Force will continue to collect survey data on services provided by credentialed professionals, which can help track data on changes to clinical practice and services access.

12. b. How will the program distinguish between or among respective scopes of practice? (If space provided is insufficient, attach additional sheets as needed.)

Continued:

Furthermore, licensing music therapists will not impact the authority and scopes of practice of currently regulated professions. A common concern is that the regulation of music therapy will restrict other professions from using music in their treatment, which is not the case. Regulation will not limit other occupations from utilizing music in their treatment. Please see the model legislation attached (DRAFT Licensure Template 6-5-2020, Chapter 1, XX-4, pg. 3) for language on how music therapy regulation would not limit other professions. For example, a physical therapist could still create a playlist for a patient's exercise; a licensed clinical counselor could use music to facilitate a discussion on cognitive behavior therapy tools; a speech-language pathologist would still be able to use a song to target speech sounds. Regulation would limit these professions from saying they provide music therapy or claiming to be music therapists. This protection would provide patients with the knowledge and security that their music therapist is specially trained in the application of music to address therapeutic goals while allowing related professions to continue to use music in their practices.

15. Is formal education required? (If " Yes", complete below.)

Continued:

Education Requirements

A professional music therapist holds a bachelor's degree or higher in music therapy from one of over 89 AMTA-approved college and university programs. The curriculum for the bachelor's degree is designed to impart entry-level competencies in three main areas: musical foundations, clinical foundations, and music therapy foundations and principles as specified in the AMTA *Professional Competencies*. In addition to academic coursework, the bachelor's degree requires a minimum of 1200 hours of clinical training, including a supervised internship.

Upon completion of the bachelor's degree, music therapists are eligible to sit for the national board certification exam to obtain the credential MT-BC (Music Therapist - Board Certified) which is necessary for professional practice. The credential MT-BC is granted by a separate, accredited organization, the Certification Board for Music Therapists (CBMT), to

identify music therapists who have demonstrated the knowledge, skills and abilities necessary to practice at the current level of the profession. The purpose of board certification in music therapy is to provide an objective national standard that can be used as a measure of professionalism by interested agencies, groups, and individuals.

Where may this education be obtained?

Currently, there are 89 AMTA-approved colleges and universities across the United States offering undergraduate and graduate music therapy degrees, including 10 with PhD programs.

Considering locations in proximity to the state of Vermont, the following are located in New England and the state of New York:

Berklee College of Music, Boston, MA
Lesley University, Cambridge, MA
Anna Maria College, Paxton, MA
University of Rhode Island, Kingstown, RI
Molloy College, Rockville Centre, NY
Nazareth College, Rochester, NY
New York University, New York, NY
Roberts Wesleyan College, Rochester, NY
SUNY-Fredonia, Fredonia, NY
SUNY-New Paltz, New Paltz, NY

16. Is supervised experience required in addition to, or instead of, formal education? (If "Yes", complete below.)

Continued:

Where may this experience be obtained?
Supervised clinical training occurs during students' degree study at an approved academic institution (please see attached) as well as at an approved internship site. Internship sites are approved by AMTA or the academic institution in which a student is seeking their degree. Clinical supervisors must meet minimum requirements outlined by *AMTA Standards for Education and Clinical Training.* After obtaining board-certification, many music therapists continue to seek supervision as part of the AMTA *Standards of Clinical Practice.*

17. Is there a National examination? (If "Yes", complete below.) Yes No

Continued:

Phone: 800-765-2268
www.cbmt.org

Dena Register, Regulatory Affairs Advisor
dregister@cbmt.org

Kimberly Sena Moore, Regulatory Affairs Associate
ksmoore@cbmt.org

Current Certificants: Over 8700

This exam is administered by the Certification Board for Music Therapists (CBMT), an independent, non-profit certifying agency fully accredited by the National Commission for Certifying Agencies. The written objective examination is based on a nationwide music therapy practice analysis that is reviewed and updated every five years to reflect current clinical practice. Both the practice analysis and the examination are developed using guidelines issued by the Equal Employment Opportunity Commission, and the American Psychological Association's standards for test validation. Test questions cover content from all attached supporting documentation: AMTA Code of Ethics, AMTA Professional Competencies, AMTA Standards for Education and Clinical Training , AMTA Standards of Clinical Practice, CBMT-AMTA Scope of Music Therapy Practice, CBMT Board Certification Domains, CBMT Code of Professional Practice, CBMT Recertification Credit Chart.

19. Based on the criteria you proposed as a requirement to become licensed/certified/ registered, estimate how many of the current practitioners will qualify?

Continued:

Currently, there are fifteen board-certified music therapists in the state of Vermont. As music therapy has steadily grown both nationally and in our state, the need for increased services and the number of music therapists will likely rise within Vermont in upcoming years.

22. Attach a list of all interested persons or groups in favor of, or opposed to, this request. Have they been consulted?

Continued:

All of the following persons/groups have been consulted.

Support:

- Cara Feldman-Hunt, Program Director, UVM Integrative Medicine
- Peter M. Bingham, MD, Professor of Neurology and Pediatrics Division head, Pediatric Neurology Vermont Children's Hospital, University of Vermont Medical Center
- Jessica Boyea, Pediatric Palliative Care Nurse Program Coordinator, VT Dept. of Health
- Jennifer Dawson & Jessica Rabidoux (Child Life Dept, Baird 5, Vt Children's Hospital)
- Lisa Emerson, Nurse Manager, Inpatient Pediatric, Vt Children's Hospital
- Magdalene Miller, Maternal Child Health Manager, Caledonia Home Health
- Annie Price-Smith, RN, Lamoille Home Health
- UVM Health Network Home Health and Hospice:
    - Melissa Kaulfied, RN, WHNP-BC, MSN, Nursing & Family Support Team Manager
    - Chelsea Chalfant, Hospice and Palliative Care Educator
    - Tara Graham, Executive Director of Hospice and Palliative Care
    - Sarah Coonrad Stone, RN, BSN, Hi-Tech Nurse Manager
- Melinda Neff, BCBA, Executive Director, Green Mountain Behavior Consulting, Inc.
- Sophia Tretiak, Case Manager, Washington County Mental Health Services
- Mary Hong, Behavior Consultant, Washington County Mental Health Services
- Amethyst Peaslee, Director, College St. Children's Services, Middlebury VT
- Elaine Chasse, Early Ed Educator, Owner of Learning Adventure Preschool, Grand Isle
- Heather Trombley, Early Ed Educator, Owner of Roots & Wings Preschool, So. Hero
- Donarae Dawson, Director of Student Support Services, Harwood Union Unified SD
- Joanne Godek, M.Ed., Director of Educational Support Systems, S. Burlington School District
- Jean Berthiaume, Co-Principal, Winooski Middle and High School
- Celia Hooker, Principal, Fayston Elementary School
- Tom Drake, Principal, Warren Elementary School
- Duane Pierson, Principal, Crossett Brook Middle School
- Beth Hemingway, Principal, Alburgh Community Educational Center
- Ed Nasta, BCBA, Executive Director, New School of Montpelier
- Julia Wheeler, Special Educator, New School of Montpelier
- Christine Elwell, COTA, SLPA, New School of Montpelier
- Saunie Williams, SLP, Grand Isle Supervisory Union
- Kara Tynon, CCC-SLP & Bridge Program Director, New School of Montpelier
- Erin Murphy, SLP, Colchester High School
- Amy Jamieson, SLP, Fayston Elementary School
- Alison Watt, SLP, Harwood Union High School

Opposition:

- ASHA automatically sends form letters of opposition in response to any introduced music therapy legislation (see attached ASHA Letter to VT Opposing Music Therapy Licensure HB 764). The national music therapy organizations (AMTA/CBMT) have worked with ASHA and generated acceptable responses to this opposition (see attached CMBT-AMTA Response to ASHA Letter to VT Opposing Music Therapy Licensure HB 764). In Vermont, we have not experienced any such opposition. Indeed, we continue to enjoy many positive relationships with SLPs, as evidenced by the many supporters on the list, above.

23. Include any statistical data on disciplinary actions for this profession/occupation in other states.

Continued:

The Certification Board for Music Therapists investigates all disciplinary complaints reported to the organization. These complaints fall into major categories of falsification of records, credential misuse, negligence and malpractice, inappropriate boundary setting/dual relationships, sexual offenders and/or sexual harassment claims, and financial exploitation. The following is a summary of the number of complaints submitted since 2015.

2015: 9
2016: 11
2017: 7
2018: 13
2019: 16
2020: 6 to date

States that recognize board certified music therapists via licensure, certification or registry may also take disciplinary action. That data is not readily available for inclusion in this application.

24. What is the applicant seeking to gain through regulation of the occupational group? What benefit does regulation bring to members of this occupational group?

The proposed recognition of the board-certified music therapy credential and regulation of the music therapy profession seeks to increase access to music therapy services provided by qualified professionals. Regulation of this profession protects the general public by creating a minimum standard for music therapists to practice in Vermont and ensure that only qualified, trained individuals who have met the education, clinical training, and examination requirements will be able to practice music therapy.

While regulation is focused on public safety and access, there are benefits to music therapists as well. Licensure may attract more music therapists to the state, thereby creating a supportive community for supervision and growth. In addition, increased awareness of the profession will connect more music therapists with clients, helping to retain more board certified music therapists within the state. Finally, regulation may diminish the barriers to accessing third-party reimbursement. Vermont residents and potential employers will have a state-established system for verifying competent music therapy practice and protection from misuse of terms and techniques by unqualified individuals. Residents or facilities would be able to locate qualified providers recognized by the state, thereby improving access to medically, behaviorally, or educationally necessary music therapy services. Regulation will prevent the incidence of unqualified individuals having access to clients' confidential information and potentially compromising clients' health and wellness issues. This maintains a high standard of care in the state of Vermont by establishing a level of competence for music therapy practitioners.

Supporting Documentation:

AMTA Code of Ethics (revised 11-14)
AMTA Professional Competencies (revised 11-13)
AMTA Standards for Education and Clinical Training 2012
AMTA Standards of Clinical Practice (revised 11-13)
ASHA Letter to VT Opposing Music Therapy Licensure HB 764
CBMT-AMTA Response to ASHA Letter to VT Opposing Music Therapy Licensure HB 764
CBMT Board Certification Domains 2015
CBMT Code of Professional Practice 2012
CBMT Recertification Credit Chart
CBMT-AMTA Scope of Music Therapy Practice
DRAFT Licensure Template 6-5-2020
H-0764 As Introduced
National Overview March 2020
VT Music Therapy Task Force Fact Sheet
Enacted MT Statues and Rules 2020

*More information for AMTA members from the Ethics Board can be found here.

Preamble

The members of the American Music Therapy Association, Inc., hereby recognize and publicly accept the proposition that the fundamental purposes of the profession are the progressive development of the use of music to accomplish therapeutic aims and the advancement of training, education, and research in music therapy. Our objectives are to determine and utilize music therapy approaches that effectively aid in the restoration, maintenance, and improvement in mental and physical health. To that end, we believe in the dignity and worth of every person. We promote the use of music in therapy, establish and maintain high standards in public service, and require of ourselves the utmost in ethical conduct.

This Code of Ethics is applicable to all those holding the MT-BC credential or a professional designation of the National Music Therapy Registry and professional membership in the American Music Therapy Association. This Code is also applicable to music therapy students and interns under clinical supervision. We shall not use our professional positions or relationships, nor permit ourselves or our services to be used by others for purposes inconsistent with the principles set forth in this document. Upholding our right to freedom of inquiry and communication, we accept the responsibilities inherent in such freedom: competency, objectivity, consistency, integrity, and continual concern for the best interests of society and our profession. Therefore, we collectively and individually affirm the following declarations of professional conduct.

1.0 Professional Competence and Responsibilities

1.1 The MT will perform only those duties for which he/she has been adequately trained, not engaging outside his/her area of competence.

1.2 The MT will state his/her qualifications, titles, and professional affiliation(s) accurately.

1.3 The MT will participate in continuing education activities to maintain and improve his/her knowledge and skills.

1.4 The MT will assist the public in identifying competent and qualified music therapists and will discourage the misuse and incompetent practice of music therapy.

1.5 The MT is aware of personal limitations, problems, and values that might interfere with his/her professional work and, at an early stage, will take whatever action is necessary (i.e., seeking professional help, limiting or discontinuing work with clients, etc.) to ensure that services to clients are not affected by these limitations and problems.

1.6 The MT respects the rights of others to hold values, attitudes, and opinions that differ from his/her own.

1.7 The MT does not engage in sexual harassment.

1.8 The MT accords sexual harassment grievants and respondents dignity and respect, and does not base decisions solely upon their having made, or having been the subject of, sexual harassment charges.

1.9 The MT practices with integrity, honesty, fairness, and respect for others.

1.10 The MT delegates to his/her employees, students, or co-workers only those responsibilities that such persons can reasonably be expected to perform competently on the basis of their training and experience. The MT takes reasonable steps to see that such persons perform

services competently; and, if

institutional policies prevent fulfillment of this obligation, the MT attempts to correct the situation to the extent feasible.

2.0 General Standards

2.1 The MT will strive for the highest standards in his/her work, offering the highest quality of services to clients/students.

2.2 The MT will use procedures that conform with his/her interpretation of the Standards of Clinical Practice of the American Music Therapy Association, Inc.

2.3 Moral and Legal Standards

2.3.1 The MT respects the social and moral expectations of the community in which he/she works. The MT is aware that standards of behavior are a personal matter as they are for other citizens, except as they may concern the fulfillment of professional duties or influence the public attitude and trust towards the profession.

2.3.2 The MT refuses to participate in activities that are illegal or inhumane, that violate the civil rights of others, or that discriminate against individuals based upon race, ethnicity, language, religion, marital status, gender, gender identity or expression, sexual orientation, age, ability, socioeconomic status, or political affiliation. In addition, the MT works to eliminate the effect of biases based on these factors on his or her work.

3.0 Relationships with Clients/Students/Research Subjects

3.1 The welfare of the client will be of utmost importance to the MT.

3.2 The MT will protect the rights of the individuals with whom he/she works. These rights will include, but are not limited to the following:

- - right to safety;
- - right to dignity;
- - legal and civil rights;
- - right to treatment;
- - right to self-determination;
- - right to respect; and
- - right to participate in treatment decisions.

3.3 The MT will not discriminate in relationships with clients/students/research subjects because of race, ethnicity, language, religion, marital status, gender, gender identity or expression, sexual orientation, age, ability, socioeconomic status or political affiliation.

3.4 The MT will not exploit clients/students/research subjects sexually, physically, financially or emotionally.

3.5 The MT will not enter into dual relationships with clients/students/research subjects and will avoid those situations that interfere with professional judgment or objectivity (e.g., those involving competitive and/or conflicting interests) in their relationships.

3.6 The MT will exert caution in predicting the results of services offered, although a reasonable statement of prognosis and/or progress may be made. The MT will make only those claims to clients concerning the efficacy of services that would be willingly submitted for professional scrutiny through peer review, publication in a professional journal, or documentation in the client's record.

3.7 The MT will offer music therapy services only in the context of a professional relationship and in a setting which insures safety and protection for both client and therapist. The MT will avoid deception in representations of music therapy to the public.

3.8 The MT will inform the client and/or guardian as to the purpose, nature, and effects of assessment and treatment.

3.9 The MT will use every available resource to serve the client best.

3.10 The MT will utilize the profession's Standards of Practice as a guideline in accepting or declining referrals or requests for services, as well as in terminating or referring clients when the client no longer benefits from the therapeutic relationship.

3.11 In those emerging areas of practice for which generally recognized standards are not yet defined, the MT will nevertheless utilize cautious judgment and will take reasonable steps to ensure the competence of his/her work, as well as to protect clients, students, and research subjects from harm.

3.12 Confidentiality

3.12.1 The MT protects the confidentiality of information obtained in the course of practice, supervision, teaching, and/or research.

3.12.2 In compliance with federal, state and local regulations and organizational policies and procedures, confidential information may be revealed under circumstances which include but are not limited to:

a. when, under careful deliberation, it is decided that society, the client, or other individuals appear to be in imminent danger. In this situation, information may be shared only with the appropriate authorities, professionals or others. The client is made aware of this when possible and if reasonable.

b. when other professionals within a facility or agency are directly related with the case or situation.

c. when the client consents to the releasing of confidential information.

d. when compelled by a court or administrative order or subpoena, provided such order or subpoena is valid and served in accordance with applicable law.

3.12.3 The MT informs clients of the limits of confidentiality prior to beginning treatment.

3.12.4 The MT disguises the identity of the client in the presentation of case materials for research and teaching. Client or guardian consent is obtained, with full disclosure of the intended use of the material.

3.12.5 All forms of individually identifiable client information, including, but not limited to verbal, written, audio, video and digital will be acquired with the informed client or guardian consent and will be maintained in a confidential manner by the MT. Also, adequate security will be exercised in the preservation and ultimate disposition of these records.

3.12.6 Information obtained in the course of evaluating services, consulting, supervision, peer review, and quality assurance procedures will be kept confidential.

4.0 Relationships with Colleagues

4.1 The MT acts with integrity in regard to colleagues in music therapy and other professions and will cooperate with them whenever appropriate.

4.2 The MT will not offer professional services to a person receiving music therapy from another music therapist except by agreement with that therapist or after termination of the client's relationship with that therapist.

4.3 The MT will attempt to establish harmonious relations with members from other professions and professional organizations and will not damage the professional reputation or practice of others.

4.4 The MT will share with other members of the treatment team information concerning evaluative and therapeutic goals and procedures used.

4.5 The MT will not discriminate in relationships with colleagues because of race, ethnicity, language, religion, marital status, gender, gender identity or expression, sexual orientation, age, ability, socioeconomic status or political affiliation.

5.0 Relationship with Employers

5.1 The MT will observe the regulations, policies, and procedures of employers with the exception of those that are in violation of this code of ethics.

5.2 The MT will inform employers of conditions that may limit the effectiveness of the services being rendered.

5.3 When representing the employer or agency, the MT will differentiate personal views from those of the profession, the employer, and the agency.

5.4 The MT will provide services in an ethical manner and will protect the property, integrity, and reputation of the employing agency.

5.5 The MT will utilize the agency's facilities and resources only as authorized.

5.6 The MT will not use his/her position to obtain clients for private practice, unless authorized to do so by the employing agency.

6.0 Responsibility to Community/Public

6.1 The MT will strive to increase public awareness of music therapy.

6.2 The MT engaged in a private practice or business will abide by federal, state and local regulations relevant to self-employment including but not limited to professional liability, registering and maintaining a business, tax codes and liability, confidentiality and reimbursement.

7.0 Responsibility to the Profession/Association

7.1 The MT respects the rights, rules, and reputation of his/her professional association.

7.2 The MT will distinguish personal from professional views when acting on behalf of his/her association. The MT will represent the association only with appropriate authorization.

7.3 The MT will strive to increase the level of knowledge, skills, and research within the profession.

7.4 The MT will refrain from the misuse of an official position within the association.

7.5 The MT will exercise integrity and confidentiality when carrying out his/her official duties in the association.

8.0 Research

8.1 The MT establishes a precise agreement with research subjects prior to their participation in the study. In this agreement, the responsibilities and rights of all parties are explained, and written consent is obtained. The MT explains all aspects of the research that might influence the subject's willingness to participate, including all possible risks and benefits. The MT will avoid any deception in research.

8.2 Participation of subjects in music therapy research will be voluntary. Appropriate authorization will be obtained from the subjects involved (or specified and/or legal guardians) and the facility. The subject is free to refuse to participate or to withdraw from the research at any time without penalty or loss of services.

8.3 The MT is ultimately responsible for protecting the welfare of the research subjects, both during and after the study, in the event of aftereffects, and will take all precautions to avoid injurious psychological, physical, or social effects to the subjects.

8.4 The MT will store data in a secure location accessible to the researcher. The researcher will determine a set period of time after completion of the study by which all research data must be shredded or erased.

8.5 The MT will be competent in his/her research efforts, being cognizant of his/her limits.

8.6 The MT will present his/her findings without distortion and in a manner that will not be misleading.

8.7 Publication Credit

8.7.1 Credit is assigned only to those who have contributed to a publication, in proportion to their contribution.

8.7.2 Major contributions of a professional nature made by several persons to a common project will be recognized by joint authorship.

8.7.3 Minor contributions such as editing or advising, will be recognized in footnotes or in an introductory statement.

8.7.4 Acknowledgment through specific citations will be made for unpublished as well as published material that has directly influenced the research or writing.

8.7.5 The MT who compiles and edits for publication the contribution of others will publish the symposium or report under the title of the committee or symposium, with the therapist's name appearing as chairperson or editor among those of the other contributors or committee members.

9.0 Fees, Business, and Commercial Activities

9.1 When participating in business arrangements as owners, stockholders, partners, employers, employees, contractors, or subcontractors, music therapists ensure that their activities are consistent with this Code and any applicable local, state, or federal laws.

9.2 The MT accepts remuneration only for services actually rendered by himself or herself or under his or her supervision and only in accordance with professional standards that safeguard the best interest of clients and the profession.

9.3 The MT will not take financial advantage of a client. The MT will take into account the client's ability to pay. Financial considerations are secondary to the client's welfare.

9.4 Private fees may not be accepted or charged for services when the MT receives remuneration for these services by the agency.

9.5 No gratuities, gifts or favors should be accepted from clients that could interfere with the MT's decisions or judgments.

9.6 Referral sources may not receive a commission fee, or privilege for making referrals (fee-splitting).

9.7 The MT will not engage in commercial activities that conflict with responsibilities to clients or colleagues.

9.8 The materials or products dispensed to clients should be in the client's best interest, with the client's having the freedom of choice. The MT will not profit from the sale of equipment/materials to clients. Charges for any materials will be separate from the bill for services.

10.0 Announcing Services

10.1 The MT will adhere to professional rather than commercial standards in making known his or her availability for professional services. The MT will offer music therapy services only in a manner that neither discredits the profession nor decreases the trust of the public in the profession.

10.2 The MT will not solicit clients of other MT's.

10.3 The MT will make every effort to ensure that public information materials are accurate and complete in reference to professional services and facilities.

10.4 The MT will avoid the following in announcing services: misleading or deceptive advertising, misrepresentation of specialty, guarantees or false expectations, and the use of the Association's logo.

10.5 The MT will differentiate between private practice and private music studio in announcing services.

10.6 The following materials may be used in announcing services (all of which must be dignified in appearance and content): announcement cards, brochures, letterhead, business cards and the internet. The MT may include the following on these materials: name, title, degrees, schools, dates, certification, location, hours, contact information, and an indication of the nature of the services offered.

10.7 Announcing services through the mail (to other professionals), a listing in the telephone directory, or the internet (i.e., email, website) are acceptable. No advertisement or announcement will be rendered in a manner

that will be untruthful and/or deceive the public.

11.0 Education (Teaching, Supervision, Administration)

11.1 The MT involved in teaching establishes a program combining academic, research, clinical, and ethical aspects of practice. The program will include a wide range of methods and exposure to and application of current literature.

11.2 The MT involved in education and/or supervision will use his/her skill to help others acquire the knowledge and skills necessary to perform with high standards of professional competence.

11.3 Theory and methods will be consistent with recent advances in music therapy and related health fields. The MT involved in education will teach new techniques or areas of study only after first undertaking appropriate training, supervision, study, and/or consultation from persons who are competent in those areas or techniques.

11.4 The MT involved in the education of students and internship training will ensure that clinical work performed by students is rendered under adequate supervision by other music therapists, other professionals, and/or the MT educator.

11.5 The MT involved in education and/or supervision will evaluate the competencies of students as required by good educational practices and will identify those students whose limitations impede performance as a competent music therapist. The MT will recommend only those students for internship or membership whom he/she feels will perform as competent music therapists and who meet the academic, clinical, and ethical expectations of the American Music Therapy Association, Inc.

11.6 The MT involved in the education of students and internship training will serve as an exemplary role model in regard to ethical conduct and the enforcement of the Code of Ethics.

11.7 The MT involved in education and training will ensure that students and interns operate under the same ethical standards that govern professionals.

12.0 Online Presence - Music therapists ensure that their use of social media and their online presence is consistent with this Code of Ethics.

13.0 Implementation

13.1 *Confronting Ethical Issues*

13.1.1 MT's have an obligation to be familiar with this Code of Ethics.

13.1.2 When a MT is uncertain whether a particular situation or course of action would violate this Code of Ethics, the MT should consult with a member of the Ethics Board.

13.1.3 A MT will not disobey this code, even when asked to do so by his/her employer.

13.1.4 The MT has an obligation to report ethical violations of this Code by other MT's to the Ethics Board.

13.1.5 The MT does not report or encourage reporting of ethics grievances that are frivolous and are intended to harm the respondent rather than to protect the public and preserve the integrity of the field of music therapy.

13.1.6 The MT cooperates in ethics investigations, proceedings, and hearings. Failure to cooperate is, itself, an ethics violation.

13.1.7 Grievances may be reported by any individual or group who has witnessed an apparent ethical violation by a Music Therapist

13.1.8 Neither the Chair nor any other member of the Ethics Board will take part in the informal or formal resolution procedures if s/he has a conflict of interest.

13.2 *Informal Resolution of Ethical Violations*

13.2.1 Upon observing or becoming aware of alleged violations of this Code of Ethics by an MT (hereinafter referred to as the respondent), the observer will consult first with the respondent involved and discuss possible actions to correct the alleged violation when such consultation is appropriate for the resolution of the ethical violation. The MT should document these efforts at informal resolution. In some instances, the individual consultation between the observer and the respondent may be either inappropriate or not feasible. In such instances (which may include, but are not limited to: sexual harassment, fear of physical retaliation, and imminent threats to the observer's employment), the observer should file a formal grievance with an explanation of the reason why individual consultation was not appropriate or feasible.

13.3 *Mid-Level Resolution of Ethical Violations*

13.3.1 In some instances, a mid-level resolution procedure may be recommended by a member of the Ethics Board. In this procedure, the grievant and respondent will each complete a questionnaire, which is returned to the Ethics Board member and the other parties in a secure and confidential manner. Both parties must agree to participate in the mid-level procedure in writing before moving forward. Follow-up conversations will be scheduled to determine when a resolution has occurred, or, the grievant may proceed to a formal resolution.

13.4 *Formal Resolution of Ethical Violations*

13.4.1 If an apparent ethical violation is not appropriate for informal resolution or is not resolved through consultation, the observer (herein referred to as the grievant) will submit a written report (herein referred to as the grievance) describing the alleged violation(s) to a member of the Ethics Board. The written report will consist of the following: (a) a signed, dated summary, not longer than one page, of the principle allegations (hereinafter referred to as the charge) against the respondent; (b) a thorough explanation of the alleged violation(s); (c) a summary of informal resolution attempts, when such have been made; and (d) collaborative documentation, including signed statements by witnesses, if available.

13.4.2 The grievance must be made within one year of the last instance of the alleged violation(s) of this code.

13.4.3 Upon receipt of the grievance by the member of the Ethics, the member in consultation with the Ethics Chairperson and the Executive Director of AMTA will advise the MT respondent, in writing and within 45 days, that an ethics grievance has been made against him/her. Included in this notification will be a copy of the signed charge. The Ethics Board member will invite the respondent to submit a written defense within 60 days, including corroborative documentation and/or signed statements by witnesses, if available.

13.4.4 The Ethics Chairperson, or his/her designee from the Ethics Board, will conduct an initial inquiry into the grievance to confirm (a) the seriousness of the charge and (b) the possibility of resolution of the issue without a formal hearing.

13.4.5 After the initial inquiry, the Ethics Chairperson or designee may, at his or her discretion, negotiate a resolution to the grievance that will be presented in writing to the grievant and the respondent. If both parties agree to this resolution, they will sign and abide by the terms therein stated.

13.4.6 The initial inquiry by the Ethics Chairperson or designee, and negotiated attempts at a resolution, will be conducted within 45 days following receipt of the respondent's defense.

13.4.7 If agreement to a negotiated resolution is not reached, or if 45 days have passed following receipt of the respondent's defense, the Ethics Chairperson will initiate the formal procedure. At that time the Ethics Chairperson will inform in writing the Ethics Board, the Executive Director of AMTA, the President of AMTA, the grievant, and the respondent that the formal hearing procedure has begun and appoint a chair for the hearing panel.

13.5 *Group Grievances*

13.5.1 If the Ethics Chairperson or designee receives more than one grievance related in a

substantive way against the same party, the chair or designee may choose to combine the grievances into a single grievance, as long as there is no objection to such combination by the individual grievants. In this instance, the procedure heretofore established will remain the same.

13.5.2 If two or more individuals report a grievance against the same party, they may report a group grievance. This will be handled as a single grievance, following established procedures.

13.5.3 An employing agency may charge a MT with a violation of this Code of Ethics in the same manner as an individual grievant does so. The employing agency will appoint a representative to function in the role of grievant.

13.6 *Corrective Actions*

13.6.1 If the individual takes no corrective action within the designated time-limit, the panel chair will reconvene the hearing panel to determine recommended sanctions to the Executive Board for action. Possible sanctions may include, but are not limited to:

(a) permanent or time-specific withdrawal of an individual's membership in the Association;

(b) rehabilitative activity, such as personal therapy;

(c) a binding agreement by the respondent to conform his/her practice, education/training methods, or research methods to AMTA rules and guidelines;

(d) a written reprimand;

(e) recommendation to the National Music Therapy Registry or the Certification Board for Music Therapists (as appropriate) for the withdrawal of professional designation or credential. The MT may appeal the decision of the Ethics Board to the Judicial Review Board.

Current as of 11/14

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American Music Therapy Association

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Tel. (301) 589-3300 • Fax (301) 589-5175 • www.musictherapy.org

AMTA PROFESSIONAL COMPETENCIES

Preamble to AMTA *Professional Competencies*

The American Music Therapy Association has established competency-based standards for ensuring the quality of education and clinical training in the field of music therapy. As the clinical and research activities of music therapy provide new information, the competency requirements need to be reevaluated regularly to ensure consistency with current trends and needs of the profession and to reflect the growth of the knowledge base of the profession. The Association updates these competencies based on what knowledge, skills, and abilities are needed to perform the various levels and types of responsibilities to practice at a professional level.

In November 2005 the AMTA Assembly of Delegates adopted the *Advisory on Levels of Practice in Music Therapy.* This Advisory, which was developed by the Education and Training Advisory Board, distinguishes two Levels of Practice within the music therapy profession: Professional Level of Practice and Advanced Level of Practice. This Advisory describes the Professional Level of Practice as follows:

A music therapist at the Professional Level of Practice has a Bachelor's degree or its equivalent in music therapy and a current professional designation or credential in music therapy (i.e., ACMT, CMT, MT-BC, or RMT). At this level, the therapist has the ability to assume a supportive role in treating clients, collaborating within an interdisciplinary team to contribute to the client's overall treatment plan.

The AMTA *Professional Competencies* are based on music therapy competencies authored for the former American Association for Music Therapy (AAMT) by Bruscia, Hesser, and Boxhill (1981). The former National Association for Music Therapy (NAMT) in turn adapted these competencies as the *NAMT Professional Competencies* revised in 1996. In its final report the Commission on Education and Clinical Training recommended the use of these competencies, and this recommendation was approved by the AMTA Assembly of Delegates in November 1999. The AMTA *Professional Competencies* has had several minor revisions since its adoption in 1999.

A. MUSIC FOUNDATIONS

1. Music Theory and History
   - 1.1 Recognize standard works in the literature.
   - 1.2 Identify the elemental, structural, and stylistic characteristics of music from various periods and cultures.
   - 1.3 Sight-sing melodies of both diatonic and chromatic makeup.
   - 1.4 Take aural dictation of melodies, rhythms, and chord progressions.
   - 1.5 Transpose simple compositions.
2. Composition and Arranging Skills
   - 2.1 Compose songs with simple accompaniment.

2.2 Adapt, arrange, transpose, and simplify music compositions for small vocal and nonsymphonic instrumental ensembles.

3. Major Performance Medium Skills
   3.1 Perform appropriate undergraduate repertoire; demonstrate musicianship, technical proficiency, and interpretive understanding on a principal instrument/voice.
   3.2 Perform in small and large ensembles.
4. Functional Music Skills
   4.1 Demonstrate a basic foundation on voice, piano, guitar, and percussion.
      4.1.1 Lead and accompany proficiently on instruments including, but not limited to, voice, piano, guitar, and percussion.
      4.1.2 Play basic chord progressions in several major and minor keys with varied accompaniment patterns.
      4.1.3 Play and sing a basic repertoire of traditional, folk, and popular songs with and without printed music.
      4.1.4 Sing in tune with a pleasing quality and adequate volume both with accompaniment and a capella.
      4.1.5 Sight-read simple compositions and song accompaniments.
      4.1.6 Harmonize and transpose simple compositions in several keys.
      4.1.7 Tune stringed instruments using standard and other tunings.
      4.1.8 Utilize basic percussion techniques on several standard and ethnic instruments.
   4.2 Develop original melodies, simple accompaniments, and short pieces extemporaneously in a variety of moods and styles, vocally and instrumentally.
   4.3 Improvise on pitched and unpitched instruments, and vocally in a variety of settings including individual, dyad, small or large group.
   4.4 Care for and maintain instruments.
5. Conducting Skills
   5.1 Conduct basic patterns with technical accuracy.
   5.2 Conduct small and large vocal and instrumental ensembles.
6. Movement Skills
   6.1 Direct structured and improvisatory movement experiences.
   6.2 Move in a structured and/or improvisatory manner for expressive purposes.

B. CLINICAL FOUNDATIONS

7. Therapeutic Applications
   7.1 Demonstrate basic knowledge of the potential, limitations, and problems of populations specified in the Standards of Clinical Practice.
   7.2 Demonstrate basic knowledge of the causes, symptoms of, and basic terminology used in medical, mental health, and educational classifications.
   7.3 Demonstrate basic knowledge of typical and atypical human systems and development (e.g., anatomical, physiological, psychological, social.)
   7.4 Demonstrate basic understanding of the primary neurological processes of the brain.
8. Therapeutic Principles
   8.1 Demonstrate basic knowledge of the dynamics and processes of a therapist-client relationship.
   8.2 Demonstrate basic knowledge of the dynamics and processes of therapy groups.
   8.3 Demonstrate basic knowledge of accepted methods of major therapeutic approaches.
9. The Therapeutic Relationship
   9.1 Recognize the impact of one's own feelings, attitudes, and actions on the client and the therapy process.

9.2 Establish and maintain interpersonal relationships with clients and team members that are appropriate and conducive to therapy.

9.3 Use oneself effectively in the therapist role in both individual and group therapy, e.g., appropriate self-disclosure, authenticity, empathy, etc. toward affecting desired therapeutic outcomes.

9.4 Utilize the dynamics and processes of groups to achieve therapeutic goals

9.5 Demonstrate awareness of the influence of race, ethnicity, language, religion, marital status, gender, gender identity or expression, sexual orientation, age, ability, socioeconomic status, or political affiliation on the therapeutic process.

C. MUSIC THERAPY

10. Foundations and Principles

Apply basic knowledge of:

10.1 Existing music therapy methods, techniques, materials, and equipment with their appropriate applications.

10.2 Principles and methods of music therapy assessment, treatment, evaluation, and termination for the populations specified in the Standards of Clinical Practice.

10.3 The psychological aspects of musical behavior and experience including, but not limited to, perception, cognition, affective response, learning, development, preference, and creativity.

10.4 The physiological aspects of the musical experience including, but not limited to, central nervous system, peripheral nervous system, and psychomotor responses.

10.5 Philosophical, psychological, physiological, and sociological basis of music as therapy.

10.6 Use of current technologies in music therapy assessment, treatment, evaluation, and termination.

11. Client Assessment

11.1 Select and implement effective culturally-based methods for assessing the client's strengths, needs, musical preferences, level of musical functioning, and development.

11.2 Observe and record accurately the client's responses to assessment.

11.3 Identify the client's functional and dysfunctional behaviors.

11.4 Identify the client's therapeutic needs through an analysis and interpretation of assessment data.

11.5 Communicate assessment findings and recommendations in written and verbal forms.

12. Treatment Planning

12.1 Select or create music therapy experiences that meet the client's objectives.

12.2 Formulate goals and objectives for individual and group therapy based upon assessment findings.

12.3 Identify the client's primary treatment needs in music therapy.

12.4 Provide preliminary estimates of frequency and duration of treatment.

12.5 Select and adapt music, musical instruments, and equipment consistent with the strengths and needs of the client.

12.6 Formulate music therapy strategies for individuals and groups based upon the goals and objectives adopted.

12.7 Create a physical environment (e.g., arrangement of space, furniture, equipment, and instruments that is conducive to therapy).

12.8 Plan and sequence music therapy sessions.

12.9 Determine the client's appropriate music therapy group and/or individual placement.

12.10 Coordinate treatment plan with other professionals.

13. Therapy Implementation

13.1 Recognize, interpret, and respond appropriately to significant events in music therapy sessions as they occur.

13.2 Provide music therapy experiences that address assessed goals and objectives for populations specified in the Standards of Clinical Practice.
13.3 Provide verbal and nonverbal directions and cues necessary for successful client participation.
13.4 Provide models for and communicate expectations of behavior to clients.
13.5 Utilize therapeutic verbal skills in music therapy sessions.
13.6 Provide feedback on, reflect, rephrase, and translate the client's communications.
13.7 Assist the client in communicating more effectively.
13.8 Sequence and pace music experiences within a session according to the client's needs and situational factors.
13.9 Conduct or facilitate group and individual music therapy.
13.10 Implement music therapy program according to treatment plan.
13.11 Promote a sense of group cohesiveness and/or a feeling of group membership.
13.12 Develop and maintain a repertoire of music for age, culture, and stylistic differences.
13.13 Recognize and respond appropriately to effects of the client's medications.
13.14 Maintain a working knowledge of new technologies and implement as needed to support client progress towards treatment goals and objectives.

14. Therapy Evaluation
14.1 Design and implement methods for evaluating and measuring client progress and the effectiveness of therapeutic strategies.
14.2 Establish and work within realistic time frames for evaluating the effects of therapy.
14.3 Recognize significant changes and patterns in the client's response to therapy.
14.4 Recognize and respond appropriately to situations in which there are clear and present dangers to the client and/or others.
14.5 Modify treatment approaches based on the client's response to therapy.
14.6 Review and revise treatment plan as needed.

15. Documentation
15.1 Produce documentation that accurately reflects client outcomes and meet the requirements of internal and external legal, regulatory, and reimbursement bodies.
15.2 Document clinical data.
15.3 Write professional reports describing the client throughout all phases of the music therapy process in an accurate, concise, and objective manner.
15.4 Effectively communicate orally and in writing with the client and client's team members.
15.5 Document and revise the treatment plan and document changes to the treatment plan.
15.6 Develop and use data-gathering techniques during all phases of the clinical process including assessment, treatment, evaluation, and termination.

16. Termination/Discharge Planning
16.1 Assess potential benefits/detriments of termination of music therapy.
16.2 Develop and implement a music therapy termination plan.
16.3 Integrate music therapy termination plan with plans for the client's discharge from the facility.
16.4 Inform and prepare the client for approaching termination from music therapy.
16.5 Establish closure of music therapy services by time of termination/discharge.

17. Professional Role/Ethics
17.1 Interpret and adhere to the AMTA Code of Ethics.
17.2 Adhere to the Standards of Clinical Practice.
17.3 Demonstrate dependability: follow through with all tasks regarding education and professional training.
17.4 Accept criticism/feedback with willingness and follow through in a productive manner.
17.5 Resolve conflicts in a positive and constructive manner.
17.6 Meet deadlines without prompting.

17.7 Express thoughts and personal feelings in a consistently constructive manner.
17.8 Demonstrate critical self-awareness of strengths and weaknesses.
17.9 Demonstrate knowledge of and respect for diverse cultural backgrounds.
17.10 Treat all persons with dignity and respect, regardless of differences in race, ethnicity, language, religion, marital status, gender, gender identity or expression, sexual orientation, age, ability, socioeconomic status, or political affiliation.
17.11 Demonstrate skill in working with culturally diverse populations.
17.12 Adhere to all laws and regulations regarding the human rights of clients, including confidentiality.
17.13 Demonstrate the ability to locate information on regulatory issues and to respond to calls for action affecting music therapy practice.
17.14 Demonstrate basic knowledge of professional music therapy organizations and how these organizations influence clinical practice.
17.15 Demonstrate basic knowledge of music therapy service reimbursement and financing sources (e.g., Medicare, Medicaid, Private Health Insurance, State and Local Health and/or Education Agencies, Grants).
17.16 Adhere to clinical and ethical standards and laws when utilizing technology in any professional capacity.

18. Interprofessional Collaboration
18.1 Demonstrate a basic understanding of professional roles and duties and develop working relationships with other disciplines in client treatment programs.
18.2 Communicate to other departments and staff the rationale for music therapy services and the role of the music therapist.
18.3 Define the role of music therapy in the client's total treatment program.
18.4 Collaborate with team members in designing and implementing interdisciplinary treatment programs.

19. Supervision and Administration
19.1 Participate in and benefit from multiple forms of supervision (e.g., peer, clinical).
19.2 Manage and maintain music therapy equipment and supplies.
19.3 Perform administrative duties usually required of clinicians (e.g., scheduling therapy, programmatic budgeting, maintaining record files).
19.4 Write proposals to create new and/or maintain existing music therapy programs.

20. Research Methods
20.1 Interpret information in the professional research literature.
20.2 Demonstrate basic knowledge of the purpose and methodology of historical, quantitative, and qualitative research.
20.3 Perform a data-based literature search.
20.4 Integrate the best available research, music therapists' expertise, and the needs, values, and preferences of the individual(s) served.

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STANDARDS FOR EDUCATION AND CLINICAL TRAINING

AMERICAN
MUSIC
THERAPY
ASSOCIATION

Adopted 2000
Revised 2012

AMTA STANDARDS FOR EDUCATION AND CLINICAL TRAINING

Preamble

The American Music Therapy Association, Inc., aims to establish and maintain competency-based standards for all three levels of education (bachelor's, master's, and doctoral), with guidelines for the various curricular structures appropriate to different degrees, as defined by the National Association of Schools of Music (NASM). Using this competency-based system, the Association formulates competency objectives or learning outcomes for the various degree programs, based on what knowledge, skills, and abilities are needed by music therapists to work in various capacities in the field. Academic institutions should take primary responsibility for designing, providing, and overseeing the full range of learning experiences needed by students to acquire these competencies, including the necessary clinical training.

A bachelor's degree program should be designed to impart professional level competencies as specified in the *AMTA Professional Competencies,* while also meeting the curricular design outlined by NASM. Since education and clinical training form an integrated continuum for student learning at the professional level, academic institutions should take responsibility not only for academic components of the degree, but also for the full range of clinical training experiences needed by students to achieve competency objectives for the degree. This would include developing and overseeing student placements for both pre-internship and internship training.

A master's degree program should be designed to impart selected and specified advanced competencies, drawn from the *AMTA Advanced Competencies*, which would provide breadth and depth beyond the *AMTA Professional Competencies* that are required for entrance into the music therapy profession. At this level the degree should address the practice of music therapy wherein the music therapist applies and integrates a comprehensive synthesis of theories, research, treatment knowledge, musicianship, clinical skills, and personal awareness to address client needs. The curricular design would be appropriate to the degree title, per agreement between AMTA and NASM.

The doctoral degree should be designed to impart advanced competence in research, theory development, clinical practice, supervision, college teaching, and/or clinical administration, depending upon the title and purpose of the program. AMTA will work with NASM in the delineation of the doctoral degree in music therapy.

Academic institutions and internship sites should take primary responsibility for assuring the quality of their programs, jointly and/or separately. This is accomplished by regular, competency-based evaluations of their programs and graduates by faculty, supervisors, and/or students. The Association will assure the quality of education and clinical training through its approval standards and review procedures. The Association encourages diversity among institutions and programs and respects the operational integrity within academic and clinical training programs.

In implementing these standards, the Association shares the beliefs that education and clinical training are not separate processes, but reflect a continuum of music therapy education; that education and clinical training must be competency based at all levels; that education and clinical training must be student centered; and that education and clinical training must exist in a perspective of continuous change to remain current. The Association also believes in the importance of music as central to music therapy and that music study must be at the core of education and clinical training.

The Association's standards are based on a vision of the future for music therapy education and clinical training. In establishing and maintaining these standards, it has a responsibility related to education and clinical training in relationship to the outside world that includes clients, professionals of other disciplines, and settings. The Association's relationships with the outside world include the identification of levels of professional practice and training, interface with professionals of other disciplines and with their professional associations, involvement with regulatory entities, and alliances in the private sector. The Association works from a philosophy of inclusiveness that embraces a wide range of approaches and a broad base of therapeutic models including uses of music for persons with disabilities and disease, as well as those who desire music therapy for health, wellness, and prevention. The Association must therefore give academic institutions and clinical training programs the flexibility they need to simultaneously meet student needs, market needs, client needs, and quality standards.

The Association believes it can maintain high quality in education and clinical training while it provides for maximum flexibility in the ways professional standards and competencies are implemented. It also believes that standards can be implemented in ways that prevent overregulation and micromanagement. Quality assurance for education and clinical training must be accomplished at the local level, managed by the academic faculty at the academic institutions and the music therapy supervisors at clinical training sites rather than solely by the Association. The Association shall use these competency-based standards as the basis for evaluating academic and clinical training programs and awarding its approval.

These standards must be viewed along with the Association's *Professional Competencies, Advanced Competencies, Standards of Clinical Practice, Advisory on Levels of Practice in Music Therapy, Code of Ethics, Policies and Procedures for Academic Program Approval,* and *National Roster Internship Guidelines.* In addition, academic programs in music therapy should refer to the NASM *Handbook* for general standards and competencies common to all professional baccalaureate and graduate degree programs in music, as well as specific baccalaureate and graduate degree programs in music therapy. Academic institutions and clinical training programs have the responsibility for determining how their programs will impart the required professional and/or advanced competencies to students (i.e., through which courses, requirements, clinical training experiences, etc.). The standards have been designed to allow institutions and programs to meet this responsibility in ways that are consistent with their own philosophies, objectives, and resources. All AMTA-approved academic and clinical training programs will strive to attain these standards.

AMTA STANDARDS FOR EDUCATION AND CLINICAL TRAINING

1.0 GENERAL STANDARDS FOR ACADEMIC INSTITUTIONS

1.1 Only regionally accredited, degree-granting institutions awarding at least the bachelor's degree may offer an academic program in music therapy eligible for program approval by the Association.

1.2 The Association will grant academic program approval only when every music therapy curricular program of the applicant institution (including graduate work, if offered) meets the standards of the Association. *Note: This policy excludes doctoral degree programs in music therapy until such time as AMTA and NASM have worked together to delineate the doctoral degree in music therapy.*

1.3 The administrative section of the academic institution housing the music therapy unit shall have a clearly defined organizational structure, with administrative officers who involve music therapy faculty at the appropriate level of decision making and who provide the necessary support systems for effective implementation of the program.

1.4 The music therapy unit shall be administratively organized in a way that enables students to complete the program and accomplish its educational objectives within the designated time frame.

1.5 The academic institution shall have the space, equipment, library, technology, and instrument resources necessary to support degree objectives.

1.6 The rationale and objectives of each music therapy degree program offered by the academic institution shall be clearly defined, responsive to significant trends and needs in the profession, and consistent with clinical and ethical standards of practice.

1.7 The degree title shall be consistent with educational objectives and curricular requirements of the program.

1.8 The music therapy unit shall have criteria and procedures for admission that reflect the abilities and qualities needed by the student to accomplish degree objectives. The unit shall also have criteria and procedures for determining advanced standing and transfer credit.

1.9 The music therapy unit shall have criteria and procedures for determining student retention, and specifying conditions for dismissal. These shall reflect the level of competence expected of students at various stages during and upon completion of the program.

1.10 The music therapy unit shall take primary responsibility for academic advisement and career counseling of all music therapy majors.

1.11 The music therapy unit shall conduct periodic evaluation of its programs and graduates according to competency objectives of each degree program. The results of these evaluations shall be used as the basis of program development, quality control, and change.

1.12 All music therapy programs in branch campuses or extension programs must meet all NASM Standards for Branch Campuses and External Programs.

1.13 All programs approved by the Association that offer distance learning programs must meet NASM Standards for Distance Learning and the AMTA Guidelines for Distance Learning.

2.0 STANDARDS FOR COMPETENCY-BASED EDUCATION

2.1 The Association shall establish and maintain competency-based standards for ensuring the quality of education and clinical training in the field. Specifically:

2.1.1 The Association shall establish educational objectives for academic and clinical training programs that are outcome specific. That is, the standards shall specify learning outcomes, or the various areas of knowledge, skills, and abilities that graduates will acquire as a result of the program.

2.1.2 The Association shall formulate and update these competency objectives based on what knowledge, skills, and abilities are needed by graduates to perform the various levels and types of responsibilities of a professional music therapist. As such, the standards must continually reflect current practices in both treatment and prevention, illness and wellness; embrace diverse models, orientations and applications of music therapy; address consumer needs; and stimulate growth of the discipline and profession.

2.1.3 The Association shall use these competency-based standards as the basis for evaluating academic and clinical training programs and awarding its approval.

2.2 The Association shall establish curricular structures for academic programs based on competency objectives and title of the degree. A curricular structure gives credit distributions for broad areas of study that must be included in each degree type (e.g., for the M.M. degree, 40% in music therapy, 30% in music, 30% in electives). These curricular structures shall be consistent with those outlined by NASM.

2.3 Academic institutions shall design degree programs in music therapy according to the competency objectives required or recommended by AMTA and the appropriate curricular structure.

2.4 Internship programs shall be designed according to competency objectives delineated by the Association, and in relation to the competency objectives addressed by affiliate academic institutions.

2.5 The academic institution and internship program shall evaluate students of its programs according to the competency requirements established by AMTA, and shall use the evaluation in determining each student's readiness for graduation.

3.0 STANDARDS FOR BACHELOR'S DEGREES

3.1 Academic Component

3.1.1 The bachelor's degree in music therapy (and equivalency programs) shall be designed to impart professional competencies in three main areas: musical foundations, clinical foundations, and music therapy foundations and principles, as specified in the *AMTA Professional Competencies*. A program of academic coursework and clinical training that gives students who have degrees outside of music therapy the equivalent of a bachelor's degree in music therapy may be

offered post-baccalaureate. For equivalency programs combined with the master's degree, all AMTA Standards for Master's Degrees must be met.

3.1.2 In compliance with NASM Standards, the bachelor's degree in music therapy shall be divided into areas of study as follows (based on 120 semester hours or its equivalent). *Please note that the following outline of content areas listed below is not intended to designate course titles.*

Musical Foundations (45%)
- Music Theory
- Composition and Arranging
- Music History and Literature
- Applied Music Major
- Ensembles
- Conducting
- Functional Piano, Guitar, Percussion, and Voice
- Improvisation

Clinical Foundations (15%)
- Exceptionality and Psychopathology
- Normal Human Development
- Principles of Therapy
- The Therapeutic Relationship

Music Therapy (15%)
- Foundations and Principles
- Assessment and Evaluation
- Methods and Techniques
- Pre-Internship and Internship Courses
- Psychology of Music
- Music Therapy Research
- Influence of Music on Behavior
- Music Therapy with Various Populations

General Education (20-25%)
- English, Math, Social Sciences, Arts, Humanities, Physical Sciences, etc.

Electives (5%)

3.1.3 The academic institution shall take primary responsibility for the education and clinical training of its students at the professional level. This involves: offering the necessary academic courses to achieve required competency objectives, organizing and overseeing the student's clinical training, integrating the student's academic and clinical learning experiences according to developmental sequences, and evaluating student competence at various stages of the program.

3.1.4 The music therapy unit shall evaluate each student's competence level in the required areas prior to completion of degree or equivalency requirements.

3.2 Clinical Training Component

3.2.1 The academic institution shall take primary responsibility for providing students with the entire continuum of clinical training experiences with a representative range of client populations in diverse settings. Toward that end, the academic institution shall establish and maintain training and internship agreements with a sufficient number and diversity of field agencies that have the client population,

supervisory personnel, and program resources needed to train interns and/or provide pre-internship clinical training experiences. Qualified supervision of clinical training is required and coordinated or verified by the academic institution.

3.2.2 The academic institution shall design its own clinical training program, including types of pre-internship and internship requirements, the number of hours for each placement, the variety of client types involved, and whether internship sites will be approved by the Association, the academic institution, or both. These pre-internship and internship experiences shall be designed, like academic components of the program, to enable students to acquire specific professional level competencies. At least three different populations should be included in pre-internship training. A qualified, credentialed music therapist must provide direct supervision to the pre-internship student, observing the student for a minimum of 40% of pre-internship clinical sessions. (See Qualification Standards for definition of pre-internship supervisor.) Direct supervision includes observation of the student's clinical work with feedback provided to the student. The academic institution shall describe the design of its clinical training program in the application for approval or re-approval by the Association.

NOTE: Academic course hours that include role-playing or instructing students in music skills, session planning, documentation, and related skills for hypothetical clinical sessions in music therapy may not be utilized as clinical training hours.

3.2.3 Internship, here defined as the culminating, in-depth supervised clinical training at the professional level, may be designed in different ways: part or full time, in one or more settings, for varying periods or time frames, and near or distant from the academic institution. Internships are always under continuous, qualified supervision by a credentialed music therapist. (See Qualification Standards for definition of internship supervisor.) Each internship shall be designed or selected to meet the individual needs of the student. This requires joint planning by the academic faculty, the internship supervisor, and the student, as well as continuous communication throughout the student's placement.

3.2.4 Internship programs may be approved by an academic institution, the Association, or both. Academic institutions will maintain information about affiliated internship programs that they have selected and approved for their own students, and the Association will maintain a national roster of all AMTA-approved internship sites open to any student from any academic institution. Internship sites may choose to establish both university-affiliated internship(s) and a national roster internship program so long as the internship site stays within the standards set by the National Roster Internship Guidelines. The internship supervisor shall make final acceptance decisions regarding applicants for their internship, regardless of whether the internship has been approved by the academic institution or the Association.

3.2.5 University-affiliated internship programs must meet all AMTA standards of the Clinical Training Component and Qualifications for Clinical Supervisors in this document, as well as AMTA Guidelines for Distance Learning (if applicable). These programs will be reviewed in conjunction with academic program approval or re-approval by the Association. University-affiliated internships must be designed so that the music therapy intern spends at least half of the internship hours at one or more placements under the direct supervision of a credentialed music therapist who regularly provides professional music therapy services at that

placement(s). For any portion of the internship when there cannot be a music therapist on site, the student must have a credentialed music therapist providing direct supervision under the auspices of the university. Direct supervision includes observation of the intern's clinical work with feedback provided to the intern.

3.2.6 The academic institution shall develop an individualized training plan with each student for completion of all facets of clinical training based on the AMTA competencies, student's needs, student's competencies, and life circumstances. The various clinical training supervisors will work in partnership with the academic faculty to develop the student's competencies and to meet the individualized training plan. It is recommended that this training plan for clinical training shall include specification of placements, minimum hours in each aspect of clinical training including both pre-internship and internship experiences, and the roles and responsibilities of the student, the qualified on-site supervisor, and the academic faculty. A written internship agreement will also be made between the student, internship supervisor, and the academic faculty to describe the student's level of performance at the initiation of the internship. The academic faculty will assume responsibility for the initiation of the internship agreement with the intern and the internship director. The internship agreement shall include

- The academic institution's evaluation of the student's level of achievement on each of the AMTA Professional Competencies based on information gathered from music therapy faculty, recent supervisors, written evaluations of clinical work, and the student.
- The number of clinical training hours the student has completed ($\geq$ 180) and the minimum number of hours required for internship ($\geq$ 900) to a total of $\geq$ 1200).
- The starting and estimated ending dates of the internship. For national roster sites, these are provided by the internship director.
- Any academic requirements the student must fulfill for the University during internship. The signature of the internship director on the internship agreement signifies that these requirements may be reasonably completed over and above the site's requirements of the intern.

All parties will participate in the formulation of the agreement which should be completed by the end of the first week of the internship. The agreement will carry the signatures of the academic faculty involved in assessing student competence, the internship director, and the student.

The internship agreement may also include other pertinent information, such as the length of the internship; the student's work schedule; the supervision plan; role and responsibilities of each party; and health, liability, and insurance issues. The content and format of each internship agreement may vary according to the situation and parties involved. This internship agreement is required for both the university affiliated and AMTA national roster internship programs. These individualized training plans and internship agreements are separate and distinct from any affiliation agreements or other legal documents that delineate the terms of the relationship between the university and the clinical training site(s).

3.2.7 The internship program shall have its own competency-based evaluation system to determine whether each intern has attained required AMTA competencies. The

internship program shall also solicit intern site evaluations for quality assurance purposes. These evaluations shall be forwarded to the intern's academic institution.

3.2.8 Every student must complete a minimum of 1200 hours of clinical training, with at least 15% (180 hours) in pre-internship experiences and at least 75% (900 hours) in internship experiences. Clinical training is defined as the entire continuum of supervised field experiences, including observing, assisting, co-leading, leading, and assuming full responsibility for program planning and music therapy treatment implementation with clients. It is recommended that hours of clinical training include both direct client contact and other activities that relate directly to clinical sessions in music therapy. Such experiences also may include time in group and individual supervision of client sessions, session planning, and documentation for clients.

Academic institutions may opt to require more than the minimum total number of hours, and internship programs may opt to require more hours than the referring or affiliate academic institution. In addition, when a student is unable to demonstrate required professional level competencies, additional hours of internship may be required of the student by the academic institution in consultation with the internship supervisor.

3.2.9 The internship must be satisfactorily completed before the conferral of any music therapy degree or completion of a non-degree equivalency program. The student must have received a grade of C- or better in all music therapy courses in order to be eligible for internship. The academic institution has the ultimate responsibility to determine whether these requirements have been successfully met.

3.2.10 Existing internship sites already approved by the Association shall maintain their approval status pending adherence to the National Roster Internship Guidelines.

4.0 STANDARDS FOR MASTER'S DEGREES

The purpose of the master's degree programs in music therapy is to impart advanced competencies, as specified in the *AMTA Advanced Competencies.* These degree programs provide breadth and depth beyond the *AMTA Professional Competencies* required for entrance into the music therapy profession.

4.1 Curricular Standards

Each graduate student in a master's degree program is expected to gain in-depth knowledge and competence in both of the following areas. These areas may be addressed in either separate or combined coursework as deemed appropriate.

4.1.1 Music Therapy Theory (e.g., principles, foundations, current theories of music therapy practice, supervision, education, implications for research);

4.1.2 Advanced Clinical Skills: In-depth understanding of the clinical and supervisory roles and responsibilities of a music therapist. Advanced clinical skills are acquired through a supervised clinical component, defined as one or more music therapy fieldwork experiences that focus on clients and require post-internship, graduate training.

NB: All master's degrees in music therapy must include a supervised clinical component beyond the completion of the 1200 hours of clinical training required

for acquisition of the *AMTA Professional Competencies* and concurrently with or following completion of graduate music therapy courses. It is strongly advised that the student receive direct supervision under the auspices of the University in either on-site or consultative form. Such supervision must be provided by a music therapist who has acquired advanced clinical competencies.

In addition, each graduate student in a master's degree program is expected to gain in-depth knowledge and competence in one or more of the following areas:

4.1.3 Research (e.g., quantitative and qualitative research designs and their application to music therapy practice, supervision, administration, higher education);

4.1.4 Musical Development and Personal Growth (e.g., leadership skills, self-awareness, music skills, improvisation skills in various musical styles, music technology);

4.1.5 Clinical Administration (e.g., laws and regulations governing the provision of education and health services, the roles of a clinical administrator in institutions and clinical settings).

4.2 Curricular Structures

4.2.1 Practice-Oriented Degrees. These degrees focus on the preparation of music therapists for advanced clinical practice.

4.2.2 Research-Oriented Degrees. These degrees focus on the preparation of scholars and researchers in music therapy, preparing graduates for doctoral study.

4.2.3 Degrees Combining Research and Practice Orientations. These degrees focus on the simultaneous development of the ability to produce research findings and utilize, combine, or integrate these findings within the practice of music therapy.

4.2.4 Graduate education requires the provision of certain kinds of experiences that go beyond those typically provided in undergraduate programs. These include opportunities for active participation in small seminars and tutorials and ongoing consultation with faculty prior to and during preparation of a final project over an extended period of time.

4.2.5 A culminating project such as a thesis, clinical paper, or demonstration project is required.

4.2.6 Master's degree programs include requirements and opportunities for studies that relate directly to the educational objectives of the degree program, including supportive studies in music and related fields.

4.2.7 Within master's degree programs, academic institutions are encouraged to develop graduate level specialization areas and courses on advanced topics based on faculty expertise and other resources available at the institution. Therefore, the curriculum and the requirements of each program must be tailored to the resources available, the mission of the institution, and the contribution they aspire to make to the profession of music therapy.

4.2.8 At least one-half of the credits required for the master's degree must be in courses intended for graduate students only. A single course that carries both an undergraduate and a graduate designation is not considered a course intended for graduate students only. To obtain graduate credit, students enrolled in a single course that carries a separate undergraduate and graduate designation or number must complete specific published requirements that are at a graduate level. Distinctions between undergraduate and graduate expectations must be delineated

for such courses in the course syllabi. Only courses taken after undergraduate courses that are prerequisite to a given graduate program may receive graduate credit in that program.

4.2.9 Students entering the master's degree without the bachelor's degree in music therapy and/or the MT-BC credential must take a minimum of 30 semester hours or 45 quarter hours graduate credits toward advanced competence in addition to and beyond any courses needed to demonstrate *AMTA Professional Competencies*.

4.2.10 A master's degree in music therapy must include a minimum of 12 semester hours or 18 quarter hours of graduate credits in music therapy in addition to and beyond any courses needed to demonstrate the *AMTA Professional Competencies*. These courses must be intended for graduate students only and should not carry designations for both graduate and undergraduate students.

4.3 Degree Formats and Titles

4.3.1 Master of Music degree places advanced music therapy studies within a musical context: 40% music therapy, 30% music, and 30% electives in related areas. The studies in music may include coursework in diverse areas (e.g., performance, ethnomusicology, advanced musicianship, and analysis). The electives consist of supportive studies in related areas that bear directly on the specific educational objectives of the degree program.

4.3.2 Master of Music Therapy degree places advanced music therapy studies within a disciplinary context of theory, research, and practice in music therapy: 50% music therapy and 50% electives. The electives consist of supportive studies in related areas that bear directly on the specific educational objectives of the degree program.

4.3.3 Master of Arts or Master of Music Education degree places advanced music therapy studies within the context of creative arts therapy, expressive therapies, psychology, counseling, social sciences, education, arts, and/or humanities: 40% music therapy, 30% specialization field, and 30% electives. The electives consist of supportive studies that bear directly on the specific educational objectives of the degree program.

4.3.4 Master of Science degree places advanced music therapy studies within the context of medicine, allied health, and the physical sciences: 40% music therapy, 30% science specialization, and 30% electives. The electives consist of supportive studies that bear directly on the specific educational objectives of the degree program.

4.3.5 Master's degrees in music therapy may be designed additionally to prepare certified professionals for state licensure.

5.0 STANDARD FOR DOCTORAL DEGREES

The doctoral degree shall impart advanced competence in research, theory development, clinical practice, supervision, college teaching, and/or clinical administration, depending on the title and purpose of the program. Requirements for the doctoral degree must remain flexible to ensure growth and development of the profession. The academic and clinical components of each doctoral degree must be formulated by the institution according to student need and demand, emerging needs of the profession, faculty expertise, educational mission of the institution, and the resources available. Admission of candidates for doctoral degrees in music therapy should

require at least three years of full-time clinical experience in music therapy or its equivalent in part-time work. Doctoral students who have less than five years full-time clinical experience in music therapy or the equivalent in part-time experience should be encouraged to acquire additional experience during the course of the doctoral program. AMTA and NASM will work together in the delineation of the doctoral degree in music therapy.

6.0 STANDARDS FOR QUALIFICATIONS AND STAFFING

The following are minimal qualification standards to be used by academic institutions when hiring faculty, selecting clinical supervisors, making placements, and approving their own internship programs, and by the Association in endorsing internship programs for the national roster. These standards shall be upheld by the Association through its initial and periodic reviews of academic institutions and internship programs on the national roster, rather than through authorization of individual faculty and supervisors.

6.1 Academic Faculty

6.1.1 *Undergraduate Faculty:* An individual employed full-time at a college or university with primary responsibilities for teaching music therapy and/or directing a music therapy program at the undergraduate level.

- Holds an appropriate professional credential or designation in music therapy;
- Holds a master's degree in music therapy or related area, with a minimum of 12 semester hours or the equivalent of graduate credits in music therapy beyond the undergraduate equivalency requirements;
- Has at least three years of full-time clinical experience in music therapy or its equivalent in part-time work;
- Pursues continuing education relevant to his/her teaching responsibilities;
- Demonstrates the following: mastery of all professional level and applicable advanced competencies in music therapy; effectiveness as a music therapy clinician in at least one area of practice; the ability to teach and clinically supervise undergraduate students; and the ability to organize and administer an undergraduate music therapy program.

6.1.2 *Graduate Faculty:* An individual employed full-time at a college or university with primary responsibilities for teaching music therapy and/or directing music therapy programs at the master's and/or doctoral level.

- Holds an appropriate professional credential or designation in music therapy;
- Holds a master's degree in music therapy or related area, with a minimum of 12 semester hours or the equivalent of graduate credits in music therapy beyond the undergraduate equivalency requirements. A doctorate is preferred.
- Has at least five years of full-time clinical experience in music therapy or its equivalent in part-time work;
- Pursues continuing education relevant to his/her teaching responsibilities;
- Demonstrates the following: mastery of all professional level and applicable advanced competencies in music therapy; effectiveness as a music therapy clinician in at least one area of practice; the ability to teach and clinically supervise graduate students; ability to guide graduate research; and the ability to organize and administer a graduate music therapy program.

6.1.3 *Adjunct Faculty:* An individual employed by a college or university to teach specific courses in music therapy on a part-time basis.

- Holds an appropriate professional credential or designation in music therapy;
- Holds a bachelor's degree in music therapy or its equivalent;
- Has at least two years of full-time clinical experience in music therapy or its equivalent in part-time work;
- Pursues continuing education relevant to his/her teaching responsibilities
- Demonstrates specific competencies appropriate to the teaching assignment.

6.2 Clinical Supervisors

6.2.1 *Pre-internship Supervisor:* An individual who has a clinical practice in music therapy (either private or facility-based) and supervises students in introductory music therapy clinical training (variously called fieldwork, practicum, pre-clinical, etc.).

- Holds an appropriate professional credential or designation in music therapy;
- Holds a bachelor's degree in music therapy or its equivalent;
- Has at least one year of full-time clinical experience in music therapy or its equivalent in part-time work;
- Pursues continuing education relevant to his/her clinical and supervisory responsibilities;
- Demonstrates the following: all professional level competencies; effectiveness as a music therapy clinician in at least one area of practice; general understanding of the supervisory needs of pre-internship students, and professional level skills in supervision.

NOTE: In an exceptional case, a student may have an on-site supervisor or facility coordinator who may not be a music therapist but holds a professional, clinical credential (e.g., OT, nurse, special educator, etc.). Under these circumstances, the student must have a credentialed music therapist as a supervisor under the auspices of the university. A pre-internship supervisor (a credentialed music therapist) must provide direct supervision to the student, observing the student for a minimum of 40% of pre-internship clinical sessions. Direct supervision includes observation of the student's clinical work with feedback provided to the student.

6.2.2 *Internship Supervisor:* An individual who has a clinical practice in music therapy (either private or institutional) and supervises students in the final field experiences required for the music therapy degree or equivalency program.

- Holds an appropriate professional credential or designation in music therapy;
- Holds a bachelor's degree in music therapy or its equivalent;
- Has at least two years of full-time clinical experience in music therapy or its equivalent in part-time work;
- Has sufficient experience working in the internship setting as defined in the *National Roster Internship Guidelines* or by the university program.

- Pursues continuing education relevant to his/her clinical and supervisory responsibilities;
- Demonstrates the following: all professional level competencies; effectiveness as a music therapy clinician in at least one area of practice; general understanding of the supervisory needs of internship students, and established skills in supervision.

6.3 Staffing

6.3.1 Academic institutions shall have a minimum of one full-time faculty position in music therapy for each degree program offered. If an equivalency program is offered in an institution without a degree program in music therapy, the institution shall have a minimum of one full-time faculty position in music therapy. Additional full or part-time faculty may be required depending upon student enrollment in each degree program and teaching loads.

7.0 STANDARDS FOR QUALITY ASSURANCE

7.1 Differential Roles

7.1.1 The academic institution and internship site shall take primary responsibility for assuring the quality of their programs, jointly and/or separately. This shall be accomplished by regular, competency-based evaluations of its programs and graduates, by faculty, supervisors, and/or students. Each academic institution and internship program shall develop its own system of evaluation, and shall use the results as the basis for program development, quality assurance, and program change.

7.1.2 AMTA shall assure the quality of education and clinical training by: a) establishing and maintaining standards of excellence for education and clinical training in the field; and b) using these standards as evaluative criteria for granting its approval to academic institutions and internship programs.

7.1.3 AMTA shall consider academic institutions and/or internship programs for approval upon initial application and review, and every ten years thereafter in conjunction with the NASM accreditation/affirmation review.

7.2 National Association of Schools of Music (NASM)

7.2.1 Only academic institutions accredited or affirmed by NASM are eligible to apply for AMTA approval. Schools that are eligible for NASM membership must be accredited by NASM. Schools that are ineligible for NASM accreditation must seek affirmation by NASM through the alternative review process.

7.3 Grandfathering

7.3.1 All academic institutions previously approved by AAMT and NAMT shall maintain their approval status with AMTA during the transition from previous standards to the standards set forth herein. AMTA-approved academic programs in institutions that did not offer degrees or majors in music and that did not hold NASM accreditation or affirmation at the time the AMTA standards were originally adopted are eligible to re-apply for AMTA approval according to the standards without seeking NASM accreditation or affirmation. AMTA-approved academic programs in institutions that did offer degrees or majors in music at the time the AMTA standards were originally adopted but do not currently hold

NASM accreditation or affirmation must apply for NASM accreditation or affirmation in order to maintain AMTA approval.

8.0 Guidelines for Distance Learning

Rationale: Technology is rapidly becoming integrated into all aspects of our daily lives. The utilization of technology in education in university teaching is a natural step. With this in mind, it is imperative that the American Music Therapy Association (AMTA) formulate guidelines for distance learning in education. Technology beyond the posting of syllabi, course outlines, and use as a communication device, is currently being used in 50% of music therapy undergraduate and 58% of graduate programs in the United States (Keith & Vega, 2006). Of those undergraduate training programs, 45% of these programs use face-to-face instruction and use technology only for discussions and online assignments. American Music Therapy Association receives a significant number of requests from prospective music therapy candidates who are unable to move geographically to institutions with AMTA approved music therapy programs. The AMTA Academic Program Approval Committee has received applications for new program approval for distance learning programs and is therefore in need of standards and guidelines for its program approval process. Institutions are encouraged to be innovative both in education delivery and financially. It is recognized that with the rapid changes in technology, these standards and guidelines will require flexibility and will be in a continued state of development.

8.1 Definition:

The National Association of Schools of Music (NASM) defines distance learning as learning that "involves programs of study delivered entirely or partially away from regular face-to-face interactions between teachers and students in classrooms, tutorials, laboratories, and rehearsals associated with course work, degrees, and programs on the campus. . . . Programs in which more than 40% of their requirements are fulfilled through distance learning will be designated as distance learning programs. . . . The distance aspect of these programs may be conducted through a variety of means, including teaching and learning through electronic systems. . . ."

8.2 Standards Applications

The American Music Therapy Association requires that all AMTA approved music therapy programs meet the NASM standards for distance learning: "Distance learning programs must meet all NASM operational and curricular standards for programs of their type and content. This means that the functions and competencies required by applicable standards are met even when distance learning mechanisms predominate in the total delivery system." (NASM) The American Music Therapy Association also requires that baccalaureate, equivalency, and master's degree programs in music therapy meet AMTA Standards for Education and Clinical Training when such programs meet the above criteria for distance learning. All new distance learning programs that meet the above criteria must apply for AMTA academic program approval even if the existing degree/equivalency program already has AMTA program approval.

8.3 General Standards

There are several NASM standards that must be fully addressed before a music therapy program initiates a distance learning format. They include the following:

8.3.1 Financial and Technical Support. "The institution must provide financial and technical support commensurate with the purpose, size, scope, and content of its distance learning programs." (NASM)

8.3.2 Student Evaluations "Specific student evaluation points shall be established throughout the time period of each course or program." (NASM)

8.3.3 Student Technical Competence and Equipment Requirements. "The institution must determine and publish for each distance learning program or course (a) requirements for technical competence and (b) any technical equipment requirements. The institution must have means for assessing the extent to which prospective students meet these requirements before they are accepted or enrolled. The institution shall publish information regarding the availability of academic and technical support services." (NASM)

8.3.4 Distance Learning vs. Traditional Learning. "When an identical program, or a program with an identical title, is offered through distance learning as well as on campus, the institution must be able to demonstrate functional equivalency in all aspects of each program. Mechanisms must be established to assure equal quality among delivery systems." (NASM)

8.3.5 Student Instructions, Expectations, and Evaluation. "Instructions to students, expectations for achievement, and evaluation criteria must be clearly stated and readily available to all involved in a particular distance learning program. Students must be fully informed of means for asking questions and otherwise communicating with instructors and students as required." (NASM)

8.4 Guidelines for Music Therapy Programs

8.4.1 Hours of Face-to-Face Instruction

Distance learning programs should specify how much face-to-face instruction will occur per course, if any. Such courses are often referred to as "hybrid courses" (also known as blended or mixed mode courses) in which a significant portion of the learning activities have been moved online. Faculty need to be knowledgeable about modules and course management systems specific to their college/university, different file types, browsers, broadcasting systems, etc., and continue to keep updated with new technology.

8.4.2 Office Hours

The course instructor may fulfill office hours either by posting virtual office hours or by instituting a policy of responding to student needs within a 48 hour time frame.

8.4.3 Support Services

The methods and technological requirements for online learning should be published (e.g., Discussion Board on Blackboard, webinars, Skype, etc.). It is suggested that each course of study devote time to teaching the use of technology in the program. The program shall publish information regarding the availability of academic and technical support services. Any online courses outside of music therapy that are available for support should also be indicated. Provisions for using library resources should be published.

8.4.4 Admission

Admission will be in compliance with each university's admission policies and procedures for music therapy programs.

8.4.5 Residency Requirement and Transfer Credits

If the university has a "residency requirement," such a requirement will be honored by the music therapy programs. Furthermore, music therapy core

courses and clinical training from AMTA approved institutions will be eligible for transfer as determined by the university's policies and evaluation of student competencies. The number of credit hours that can be taken at another educational institution and in what areas should be indicated to the student at the time of admission.

8.4.6 Music Therapy Courses

Music therapy programs must meet the curricular structures as outlined in the AMTA Standards for Education and Clinical Training. Academic faculty should determine what learning should be done in residence as opposed to online and how this must be implemented. Course syllabi should clearly provide the course outline and assignments to indicate what each course entails, including the technological requirements and the online course management systems. Means of evaluation of the student's work at periodic times throughout the course must be provided in the syllabi. Course syllabi should indicate the AMTA Professional Competencies and/or Advanced Competencies (whichever if applicable) that will be addressed in the course(s) and how these competencies will be evaluated using distance learning methods.

8.4.7 Academic Faculty

Academic faculty teaching music therapy courses must meet AMTA standards for academic faculty. These guidelines for distance learning apply to all baccalaureate, equivalency, and master's degree programs in music therapy. Administering an online program and teaching online courses will require a significant amount of time over and beyond the credits awarded for the course. Load issues and overload issues should be taken into account when designing the program and distributed in a fair and equitable way to the music therapy faculty.

8.4.8 Music Competencies

Each student's music competencies in performance and functional music skills will be evaluated prior to acceptance into a distance learning program and upon completion of the program will meet AMTA standards stated in the Professional Competencies and/or Advanced Competencies (whichever is applicable to the degree/equivalency programs). This includes competencies in functional keyboard, guitar, voice, percussion, and improvisation. Music competencies may be evaluated through face-to-face auditions, web-based conferencing juries, or through videotaping. Credit for functional music skills may be acquired either at the college/university offering the program or transferred in from other academic institutions. Requirements for meeting any deficiencies in these areas must be specified in a plan for the student's remediation and continued evaluation. Methods of evaluating musical proficiencies long distance must be specified.

8.4.9 Clinical Training

The pre-internship and internship learning experiences for students should meet all AMTA standards for clinical training. Pre-internship field experiences may be established through distance learning. There should be legal contracts and/or affiliation agreements for these distance learning relationships which specify the roles and responsibilities of the academic faculty, pre-internship supervisors, internship supervisors, and the student. The music therapy faculty/staff at the academic program site (full-time or adjunct) should provide training and supervision for the on-site pre-internship and (if applicable) university affiliated internship clinical training supervisors and serve as a liaison between the academic program and the pre-internship/internship clinical training program(s).

All clinical training supervisors must meet the AMTA "Standards for Qualifications and Staffing" for Pre-internship Supervisor and Internship Supervisor (whichever is applicable), including that of holding an appropriate professional credential or designation in music therapy (e.g., MT-BC; ACMT; CMT; RMT).

8.4.10 Online Supervision

Online supervision may be provided for the clinical supervisors along with site visits by the academic faculty. Supervision for the student's clinical training experiences includes individual supervision of the student by the qualified music therapist at the host site, as well as supervision by the academic faculty. Feedback of the student's clinical work can be provided to academic faculty through such means as audio-visual media and other forms of technology and telecommunications to evaluate the student's clinical competencies. Please note that the issues related to client confidentiality must be addressed.

8.4.11 Group Supervision

Group supervision may also be provided through online discussion boards such as those found in Blackboard and/or live-time webinars with faculty and students. Please note that the issues related to client confidentiality must be addressed.

8.4.12 Related Coursework

The music therapy program should state explicitly whether courses that are required outside of the music therapy program (e.g., psychology, statistics or other research courses) are also available in distance-learning format.

Keith, D. & Vega, V. P. (2006) A survey of online courses in music therapy. Unpublished manuscript.

GLOSSARY OF SELECTED TERMS

AAMT: The American Association for Music Therapy was one of the two former organizations that merged to form the American Music Therapy Association.

Academic Institution: A college or university offering music therapy degree program(s).

Academic Faculty: The full-time, part-time and adjunct teaching professionals in an academic institution that have responsibility for instruction, research, and service as per academic institution policies. Academic faculty members have responsibility for the music therapy academic program(s).

Accreditation (NASM): The process whereby a private, governmentally authorized agency grants public recognition to an academic institution that meets standards of quality for higher education in a particular field, as determined through initial and subsequent periodic reviews. In the field of music, the National Association of Schools of Music (NASM) is the only authorized accrediting agency empowered to accredit academic institutions offering music degrees in any area in the United States. Thus, NASM accreditation (or "NASM membership") signifies that *all* the music degrees offered by an academic institution have been evaluated by NASM and found to be consistent with national standards. *Please note the following differences between NASM accreditation, NASM affirmation, and AMTA approval:* NASM *accredits* an academic institution based on the quality of all of its music degree programs; NASM *affirms* an institution ineligible for NASM accreditation, based on the adequacy of its music resources for music therapy programs; AMTA *approves* an academic institution based on the quality of its music therapy programs only. See respective definitions.

ACMT: "Advanced Certified Music Therapist" is a designation formerly given by the American Association for Music Therapy.

Affirmation (NASM): NASM offers an alternative review process for music therapy programs that are ineligible to apply for NASM accreditation (e.g., in an institution in a foreign country). The alternative review process leads to a statement of affirmation from NASM assuring that the institution and its music programs provide a context for and qualitative outcome by the music therapy program consistent with NASM standards. Academic institutions that meet NASM standards and receive such affirmation are not "accredited" members of NASM. *Please see under "Accreditation (NASM)" for an explanation of the differences between NASM accreditation, NASM affirmation, and AMTA approval.*

AMTA: The American Music Therapy Association is the organization formed by the unification of AAMT and NAMT.

Appropriate Music Therapy Credential or Designation: Appropriate music therapy credentials or designations include three designations that were issued by the former Associations—RMT or Registered Music Therapist, CMT or Certified Music Therapist, and ACMT or Advanced Certification in Music Therapy; and the MT-BC or Music Therapist-Board Certified, which is the professional credential in music therapy granted in the United States. An appropriate music therapy credential or designation could also include a professional designation or credential from a country other than the United States.

Approval of Academic Institutions: Approval is a process whereby the professional association in music therapy grants public recognition to an academic institution for its degree (and/or equivalency) programs in music therapy. Approval is granted when the degree program meets the Association's standards of quality, as determined through initial and periodic review by the Association. *Please see under "Accreditation (NASM)" for an explanation of the differences between NASM accreditation, NASM affirmation, and AMTA approval.*

Approval of Internship Sites: Internship approval by AMTA is the process by which AMTA determines that an internship site meets its standards of quality and grants public recognition to that fact. The Association maintains a national roster of approved internship sites for use by approved academic institutions and their students. Academic institutions also may approve and individually affiliate with internship sites. These university-affiliated internship programs will be reviewed in conjunction with academic program approval or re-approval by the Association.

Approval Review Process: The entire sequence of procedures established by AMTA for the evaluation of an academic institution or internship site. The "review" typically involves application by the academic institution or internship site using established forms, a process of evaluation by designated committees within the Association according to the standards and criteria for approval established by the association, and procedures for communication and appeal.

Board Certification: The credential of Music Therapist-Board Certified (MT-BC) is initially obtained by successful passage of the national board certification examination designed and administered by the Certification Board for Music Therapists (CBMT). Each certificant must re-certify every five years. Re-certification may be accomplished either through re-examination or through accrual of appropriate continuing education as specified by CBMT.

CBMT: The Certification Board for Music Therapists.

Clinical Training: Clinical training is the entire continuum of supervised field experiences, including observing, assisting, co-leading, leading, and assuming full responsibility for program planning and music therapy treatment implementation with clients. This continuum includes all experiences formerly called observations, fieldwork, field experience, practicum, pre-clinical

experience, and internship. For the sake of clarity, clinical training has been conceived as having two main components: pre-internship and internship. Pre-internship training consists of all the various practical field experiences taken by a student in conjunction with music therapy coursework as pre-requisites for internship placement. This may include experiences formerly called observations, practica, fieldwork, pre-clinical placements, etc. The internship is the culminating, in-depth supervised clinical training experience in a degree program in music therapy (or its equivalent) that leads to the achievement of the professional competency objectives.

CMT: "Certified Music Therapist" is a designation formerly given by the American Association for Music Therapy.

Competency-Based Education in Music Therapy: An approach to higher education and clinical training which has the following components: 1) the specification of student competencies or learning outcomes that serve as educational objectives for the program; 2) the distribution of these competency objectives into a developmentally sequenced curriculum of instruction, study, and/or practical training, 3) the design of specific courses and practical or field experiences to meet designated competency objectives, and 4) methods of quality assurance based on student competence upon completion of the program. The inventory entitled the *AMTA Professional Competencies* lists the professional competencies and the *AMTA Advanced Competencies* lists the advanced competencies.

Credential: *Please see "Appropriate Music Therapy Credential or Designation."*

Equivalency Program: A program of academic coursework and clinical training that gives students who have degrees outside of music therapy the equivalent of a bachelor's degree in music therapy. Like the bachelor's degree, an equivalency program is designed to impart professional level competencies in music therapy and to prepare the student to begin professional practice. Usually, the equivalency program consists of all core music therapy courses at the undergraduate level, all clinical training requirements, plus any pertinent courses in other fields (e.g., abnormal psychology). In those academic institutions offering a bachelor's degree, the student usually earns undergraduate credit for these equivalency courses, while in some that only offer the master's degree, students earn graduate credit for the same courses. It should be noted that an equivalency program is always regarded as professional level, regardless of the level of credit awarded for the coursework.

Internship: The culminating, in-depth supervised clinical training experience in a professional level degree program (or its equivalent) in music therapy.

Music Therapy Unit: The academic department, section, division, or subdivision within a college or university that takes administrative and programmatic responsibility for the music therapy degree(s) offered (e.g., a department of music therapy, a music therapy section within the department of music education, a music therapy program within the division of arts).

MT-BC: Music Therapist-Board Certified. Also see Board Certification.

NAMT: The National Association for Music Therapy was one of the two former organizations that merged to form the American Music Therapy Association.

NASM: The National Association of Schools of Music is the sole agency designated by the government to accredit music schools in the USA. (Refer to "Accreditation.")

Pre-internship: Pre-internship training is constituted by clinical training experiences conducted in conjunction with academic work in music therapy that are prerequisites for internship placement. This may include experiences formerly called observations, practica, fieldwork, pre-clinical placements, etc. Pre-internship experiences include both direct client contact and other activities that relate directly to clinical sessions in music therapy.

Professional Designation: *Please see "Appropriate Music Therapy Credential or Designation."*

RMT: Registered Music Therapist is a designation formerly given by the National Association for Music Therapy.

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AMTA Standards of Clinical Practice

PREAMBLE

Definition Music Therapy is the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program.

Further Clarification:

- "Clinical & evidence-based": There is an integral relationship between music therapy research and clinical practice.
- "Music interventions": The process is "purpose-driven" within a productive use of musical experience based on the AMTA Standards of Clinical Practice.
- "Individualized goals within a therapeutic relationship": This process includes assessment, treatment planning, therapeutic intervention, and evaluation of each client.
- "Credentialed professional": Each credential or professional designation (i.e., MT-BC, RMT, CMT) requires a set of professional competencies to be fulfilled and maintained according to established professional standards.
- "Approved music therapy program": A degreed program with AMTA approval and NASM accreditation.

Music therapy services are rendered by credentialed Music Therapists [i], clinicians who are professional members of the American Music Therapy Association Inc. (AMTA). Although music therapy services exist in diversified settings, there is a core of common procedures and considerations stated formally as standards of general practice for all Music Therapists. Additional standards that are germane for particular clientele are delineated herein for ten areas of music therapy service: 1) addictive disorders, 2) consultant, 3) intellectual and developmental disabilities [ii], 4) educational settings, 5) older adults, 6) medical settings, 7) mental health, 8) physical disabilities, 9) private practice, and 10) wellness practice. These ten areas reflect current music therapy services, but should not be interpreted as strict limits that would prevent development of new areas for music therapy.

Concomitant with the AMTA Code of Ethics, these Standards of Clinical Practice are designed to assist practicing Music Therapists and their employers in their endeavor to provide quality services. The Music Therapist will utilize best professional judgment1 in the execution of these standards. The AMTA's Standards of Clinical Practice Committee is charged with periodic revision to keep these standards current with advances in the field.

INTRODUCTION

Standards of Clinical Practice for music therapy are defined as rules for measuring the quality of services. These standards are established through the authority of the American Music Therapy Association, Inc. This document first outlines general standards which should apply to all music therapy practice. Following these General Standards are specific standards for each of the ten areas of music therapy service. These serve as further delineations of the General Standards and are linked closely to them. This close relationship is reflected in the numbering system used throughout this document. For example, section 4.0 regarding implementation in the General Standards ends with standard 4.7. The standards on implementation in Mental Health begin with 4.8 and supplement the General Standards with others which are specific to mental health settings. **Thus, the reader should read the General Standards first, and have them in hand when reading the specific standards.**

GENERAL STANDARDS

In delivery of music therapy services, Music Therapists follow a general procedure that includes 1. referral and acceptance, 2. assessment [iii], 3. treatment [iv] planning, 4. implementation, 5. documentation, and 6. termination. Standards for each of these procedural steps are outlined herein and all Music Therapists should adhere to them in their delivery of services. Exceptions must be approved in writing by the Standards of Clinical Practice Committee. Decisions affecting the quality of services should be based on the best professional judgment [v] of the Music Therapist with regard to client ratio and caseload, as well as the frequency, length, and duration of sessions. The Music Therapist will allocate time needed to execute responsibilities such as administration, in-service, and services relating to client care in order to provide quality, direct client service.

The recipient of music therapy services may be called by a variety of terms, depending on the setting in which therapy is rendered--e.g., client, consumer, patient, resident, or student. Such diversity of terminology is reflected in this document.

***Note: General Standards are provided in this section as a whole, but are also reprinted in sequence under each setting/population/area of focus to aid in clarity.*

1.0 Standard I - Referral and Acceptance

A client will be accepted for music therapy in accordance with specific criteria.

1.1 A client may be a candidate for music therapy when a cognitive, communication, psychological, educational, social, or physiological need might be ameliorated or prevented by such services.

1.2 A client may be referred for an initial music therapy assessment by:

1.2.1 a Music Therapist

1.2.2 members of other disciplines or agencies

1.2.3 self

1.2.4 parents, guardians, advocates or designated representatives

1.3 The final decision to accept a client for music therapy assessment will be made by a Music Therapist.

2.0 Standard II - Assessment

A client will be assessed by a Music Therapist for music therapy services.

2.1 The music therapy assessment will include the general categories of psychological, cognitive, communicative, social, and physiological functioning focused on the client's needs and strengths. The assessment will also determine the client's responses to music, music skills and musical preferences.

2.2 The music therapy assessment will explore the client's culture. This can include but is not limited to race, ethnicity, language, religion/spirituality, socioeconomic status, family experiences, sexual orientation, gender identity or expression, and social organizations.

2.3 All music therapy assessment methods will be appropriate for the client's chronological age, diagnoses, functioning level, and culture(s). The methods may include, but need not be limited to, observation during music or other situations, interview, verbal and nonverbal interventions, and testing. Information may also be obtained from different disciplines or sources such as the past and present medical and social history in accordance with HIPAA permission regulation.

2.4 All interpretations of test results will be based on appropriate norms or criterion referenced data [vii].

2.5 The music therapy assessment procedures and results will become a part of the client's file.

2.6 The final decision to accept a client for music therapy services, either direct or consultative, will be made by a Music Therapist and, when applicable, will be in conjunction with the interdisciplinary team. Screening [vi] may be used as part of this process.

2.7 The results, conclusions, and implications of the music therapy assessment will become the basis for the client's music therapy program and will be communicated to others involved with provision of services to the client. When appropriate, the results will be communicated to the client.

2.8 When assessment indicates the client's need for other services, the Music Therapist will make an appropriate referral.

3.0 Standard III - Treatment Planning

The Music Therapist will develop an individualized treatment plan based upon the music therapy assessment, the client's prognosis, and applicable information from other disciplines and sources. The client will participate in program plan development when appropriate. The music therapy program plan will be designed to:

3.1 Help the client attain and maintain the maximum level of functioning.

3.2 Comply with federal, state, and facility regulations.

3.3 Delineate the type, frequency, and duration of music therapy involvement.

3.4 Contain goals [viii] that focus on assessed needs and strengths of the client.

3.5 Contain objectives [ix] which are operationally defined for achieving the stated goals within estimated time frames.

3.6 Specify procedures, including music and music materials, for attaining the objectives.

3.6.1 The Music Therapist will include music, instruments, and musical elements, from the client's culture as appropriate.

3.7 Provide for periodic evaluation [x] and appropriate modifications as needed.

3.8 Optimize, according to the best professional judgment [xi] of the Music Therapist:

3.8.1 The program plans of other disciplines.

3.8.2 Established principles of normal growth and development.

3.9 Change to meet the priority needs of the client during crisis intervention.

4.0 Standard IV - Implementation

The Music Therapist will deliver services according to the written program plan and will:

4.1 Strive for the highest level and quality of music involvement consistent with the functioning level of the client.

4.1.1 The Music Therapist's provision of music will reflect his or her best abilities as a musician.

4.1.2 Appropriate musical instruments and materials, as well as the best possible sound reproduction equipment should be used in music therapy services.

4.1.3 The Music Therapist will make every effort to ensure safe and quality client care.

4.2 Use methodology that is consistent with recent advances in health, safety [xii] and infection control practices.

4.3 Maintain close communication with other individuals involved with the client.

4.4 Record the schedule and procedures used in music therapy treatment.

4.5 Evaluate the client's responses periodically to determine progress toward the goals and objectives.

4.6 Incorporate the results of such evaluations in subsequent treatment.

4.7 Consider the psychological effects of therapeutic separation as termination of services approaches.

5.0 Standard V - Documentation

The Music Therapist will document the client's referral to music therapy, assessment, placement, treatment plan, and ongoing progress in music therapy in a manner consistent with federal, state, and other regulations and policies.

5.1 The Music Therapist will periodically document the client's level of functioning with regard to the goals and objectives.

5.2 The documentation of progress will describe significant intervention techniques and the client's responses to them.

5.3 In all documentation relating to music therapy services, the Music Therapist will:

5.3.1 Write in an objective, professional style based on observable client responses.

5.3.2 Include the date, signature, and professional status of the therapist.

5.3.3 Place such documentation in the client's file and maintain its confidentiality unless proper authorization for release is obtained.

5.4 Upon obtaining written client permission, the Music Therapist will document and disseminate information to key service providers to ensure consistency of services.

5.5 The Music Therapist will document referrals made to other sources and will include plans for music therapy services as appropriate.

5.6 The documentation of all referrals will include date of referral, source of referral, and services requested.

6.0 Standard VI - Termination of Services

The Music Therapist will terminate music therapy services when the client has attained stated goals and objectives, fails to benefit from services, can no longer be scheduled, or is discharged. At the time of termination, consideration will be given for scheduling periodic reevaluation to determine the need for follow-up services. The Music Therapist will prepare the music therapy termination plan in accordance with federal, state, and facility regulations. The termination plan will:

6.1 Further optimize the goals of the individualized music therapy treatment plan.

6.2 Coordinate with the individualized treatment plans of other services received by the client.

6.3 Allow sufficient time for approval, coordination, and effective implementation whenever possible.

6.4 Summarize the client's progress and functioning level at the time of termination.

7.0 Standard VII - Continuing Education

7.1 It is the responsibility of the Music Therapist to maintain knowledge of current developments in research, theory, and techniques in music therapy related areas specific to the populations and therapeutic settings.

7.2 The Music Therapist will be familiar with current federal, state, and local laws pertaining to issues of client rights and confidentiality.

7.3 The Music Therapist will contribute to the education of others regarding the use and benefits of music therapy.

8.0 Standard VIII - Supervision

8.1 It is the responsibility of the Music Therapist to seek and participate in supervision on a regular basis.

> 8.1.1 Types of supervision may include but are not limited to direct observation, peer review, verbal feedback, group supervision, individual supervision, and music based supervision.
>
> 8.1.2 The Music Therapist may seek supervision from music therapists as well as other professionals including but not limited to psychologists, psychiatrists, social workers, art therapists, dance/movement therapists, drama therapists, physical therapists, occupational therapists, speech language pathologists, physicians, and nurses.

8.2 It is the responsibility of the Music Therapist providing supervision to maintain knowledge of current developments in research, theory, and techniques in music therapy supervision and supervision in general.

> 8.2.1 The Music Therapist providing supervision will be familiar with current federal, state, and local laws as well as the AMTA Code of Ethics as they pertain to supervision and confidentiality within supervision.
>
> 8.2.2 The Music Therapist providing supervision is required to will adhere to all AMTA Standards of Clinical Practice and will assure that the Music Therapist supervisee has read and agrees to adhere to the AMTA Standards of Clinical Practice. The Music Therapist providing supervision shall hold the supervisee accountable for adhering to the AMTA Standards of Clinical Practice.
>
> 8.2.3 The Music Therapist providing supervision will complete any necessary documentation pertaining to supervision accurately, completely, and in a timely manner.
>
> 8.2.4 The Music Therapist providing supervision will keep all supervision content confidential. All records will be kept for at least five years after the final supervision session.

ADDICTIVE DISORDERS

These Standards of Clinical Practice are designed specifically for the Music Therapist working with clientele who have addictive disorders. The Music Therapist will adhere to the General Standards of Clinical Practice (which are reprinted in sequence in this section), as well as the specific standards for clients with addictive disorders described herein (in dark blue text). The Music Therapist will also adhere to the standards of other applicable music therapy service areas.

Music therapy with clientele who have addictive disorders is the specialized use of music to restore, maintain, and improve mental, physical, and social-emotional functioning.

1.0 Standard I - Referral and Acceptance

A client will be accepted for music therapy in accordance with specific criteria.

1.1 A client may be a candidate for music therapy when a cognitive, communication, psychological, educational, social, or physiological need might be ameliorated or prevented by such services.

1.2 A client may be referred for an initial music therapy assessment by:

1.2.1 a Music Therapist

1.2.2 members of other disciplines or agencies

1.2.3 self

1.2.4 parents, guardians, advocates or designated representatives

1.2.5 Members of a treatment team

1.3 The final decision to accept a client for music therapy assessment will be made by a Music Therapist.

2.0 Standard II - Assessment

A client will be assessed by a Music Therapist for music therapy services.

2.1 The music therapy assessment will include the general categories of psychological, cognitive, communicative, social, and physiological functioning focused on the client's needs and strengths. The assessment will also determine the client's responses to music, music skills and musical preferences.

2.2 The music therapy assessment will explore the client's culture. This can include but is not limited to race, ethnicity, language, religion/spirituality, socioeconomic status, family experiences, sexual orientation, gender identity or expression, and social organizations.

2.3 All music therapy assessment methods will be appropriate for the client's chronological age, diagnoses, functioning level, and culture(s). The methods may include, but need not be limited to, observation during music or other situations, interview, verbal and nonverbal interventions, and testing. Information may also be obtained from different disciplines or sources such as the past and present medical and social history in accordance with HIPAA permission regulation.

2.4 All interpretations of test results will be based on appropriate norms or criterion referenced data [vii].

2.5 The music therapy assessment procedures and results will become a part of the client's file.

2.6 The final decision to accept a client for music therapy services, either direct or consultative, will be made by a Music Therapist and, when applicable, will be in conjunction with the interdisciplinary team. Screening [vi] may be used as part of this process.

2.7 The results, conclusions, and implications of the music therapy assessment will become the basis for the client's music therapy program and will be communicated to others involved with provision of services to the client. When appropriate, the results will be communicated to the client.

2.8 When assessment indicates the client's need for other services, the Music Therapist will make an appropriate referral.

2.9 The music therapy assessment will include current diagnosis and history will be performed in a manner congruent with the patient's level of functioning to address the following areas:

2.9.1 Emotional status

2.9.2 Motor development (fine, gross, perceptual-motor)

2.9.3 Developmental level

2.9.4 Independent functioning and adaptive needs

2.9.5 Sensory acuity and perception

2.9.6 Attending behaviors

2.9.7 Sensory processing, planning, and task execution

2.9.8 Substance use or abuse

2.9.9 Vocational status

2.9.10 Reality orientation

2.9.11 Educational background

2.9.12 Coping skills

2.9.13 Infection control precautions

2.9.14 Medical regime and possible side effects.

2.9.15 Mental status

2.9.16 Pain tolerance and threshold level

2.9.17 Spatial and body concepts

2.9.18 Long and short term memory

2.9.19 Client's use of music

3.0 Standard III - Treatment Planning

The Music Therapist will prepare a written individualized program plan based upon the music therapy assessment, the client's prognosis, and applicable information from other disciplines and sources. The client will participate in program plan development when appropriate. The music therapy program plan will be designed to:

3.1 Help the client attain and maintain the maximum level of functioning.

3.2 Comply with federal, state, and facility regulations.

3.3 Delineate the type, frequency, and duration of music therapy involvement.

3.4 Contain goals [viii] that focus on assessed needs and strengths of the client.

3.5 Contain objectives [ix] which are operationally defined for achieving the stated goals within estimated time frames.

3.6 Specify procedures, including music and music materials, for attaining the objectives.

3.6.1 The Music Therapist will include music, instruments, and musical elements, from the client's culture as appropriate.

3.7 Provide for periodic evaluation [x] and appropriate modifications as needed.

3.8 Optimize, according to the best professional judgment [xi] of the Music Therapist:

3.8.1 The program plans of other disciplines.

3.8.2 Established principles of normal growth and development.

3.9 Change to meet the priority needs of the client during crisis intervention.

3.10 Comply with infection control procedures.

3.11 Incorporate medical precautions as necessary.

4.0 Standard IV - Implementation

The Music Therapist will deliver services according to the written program plan and will:

4.1 Strive for the highest level and quality of music involvement consistent with the functioning level of the client.

4.1.1 The Music Therapist's provision of music will reflect his or her best abilities as a musician.

4.1.2 Appropriate musical instruments and materials, as well as the best possible sound reproduction equipment should be used in music therapy services.

4.1.3 The Music Therapist will make every effort to ensure safe and quality client care.

4.2 Use methodology that is consistent with recent advances in health, safety [xii] and infection control practices.

4.3 Maintain close communication with other individuals involved with the client.

4.4 Record the schedule and procedures used in music therapy treatment.

4.5 Evaluate the client's responses periodically to determine progress toward the goals and objectives.

4.6 Incorporate the results of such evaluations in subsequent treatment.

4.7 Consider the psychological effects of therapeutic separation as termination of services approaches.

4.8 Include family member participation in the treatment plan when appropriate.

4.9 Disclose information to the patient and the patient's family consistent with the physician's judgment and discretion in accordance with regulations when appropriate.

4.10 Disclose information consistent with the treatment team's recommendations in accordance with federal, state, and local confidentiality regulations.

5.0 Standard V - Documentation

The Music Therapist will document the client's referral to music therapy, assessment, placement, treatment plan, and ongoing progress in music therapy in a manner consistent with federal, state, and other regulations and policies.

5.1 The Music Therapist will periodically document the client's level of functioning with regard to the goals and objectives.

5.2 The documentation of progress will describe significant intervention techniques and the client's responses to them.

5.3 In all documentation relating to music therapy services, the Music Therapist will:

5.3.1 Write in an objective, professional style based on observable client responses.

5.3.2 Include the date, signature, and professional status of the therapist.

5.3.3 Place such documentation in the client's file and maintain its confidentiality unless proper authorization for release is obtained.

5.4 Upon obtaining written client permission, the Music Therapist will document and disseminate information to key service providers to ensure consistency of services.

5.5 The Music Therapist will document referrals made to other sources and will include plans for music therapy services as appropriate.

5.6 The documentation of all referrals will include date of referral, source of referral, and services requested.

6.0 Standard VI - Termination of Services

The Music Therapist will terminate music therapy services when the client has attained stated goals and objectives, fails to benefit from services, can no longer be scheduled, or is discharged. At the time of termination, consideration will be given for scheduling periodic reevaluation to determine the need for follow-up services. The Music Therapist will prepare the music therapy termination plan in accordance with federal, state, and facility regulations. The termination plan will:

6.1 Further optimize the goals of the individualized music therapy treatment plan.

6.2 Coordinate with the individualized treatment plans of other services received by the client.

6.3 Allow sufficient time for approval, coordination, and effective implementation whenever possible.

6.4 Summarize the client's progress and functioning level at the time of termination.

6.5 At the time of termination of services, document an evaluation of the client's functional abilities in the following areas: physiological, affective, sensory, communicative, social-emotional, and cognitive functioning.

7.0 Standard VII - Continuing Education

7.1 It is the responsibility of the Music Therapist to maintain knowledge of current developments in research, theory, and techniques in music therapy related areas specific to the populations and therapeutic settings.

7.1.1 The Music Therapist will maintain knowledge of current developments in research, theory, and techniques concerning addictive disorders and related areas.

7.1.2 Related areas may include, but need not be limited to, family systems theory and 12 step programs, such as Alcoholics Anonymous, Narcotics Anonymous and Adult Children of Alcoholics.

7.2 The Music Therapist will be familiar with current federal, state, and local laws pertaining to issues of client rights and confidentiality.

7.3 The Music Therapist will contribute to the education of others regarding the use and benefits of music therapy.

8.0 Standard VIII - Supervision

8.1 It is the responsibility of the Music Therapist to seek and participate in supervision on a regular basis.

8.1.1 Types of supervision may include but are not limited to direct observation, peer review, verbal feedback, group supervision, individual supervision, and music based supervision.

8.1.2 The Music Therapist may seek supervision from music therapists as well as other professionals including but not limited to psychologists, psychiatrists, social workers, art therapists, dance/movement therapists, drama therapists, physical therapists, occupational therapists, speech language pathologists, physicians, and nurses.

8.2 It is the responsibility of the Music Therapist providing supervision to maintain knowledge of current developments in research, theory, and techniques in music therapy supervision and supervision in general.

8.2.1 The Music Therapist providing supervision will be familiar with current federal, state, and local laws as well as the AMTA Code of Ethics as they pertain to supervision and confidentiality within supervision.

8.2.2 The Music Therapist providing supervision is required to will adhere to all AMTA Standards of Clinical Practice and will assure that the Music Therapist supervisee has read and agrees to adhere to the AMTA Standards of Clinical Practice. The Music Therapist providing supervision shall hold the supervisee accountable for adhering to the AMTA Standards of Clinical Practice.

8.2.3 The Music Therapist providing supervision will complete any necessary documentation pertaining to supervision accurately, completely, and in a timely manner.

8.2.4 The Music Therapist providing supervision will keep all supervision content confidential. All records will be kept for at least five years after the final supervision session.

CONSULTANT

These Standards of Clinical Practice are designed specifically for the Music Therapist working as a consultant in various settings such as educational, psychiatric, medical, and rehabilitation facilities and with professionals of other disciplines. The Music Therapist consultant will adhere to the General Standards of Clinical Practice (which are reprinted in sequence in this section), as well as the specific standards for consultative music therapy services described herein (in dark blue text). The Music Therapist will also adhere to the standards of other applicable music therapy service areas.

The music therapy consultant may provide services to other professionals in music therapy and related disciplines and to others directly involved with the client. The consultant may also provide resource information regarding music therapy techniques and materials or may design music therapy programs for clientele in various settings.

1.0 Standard I - Referral and Acceptance

A client will be accepted for music therapy in accordance with specific criteria.

1.1 A client may be a candidate for music therapy when a cognitive, communication, psychological, educational, social, or physiological need might be ameliorated or prevented by such services.

1.2 A client may be referred for an initial music therapy assessment by:

1.2.1 a Music Therapist

1.2.2 members of other disciplines or agencies

1.2.3 self

1.2.4 parents, guardians, advocates or designated representatives

1.3 The final decision to accept a client for music therapy assessment will be made by a Music Therapist.

1.4 The Music Therapist consultant will establish a written contract which details the services and responsibilities of both the consultee and the consultant.

1.5 The Music Therapist consultant will adopt a fee schedule which is fair and appropriate for professional services rendered.

2.0 Standard II - Assessment

A client will be assessed by a Music Therapist for music therapy services.

2.1 The music therapy assessment will include the general categories of psychological, cognitive, communicative, social, and physiological functioning focused on the client's needs and strengths. The assessment will also determine the client's responses to music, music skills and musical preferences.

2.2 The music therapy assessment will explore the client's culture. This can include but is not limited to race, ethnicity, language, religion/spirituality, socioeconomic status, family experiences, sexual orientation, gender identity or expression, and social organizations.

2.3 All music therapy assessment methods will be appropriate for the client's chronological age, diagnoses, functioning level, and culture(s). The methods may include, but need not be limited to, observation during music or other situations, interview, verbal and nonverbal interventions, and testing. Information may also be obtained from different disciplines or sources such as the past and present medical and social history in accordance with HIPAA permission regulation.

2.4 All interpretations of test results will be based on appropriate norms or criterion referenced data [vii].

2.5 The music therapy assessment procedures and results will become a part of the client's file.

2.6 The final decision to accept a client for music therapy services, either direct or consultative, will be made by a Music Therapist and, when applicable, will be in conjunction with the interdisciplinary team. Screening [vi] may be used as part of this process.

2.7 The results, conclusions, and implications of the music therapy assessment will become the basis for the client's music therapy program and will be communicated to others involved with provision of services to the client. When appropriate, the results will be communicated to the client.

2.8 When assessment indicates the client's need for other services, the Music Therapist will make an appropriate referral.

3.0 Standard III - Treatment Planning

The Music Therapist will prepare a written individualized program plan based upon the music therapy assessment, the client's prognosis, and applicable information from other disciplines and sources. The client will participate in program plan development when appropriate. The music therapy program plan will be designed to:

3.1 Help the client attain and maintain the maximum level of functioning.

3.2 Comply with federal, state, and facility regulations.

3.3 Delineate the type, frequency, and duration of music therapy involvement.

3.4 Contain goals [viii] that focus on assessed needs and strengths of the client.

3.5 Contain objectives [ix] which are operationally defined for achieving the stated goals within estimated time frames.

3.6 Specify procedures, including music and music materials, for attaining the objectives.

3.6.1 The Music Therapist will include music, instruments, and musical elements, from the client's culture as appropriate.

3.7 Provide for periodic evaluation [x] and appropriate modifications as needed.

3.8 Optimize, according to the best professional judgment [xi] of the Music Therapist:

3.8.1 The program plans of other disciplines.

3.8.2 Established principles of normal growth and development.

3.9 Change to meet the priority needs of the client during crisis intervention.

3.10 Comply with infection control procedures.

3.11 Incorporate medical precautions as necessary.

4.0 Standard IV - Implementation

The Music Therapist will deliver services according to the written program plan and will:

4.1 Strive for the highest level and quality of music involvement consistent with the functioning level of the client.

4.1.1 The Music Therapist's provision of music will reflect his or her best abilities as a musician.

4.1.2 Appropriate musical instruments and materials, as well as the best possible sound reproduction equipment should be used in music therapy services.

4.1.3 The Music Therapist will make every effort to ensure safe and quality client care.

4.2 Use methodology that is consistent with recent advances in health, safety [xii] and infection control practices.

4.3 Maintain close communication with other individuals involved with the client.

4.4 Record the schedule and procedures used in music therapy treatment.

4.5 Evaluate the client's responses periodically to determine progress toward the goals and objectives.

4.6 Incorporate the results of such evaluations in subsequent treatment.

4.7 Consider the psychological effects of therapeutic separation as termination of services approaches.

5.0 Standard V - Documentation

The Music Therapist will document the client's referral to music therapy, assessment, placement, treatment plan, and ongoing progress in music therapy in a manner consistent with federal, state, and other regulations and policies.

5.1 The Music Therapist will periodically document the client's level of functioning with regard to the goals and objectives.

5.2 The documentation of progress will describe significant intervention techniques and the client's responses to them.

5.3 In all documentation relating to music therapy services, the Music Therapist will:

5.3.1 Write in an objective, professional style based on observable client responses.

5.3.2 Include the date, signature, and professional status of the therapist.

5.3.3 Place such documentation in the client's file and maintain its confidentiality unless proper authorization for release is obtained.

5.4 Upon obtaining written client permission, the Music Therapist will document and disseminate information to key service providers to ensure consistency of services.

5.5 The Music Therapist will document referrals made to other sources and will include plans for music therapy services as appropriate.

5.6 The documentation of all referrals will include date of referral, source of referral, and services requested.

6.0 Standard VI - Termination of Services

The Music Therapist will terminate music therapy services when the client has attained stated goals and objectives, fails to benefit from services, can no longer be scheduled, or is discharged. At the time of termination, consideration will be given for scheduling periodic reevaluation to determine the need for follow-up services. The Music Therapist will prepare the music therapy termination plan in accordance with federal, state, and facility regulations. The termination plan will:

6.1 Further optimize the goals of the individualized music therapy treatment plan.

6.2 Coordinate with the individualized treatment plans of other services received by the client.

6.3 Allow sufficient time for approval, coordination, and effective implementation whenever possible.

6.4 Summarize the client's progress and functioning level at the time of termination.

7.0 Standard VII - Continuing Education

7.1 It is the responsibility of the Music Therapist to maintain knowledge of current developments in research, theory, and techniques in music therapy related areas specific to the populations and therapeutic settings.

7.2 The Music Therapist will be familiar with current federal, state, and local laws pertaining to issues of client rights and confidentiality.

7.3 The Music Therapist will contribute to the education of others regarding the use and benefits of music therapy.

8.0 Standard VIII - Supervision

8.1 It is the responsibility of the Music Therapist to seek and participate in supervision on a regular basis.

8.1.1 Types of supervision may include but are not limited to direct observation, peer review, verbal feedback, group supervision, individual supervision, and music based supervision.

8.1.2 The Music Therapist may seek supervision from music therapists as well as other professionals including but not limited to psychologists, psychiatrists, social workers, art therapists, dance/movement

therapists, drama therapists, physical therapists, occupational therapists, speech language pathologists, physicians, and nurses.

8.2 It is the responsibility of the Music Therapist providing supervision to maintain knowledge of current developments in research, theory, and techniques in music therapy supervision and supervision in general.

8.2.1 The Music Therapist providing supervision will be familiar with current federal, state, and local laws as well as the AMTA Code of Ethics as they pertain to supervision and confidentiality within supervision.

8.2.2 The Music Therapist providing supervision is required to will adhere to all AMTA Standards of Clinical Practice and will assure that the Music Therapist supervisee has read and agrees to adhere to the AMTA Standards of Clinical Practice. The Music Therapist providing supervision shall hold the supervisee accountable for adhering to the AMTA Standards of Clinical Practice.

8.2.3 The Music Therapist providing supervision will complete any necessary documentation pertaining to supervision accurately, completely, and in a timely manner.

8.2.4 The Music Therapist providing supervision will keep all supervision content confidential. All records will be kept for at least five years after the final supervision session.

INTELLECTUAL AND DEVELOPMENTAL DISABILITIES

These Standards of Clinical Practice are designed specifically for the Music Therapist working with clientele who have or are at risk for *developmental disabilities. The Music Therapist will adhere to the General Standards of Clinical Practice (which are reprinted in sequence in this section), as well as the specific standards for clients with developmental disabilities described herein (in dark blue text). The Music Therapist will also adhere to the standards of other applicable music therapy service areas.

Music Therapy with clientele who have or are at risk for developmental disabilities is the specialized use of music to improve or maintain functioning in one or more of the following areas: motor, physiological, social/emotional, sensory, communicative, or cognitive functioning.

1.0 Standard I - Referral and Acceptance

A client will be accepted for music therapy in accordance with specific criteria.

1.1 A client may be a candidate for music therapy when a cognitive, communication, psychological, educational, social, or physiological need might be ameliorated or prevented by such services.

1.2 A client may be referred for an initial music therapy assessment by:

1.2.1 a Music Therapist

1.2.2 members of other disciplines or agencies

1.2.3 self

1.2.4 parents, guardians, advocates or designated representatives

1.3 The final decision to accept a client for music therapy assessment will be made by a Music Therapist.

2.0 Standard II - Assessment

A client will be assessed by a Music Therapist for music therapy services.

2.1 The music therapy assessment will include the general categories of psychological, cognitive, communicative, social, and physiological functioning focused on the client's needs and strengths. The assessment will also determine the client's responses to music, music skills and musical preferences.

2.2 The music therapy assessment will explore the client's culture. This can include but is not limited to race, ethnicity, language, religion/spirituality, socioeconomic status, family experiences, sexual orientation, gender identity or expression, and social organizations.

2.3 All music therapy assessment methods will be appropriate for the client's chronological age, diagnoses, functioning level, and culture(s). The methods may include, but need not be limited to, observation during music or other situations, interview, verbal and nonverbal interventions, and testing. Information may also be obtained from different disciplines or sources such as the past and present medical and social history in accordance with HIPAA permission regulation.

2.4 All interpretations of test results will be based on appropriate norms or criterion referenced data [vii].

2.5 The music therapy assessment procedures and results will become a part of the client's file.

2.6 The final decision to accept a client for music therapy services, either direct or consultative, will be made by a Music Therapist and, when applicable, will be in conjunction with the interdisciplinary team. Screening [vi] may be used as part of this process.

2.7 The results, conclusions, and implications of the music therapy assessment will become the basis for the client's music therapy program and will be communicated to others involved with provision of services to the client. When appropriate, the results will be communicated to the client.

2.8 When assessment indicates the client's need for other services, the Music Therapist will make an appropriate referral.

2.9 The music therapy assessment will include current diagnosis and history will be performed in a manner congruent with the client's adaptive functioning and developmental levels to address the following areas:

2.9.1 Motor functioning

2.9.2 Sensory processing, planning and task execution

2.9.3 Emotional status

2.9.4 Coping skills

2.9.5 Infection control procedures

2.9.6 Attending behaviors

2.9.7 Interpersonal relationships

3.0 Standard III - Treatment Planning

The Music Therapist will prepare a written individualized program plan based upon the music therapy assessment, the client's prognosis, and applicable information from other disciplines and sources. The client will participate in program plan development when appropriate. The music therapy program plan will be designed to:

3.1 Help the client attain and maintain the maximum level of functioning.

3.2 Comply with federal, state, and facility regulations.

3.3 Delineate the type, frequency, and duration of music therapy involvement.

3.4 Contain goals [viii] that focus on assessed needs and strengths of the client.

3.5 Contain objectives [ix] which are operationally defined for achieving the stated goals within estimated time frames.

3.6 Specify procedures, including music and music materials, for attaining the objectives.

3.6.1 The Music Therapist will include music, instruments, and musical elements, from the client's culture as appropriate.

3.7 Provide for periodic evaluation [x] and appropriate modifications as needed.

3.8 Optimize, according to the best professional judgment [xi] of the Music Therapist:

3.8.1 The program plans of other disciplines.

3.8.2 Established principles of normal growth and development.

3.9 Change to meet the priority needs of the client during crisis intervention.

3.10 Comply with infection control procedures.

3.11 Incorporate medical precautions as necessary.

4.0 Standard IV - Implementation

The Music Therapist will deliver services according to the written program plan and will:

4.1 Strive for the highest level and quality of music involvement consistent with the functioning level of the client.

4.1.1 The Music Therapist's provision of music will reflect his or her best abilities as a musician.

4.1.2 Appropriate musical instruments and materials, as well as the best possible sound reproduction equipment should be used in music therapy services.

4.1.3 The Music Therapist will make every effort to ensure safe and quality client care.

4.2 Use methodology that is consistent with recent advances in health, safety [xii] and infection control practices.

4.3 Maintain close communication with other individuals involved with the client.

4.4 Record the schedule and procedures used in music therapy treatment.

4.5 Evaluate the client's responses periodically to determine progress toward the goals and objectives.

4.6 Incorporate the results of such evaluations in subsequent treatment.

4.7 Consider the psychological effects of therapeutic separation as termination of services approaches.

5.0 Standard V - Documentation

The Music Therapist will document the client's referral to music therapy, assessment, placement, treatment plan, and ongoing progress in music therapy in a manner consistent with federal, state, and other regulations and policies.

5.1 The Music Therapist will periodically document the client's level of functioning with regard to the goals and objectives.

5.2 The documentation of progress will describe significant intervention techniques and the client's responses to them.

5.3 In all documentation relating to music therapy services, the Music Therapist will:

5.3.1 Write in an objective, professional style based on observable client responses.

5.3.2 Include the date, signature, and professional status of the therapist.

5.3.3 Place such documentation in the client's file and maintain its confidentiality unless proper authorization for release is obtained.

5.4 Upon obtaining written client permission, the Music Therapist will document and disseminate information to key service providers to ensure consistency of services.

5.5 The Music Therapist will document referrals made to other sources and will include plans for music therapy services as appropriate.

5.6 The documentation of all referrals will include date of referral, source of referral, and services requested.

6.0 Standard VI - Termination of Services

The Music Therapist will terminate music therapy services when the client has attained stated goals and objectives, fails to benefit from services, can no longer be scheduled, or is discharged. At the time of termination, consideration will be given for scheduling periodic reevaluation to determine the need for follow-up services. The Music Therapist will prepare the music therapy termination plan in accordance with federal, state, and facility regulations. The termination plan will:

6.1 Further optimize the goals of the individualized music therapy treatment plan.

6.2 Coordinate with the individualized treatment plans of other services received by the client.

6.3 Allow sufficient time for approval, coordination, and effective implementation whenever possible.

6.4 Summarize the client's progress and functioning level at the time of termination.

7.0 Standard VII - Continuing Education

7.1 It is the responsibility of the Music Therapist to maintain knowledge of current developments in research, theory, and techniques in music therapy related areas specific to the populations and therapeutic settings.

7.1.1 Related areas may include, but need not be limited to, psychopharmacology, neurology, psychology, physiology, special education, early childhood education and early intervention.

7.2 The Music Therapist will be familiar with current federal, state, and local laws pertaining to issues of client rights and confidentiality.

7.3 The Music Therapist will contribute to the education of others regarding the use and benefits of music therapy.

8.0 Standard VIII - Supervision

8.1 It is the responsibility of the Music Therapist to seek and participate in supervision on a regular basis.

8.1.1 Types of supervision may include but are not limited to direct observation, peer review, verbal feedback, group supervision, individual supervision, and music based supervision.

8.1.2 The Music Therapist may seek supervision from music therapists as well as other professionals including but not limited to psychologists, psychiatrists, social workers, art therapists, dance/movement therapists, drama therapists, physical therapists, occupational therapists, speech language pathologists, physicians, and nurses.

8.2 It is the responsibility of the Music Therapist providing supervision to maintain knowledge of current developments in research, theory, and techniques in music therapy supervision and supervision in general.

8.2.1 The Music Therapist providing supervision will be familiar with current federal, state, and local laws as well as the AMTA Code of Ethics as they pertain to supervision and confidentiality within supervision.

8.2.2 The Music Therapist providing supervision is required to will adhere to all AMTA Standards of Clinical Practice and will assure that the Music Therapist supervisee has read and agrees to adhere to the AMTA Standards of Clinical Practice. The Music Therapist providing supervision shall hold the supervisee accountable for adhering to the AMTA Standards of Clinical Practice.

8.2.3 The Music Therapist providing supervision will complete any necessary documentation pertaining to supervision accurately, completely, and in a timely manner.

8.2.4 The Music Therapist providing supervision will keep all supervision content confidential. All records will be kept for at least five years after the final supervision session.

EDUCATIONAL SETTINGS

These Standards of Clinical Practice are designed specifically for the Music Therapist working in educational settings. The Music Therapist will adhere to the General Standards of Clinical Practice (which are reprinted in sequence in this section), as well as the specific standards for educational settings described herein (in dark blue text). The Music Therapist will also adhere to the standards of other applicable music therapy service areas.

Music therapy in publicly funded educational settings for students with disabilities may be defined as the use of music as a medium for assisting the students in meeting defined educational goals and objectives. In providing this service, the Music Therapist works closely with all members of the treatment team. Music therapy in other educational settings may also encompass a broader range of therapeutic goals.

1.0 Standard I - Referral and Acceptance

A client will be accepted for music therapy in accordance with specific criteria.

1.1 A client may be a candidate for music therapy when a cognitive, communication, psychological, educational, social, or physiological need might be ameliorated or prevented by such services.

1.2 A client may be referred for an initial music therapy assessment by:

1.2.1 a Music Therapist

1.2.2 members of other disciplines or agencies

1.2.3 self

1.2.4 parents, guardians, advocates or designated representatives

1.3 The final decision to accept a client for music therapy assessment will be made by a Music Therapist.

2.0 Standard II - Assessment

A client will be assessed by a Music Therapist for music therapy services.

2.1 The music therapy assessment will include the general categories of psychological, cognitive, communicative, social, and physiological functioning focused on the client's needs and strengths. The assessment will also determine the client's responses to music, music skills and musical preferences.

2.2 The music therapy assessment will explore the client's culture. This can include but is not limited to race, ethnicity, language, religion/spirituality, socioeconomic status, family experiences, sexual orientation, gender identity or expression, and social organizations.

2.2.1 The Music Therapist should be a member of the team which writes the student's *individual plan.

2.3 All music therapy assessment methods will be appropriate for the client's chronological age, diagnoses, functioning level, and culture(s). The methods may include, but need not be limited to, observation during music or other situations, interview, verbal and nonverbal interventions, and testing. Information may also be obtained from different disciplines or sources such as the past and present medical and social history in accordance with HIPAA permission regulation.

2.4 All interpretations of test results will be based on appropriate norms or criterion referenced data [vii].

2.5 The music therapy assessment procedures and results will become a part of the client's file.

2.6 The final decision to accept a client for music therapy services, either direct or consultative, will be made by a Music Therapist and, when applicable, will be in conjunction with the interdisciplinary team. Screening [vi] may be used as part of this process.

2.7 The results, conclusions, and implications of the music therapy assessment will become the basis for the client's music therapy program and will be communicated to others involved with provision of services to the client. When appropriate, the results will be communicated to the client.

2.8 When assessment indicates the client's need for other services, the Music Therapist will make an appropriate referral.

2.9 The music therapy assessment should be individualized according to the student's level of functioning.

3.0 Standard III - Treatment Planning

The Music Therapist will prepare a written individualized program plan based upon the music therapy assessment, the client's prognosis, and applicable information from other disciplines and sources. The client will participate in program plan development when appropriate. The music therapy program plan will be designed to:

3.1 Help the client attain and maintain the maximum level of functioning.

3.2 Comply with federal, state, and facility regulations.

3.3 Delineate the type, frequency, and duration of music therapy involvement.

3.4 Contain goals [viii] that focus on assessed needs and strengths of the client.

3.5 Contain objectives [ix] which are operationally defined for achieving the stated goals within estimated time frames.

3.6 Specify procedures, including music and music materials, for attaining the objectives.

3.6.1 The Music Therapist will include music, instruments, and musical elements, from the client's culture as appropriate.

3.7 Provide for periodic evaluation [x] and appropriate modifications as needed.

3.8 Optimize, according to the best professional judgment [xi] of the Music Therapist:

3.8.1 The program plans of other disciplines.

3.8.2 Established principles of normal growth and development.

3.9 Change to meet the priority needs of the client during crisis intervention.

3.10 Comply with infection control procedures.

3.11 Incorporate medical precautions as necessary.

4.0 Standard IV - Implementation

The Music Therapist will deliver services according to the individual plan.

4.1 Strive for the highest level and quality of music involvement consistent with the functioning level of the client.

4.1.1 The Music Therapist's provision of music will reflect his or her best abilities as a musician.

4.1.2 Appropriate musical instruments and materials, as well as the best possible sound reproduction equipment should be used in music therapy services.

4.1.3 The Music Therapist will make every effort to ensure safe and quality client care.

4.2 Use methodology that is consistent with recent advances in health, safety [xii] and infection control practices.

4.3 Maintain close communication with other individuals involved with the client.

4.4 Record the schedule and procedures used in music therapy treatment.

4.5 Evaluate the client's responses periodically to determine progress toward the goals and objectives.

4.6 Incorporate the results of such evaluations in subsequent treatment.

4.7 Consider the psychological effects of therapeutic separation as termination of services approaches.

4.8 Evaluation must be made in terms of goals and objectives stated in the student's individual plan.

5.0 Standard V - Documentation

The Music Therapist will document the client's referral to music therapy, assessment, placement, treatment plan, and ongoing progress in music therapy in a manner consistent with federal, state, and other regulations and policies.

5.1 The Music Therapist will periodically document the client's level of functioning with regard to the goals and objectives.

5.2 The documentation of progress will describe significant intervention techniques and the client's responses to them.

5.3 In all documentation relating to music therapy services, the Music Therapist will:

5.3.1 Write in an objective, professional style based on observable client responses.

5.3.2 Include the date, signature, and professional status of the therapist.

5.3.3 Place such documentation in the client's file and maintain its confidentiality unless proper authorization for release is obtained.

5.4 Upon obtaining written client permission, the Music Therapist will document and disseminate information to key service providers to ensure consistency of services.

5.5 The Music Therapist will document referrals made to other sources and will include plans for music therapy services as appropriate.

5.6 The documentation of all referrals will include date of referral, source of referral, and services requested.

6.0 Standard VI - Termination of Services

The Music Therapist will terminate music therapy services when the client has attained stated goals and objectives, fails to benefit from services, can no longer be scheduled, or is discharged. At the time of termination, consideration will be given for scheduling periodic reevaluation to determine the need for follow-up services. The Music Therapist will prepare the music therapy termination plan in accordance with federal, state, and facility regulations. The termination plan will:

6.1 Further optimize the goals of the individualized music therapy treatment plan.

6.2 Coordinate with the individualized treatment plans of other services received by the client.

6.3 Allow sufficient time for approval, coordination, and effective implementation whenever possible.

6.4 Summarize the client's progress and functioning level at the time of termination.

7.0 Standard VII - Continuing Education

7.1 It is the responsibility of the Music Therapist to maintain knowledge of current developments in research, theory, and techniques in music therapy related areas specific to the populations and therapeutic settings.

7.1.1 Related areas may include, but need not be limited to psychopharmacology, neurology, psychology, physiology, special education, early childhood education and early intervention.

7.2 The Music Therapist will be familiar with current federal, state, and local laws pertaining to issues of client rights and confidentiality.

7.3 The Music Therapist will contribute to the education of others regarding the use and benefits of music therapy.

8.0 Standard VIII - Supervision

8.1 It is the responsibility of the Music Therapist to seek and participate in supervision on a regular basis.

8.1.1 Types of supervision may include but are not limited to direct observation, peer review, verbal feedback, group supervision, individual supervision, and music based supervision.

8.1.2 The Music Therapist may seek supervision from music therapists as well as other professionals including but not limited to psychologists, psychiatrists, social workers, art therapists, dance/movement therapists, drama therapists, physical therapists, occupational therapists, speech language pathologists, physicians, and nurses.

8.2 It is the responsibility of the Music Therapist providing supervision to maintain knowledge of current developments in research, theory, and techniques in music therapy supervision and supervision in general.

8.2.1 The Music Therapist providing supervision will be familiar with current federal, state, and local laws as well as the AMTA Code of Ethics as they pertain to supervision and confidentiality within supervision.

8.2.2 The Music Therapist providing supervision is required to will adhere to all AMTA Standards of Clinical Practice and will assure that the Music Therapist supervisee has read and agrees to adhere to the AMTA Standards of Clinical Practice. The Music Therapist providing supervision shall hold the supervisee accountable for adhering to the AMTA Standards of Clinical Practice.

8.2.3 The Music Therapist providing supervision will complete any necessary documentation pertaining to supervision accurately, completely, and in a timely manner.

8.2.4 The Music Therapist providing supervision will keep all supervision content confidential. All records will be kept for at least five years after the final supervision session.

OLDER ADULTS

These Standards of Clinical Practice are designed specifically for the Music Therapist working in settings with geriatric clients. The Music Therapist will adhere to the General Standards of Clinical Practice (which are reprinted in sequence in this section), and the specific standards for geriatric settings described herein (in dark blue text). The Music Therapist will also adhere to the standards of other applicable music therapy service areas.

Music therapy with clientele in geriatric settings may be defined as the specialized use of music with emphasis on the development, restoration or maintenance of each individual at the highest possible level of functioning.

1.0 Standard I - Referral and Acceptance

A client will be accepted for music therapy in accordance with specific criteria.

1.1 A client may be a candidate for music therapy when a cognitive, communicative, psychological, educational, social, or physiological need might be ameliorated or prevented by such services.

1.2 A client may be referred for an initial music therapy assessment by:

1.2.1 a Music Therapist

1.2.2 members of other disciplines or agencies

1.2.3 self

1.2.4 parents, guardians, advocates or designated representatives

1.3 The final decision to accept a client for music therapy assessment will be made by a Music Therapist.

2.0 Standard II - Assessment

A client will be assessed by a Music Therapist for music therapy services.

2.1 The music therapy assessment will include the general categories of psychological, cognitive, communicative, social, and physiological functioning focused on the client's needs and strengths. The assessment will also determine the client's responses to music, music skills and musical preferences.

2.2 The music therapy assessment will explore the client's culture. This can include but is not limited to race, ethnicity, language, religion/spirituality, socioeconomic status, family experiences, sexual orientation, gender identity or expression, and social organizations.

2.3 All music therapy assessment methods will be appropriate for the client's chronological age, diagnoses, functioning level, and culture(s). The methods may include, but need not be limited to, observation during music or other situations, interview, verbal and nonverbal interventions, and testing. Information may also be obtained from different disciplines or sources such as the past and present medical and social history in accordance with HIPAA permission regulation.

2.4 All interpretations of test results will be based on appropriate norms or criterion referenced data [vii].

2.5 The music therapy assessment procedures and results will become a part of the client's file.

2.6 The final decision to accept a client for music therapy services, either direct or consultative, will be made by a Music Therapist and, when applicable, will be in conjunction with the interdisciplinary team. Screening [vi] may be used as part of this process.

2.7 The results, conclusions, and implications of the music therapy assessment will become the basis for the client's music therapy program and will be communicated to others involved with provision of services to the client. When appropriate, the results will be communicated to the client.

2.8 When assessment indicates the client's need for other services, the Music Therapist will make an appropriate referral.

2.9 The music therapy assessment will include current diagnosis and history will be performed in a manner congruent with the client's level of functioning to address the following areas:

2.9.1 Motor skills.

2.9.2. Reality orientation

2.9.3 Emotional status

2.9.4 Spatial and body concepts

2.9.5 Long and short term memory

2.9.6 Attending behaviors

2.9.7 Infection control precautions

2.9.8 Sensory acuity and perception

2.9.9 Independent functioning and adaptive needs

2.9.10 Coping skills

3.0 Standard III - Treatment Planning

The Music Therapist will prepare a written individualized program plan based upon the music therapy assessment, the client's prognosis, and applicable information from other disciplines and sources. The client will participate in program plan development when appropriate. The music therapy program plan will be designed to:

3.1 Help the client attain and maintain the maximum level of functioning.

3.2 Comply with federal, state, and facility regulations.

3.3 Delineate the type, frequency, and duration of music therapy involvement.

3.4 Contain goals [viii] that focus on assessed needs and strengths of the client.

3.5 Contain objectives [ix] which are operationally defined for achieving the stated goals within estimated time frames.

3.6 Specify procedures, including music and music materials, for attaining the objectives.

3.6.1 The Music Therapist will include music, instruments, and musical elements, from the client's culture as appropriate.

3.7 Provide for periodic evaluation [x] and appropriate modifications as needed.

3.8 Optimize, according to the best professional judgment [xi] of the Music Therapist:

3.8.1 The program plans of other disciplines.

3.8.2 Established principles of normal growth and development.

3.9 Change to meet the priority needs of the client during crisis intervention.

3.10 Comply with infection control procedures.

3.11 Incorporate medical precautions as necessary.

4.0 Standard IV - Implementation

The Music Therapist will deliver services according to the written program plan and will:

4.1 Strive for the highest level and quality of music involvement consistent with the functioning level of the client.

4.1.1 The Music Therapist's provision of music will reflect his or her best abilities as a musician.

4.1.2 Appropriate musical instruments and materials, as well as the best possible sound reproduction equipment should be used in music therapy services.

4.1.3 The Music Therapist will make every effort to ensure safe and quality client care.

4.2 Use methodology that is consistent with recent advances in health, safety [xii] and infection control practices.

4.3 Maintain close communication with other individuals involved with the client.

4.4 Record the schedule and procedures used in music therapy treatment.

4.5 Evaluate the client's responses periodically to determine progress toward the goals and objectives.

4.6 Incorporate the results of such evaluations in subsequent treatment.

4.7 Consider the psychological effects of therapeutic separation as termination of services approaches.

5.0 Standard V - Documentation

The Music Therapist will document the client's referral to music therapy, assessment, placement, treatment plan, and ongoing progress in music therapy in a manner consistent with federal, state, and other regulations and policies.

5.1 The Music Therapist will periodically document the client's level of functioning with regard to the goals and objectives.

5.2 The documentation of progress will describe significant intervention techniques and the client's responses to them.

5.3 In all documentation relating to music therapy services, the Music Therapist will:

5.3.1 Write in an objective, professional style based on observable client responses.

5.3.2 Include the date, signature, and professional status of the therapist.

5.3.3 Place such documentation in the client's file and maintain its confidentiality unless proper authorization for release is obtained.

5.4 Upon obtaining written client permission, the Music Therapist will document and disseminate information to key service providers to ensure consistency of services.

5.5 The Music Therapist will document referrals made to other sources and will include plans for music therapy services as appropriate.

5.6 The documentation of all referrals will include date of referral, source of referral, and services requested.

6.0 Standard VI - Termination of Services

The Music Therapist will terminate music therapy services when the client has attained stated goals and objectives, fails to benefit from services, can no longer be scheduled, or is discharged. At the time of termination, consideration will be given for scheduling periodic reevaluation to determine the need for follow-up services. The Music Therapist will prepare the music therapy termination plan in accordance with federal, state, and facility regulations. The termination plan will:

6.1 Further optimize the goals of the individualized music therapy treatment plan.

6.2 Coordinate with the individualized treatment plans of other services received by the client.

6.3 Allow sufficient time for approval, coordination, and effective implementation whenever possible.

6.4 Summarize the client's progress and functioning level at the time of termination.

7.0 Standard VII - Continuing Education

7.1 It is the responsibility of the Music Therapist to maintain knowledge of current developments in research, theory, and techniques in music therapy related areas specific to the populations and therapeutic settings.

7.1.1 Related areas may include, but need not be limited to, sensory processing, planning, and task execution, sensitivity training, specific diagnoses, and issues involved in death and dying, grief, loss and spirituality.

7.2 The Music Therapist will be familiar with current federal, state, and local laws pertaining to issues of client rights and confidentiality.

7.3 The Music Therapist will contribute to the education of others regarding the use and benefits of music therapy.

8.0 Standard VIII - Supervision

8.1 It is the responsibility of the Music Therapist to seek and participate in supervision on a regular basis.

8.1.1 Types of supervision may include but are not limited to direct observation, peer review, verbal feedback, group supervision, individual supervision, and music based supervision.

8.1.2 The Music Therapist may seek supervision from music therapists as well as other professionals including but not limited to psychologists, psychiatrists, social workers, art therapists, dance/movement therapists, drama therapists, physical therapists, occupational therapists, speech language pathologists, physicians, and nurses.

8.2 It is the responsibility of the Music Therapist providing supervision to maintain knowledge of current developments in research, theory, and techniques in music therapy supervision and supervision in general.

8.2.1 The Music Therapist providing supervision will be familiar with current federal, state, and local laws as well as the AMTA Code of Ethics as they pertain to supervision and confidentiality within supervision.

8.2.2 The Music Therapist providing supervision is required to will adhere to all AMTA Standards of Clinical Practice and will assure that the Music Therapist supervisee has read and agrees to adhere to the AMTA Standards of Clinical Practice. The Music Therapist providing supervision shall hold the supervisee accountable for adhering to the AMTA Standards of Clinical Practice.

8.2.3 The Music Therapist providing supervision will complete any necessary documentation pertaining to supervision accurately, completely, and in a timely manner.

8.2.4 The Music Therapist providing supervision will keep all supervision content confidential. All records will be kept for at least five years after the final supervision session.

MEDICAL SETTINGS

These Standards of Clinical Practice are designed specifically for the Music Therapist working in medical settings. The Music Therapist will adhere to the General Standards of Clinical Practice (which are reprinted in sequence in this section), and the specific standards for medical settings described herein (in dark blue text). The Music Therapist will also adhere to the standards of other applicable music therapy service areas.

Music therapy for clientele in medical settings is the specialized use of music in sites which may include, but need not be limited to, those designated as medical-surgical, pediatric, palliative care, obstetrics, rehabilitation and wellness care.

1.0 Standard I - Referral and Acceptance

A client will be accepted for music therapy in accordance with specific criteria.

1.1 A client may be a candidate for music therapy when a cognitive, communication, psychological, educational, social, or physiological need might be ameliorated or prevented by such services.

1.2 A client may be referred for an initial music therapy assessment by:

1.2.1 a Music Therapist

1.2.2 members of other disciplines or agencies

1.2.3 self

1.2.4 parents, guardians, advocates or designated representatives

1.3 The final decision to accept a client for music therapy assessment will be made by a Music Therapist.

1.3.1 Note: Some medical settings may require a physician's order for music therapy services.

2.0 Standard II - Assessment

A client will be assessed by a Music Therapist for music therapy services.

2.1 The music therapy assessment will include the general categories of psychological, cognitive, communicative, social, and physiological functioning focused on the client's needs and strengths. The assessment will also determine the client's responses to music, music skills and musical preferences.

2.2 The music therapy assessment will explore the client's culture. This can include but is not limited to race, ethnicity, language, religion/spirituality, socioeconomic status, family experiences, sexual orientation, gender identity or expression, and social organizations.

2.3 All music therapy assessment methods will be appropriate for the client's chronological age, diagnoses, functioning level, and culture(s). The methods may include, but need not be limited to, observation during music or other situations, interview, verbal and nonverbal interventions, and testing. Information may also be obtained from different disciplines or sources such as the past and present medical and social history in accordance with HIPAA permission regulation.

2.4 All interpretations of test results will be based on appropriate norms or criterion referenced data [vii].

2.5 The music therapy assessment procedures and results will become a part of the client's file.

2.6 The final decision to accept a client for music therapy services, either direct or consultative, will be made by a Music Therapist and, when applicable, will be in conjunction with the interdisciplinary team. Screening [vi] may be used as part of this process.

2.7 The results, conclusions, and implications of the music therapy assessment will become the basis for the client's music therapy program and will be communicated to others involved with provision of services to the client. When appropriate, the results will be communicated to the client.

2.8 When assessment indicates the client's need for other services, the Music Therapist will make an appropriate referral.

2.9 The music therapy assessment will include current diagnosis and history will be performed in a manner congruent with the patient's level of functioning to address the following areas:

2.9.1 Emotional/psychosocial

2.9.2 Coping skills

2.9.3 Infection control precautions

2.9.4 Activity status, pre-operative and post-operative

2.9.5 Attitude toward surgery and/or medical procedures

2.9.6 Cardiac precautions

2.9.7 Impact of surgery and/or loss of body function on self-image

2.9.8 Medical equipment precautions

2.9.9 Medical regime and possible side effects

2.9.10 Mental status

2.9.11 Pain tolerance and threshold levels

2.9.12 Postural restrictions

2.9.13 Scheduling requirements, coordination with other medical treatments

2.9.14 Support during medical procedures

3.0 Standard III - Treatment Planning

The Music Therapist will prepare a written individualized program plan based upon the music therapy assessment, the client's prognosis, and applicable information from other disciplines and sources. The client will participate in program plan development when appropriate. The music therapy program plan will be designed to:

3.1 Help the client attain and maintain the maximum level of functioning.

3.2 Comply with federal, state, and facility regulations.

3.3 Delineate the type, frequency, and duration of music therapy involvement.

3.4 Contain goals [viii] that focus on assessed needs and strengths of the client.

3.5 Contain objectives [ix] which are operationally defined for achieving the stated goals within estimated time frames.

3.6 Specify procedures, including music and music materials, for attaining the objectives.

3.6.1 The Music Therapist will include music, instruments, and musical elements, from the client's culture as appropriate.

3.7 Provide for periodic evaluation [x] and appropriate modifications as needed.

3.8 Optimize, according to the best professional judgment [xi] of the Music Therapist:

3.8.1 The program plans of other disciplines.

3.8.2 Established principles of normal growth and development.

3.9 Change to meet the priority needs of the client during crisis intervention.

3.10 Comply with infection control procedures.

3.11 Incorporate medical precautions as necessary.

4.0 Standard IV - Implementation

The Music Therapist will deliver services according to the written program plan and will:

4.1 Strive for the highest level and quality of music involvement consistent with the functioning level of the client.

4.1.1 The Music Therapist's provision of music will reflect his or her best abilities as a musician.

4.1.2 Appropriate musical instruments and materials, as well as the best possible sound reproduction equipment should be used in music therapy services.

4.1.3 The Music Therapist will make every effort to ensure safe and quality client care.

4.2 Use methodology that is consistent with recent advances in health, safety [xii] and infection control practices.

4.3 Maintain close communication with other individuals involved with the client.

4.4 Record the schedule and procedures used in music therapy treatment.

4.5 Evaluate the client's responses periodically to determine progress toward the goals and objectives.

4.6 Incorporate the results of such evaluations in subsequent treatment.

4.7 Consider the psychological effects of therapeutic separation as termination of services approaches.

4.8 Include family member participation in the treatment plan when appropriate.

4.9 Disclose information to patient and family members consistent with the physician's judgment and discretion and in accordance with hospital regulations.

5.0 Standard V - Documentation

The Music Therapist will document the client's referral to music therapy, assessment, placement, treatment plan, and ongoing progress in music therapy in a manner consistent with federal, state, and other regulations and policies.

5.1 The Music Therapist will periodically document the client's level of functioning with regard to the goals and objectives.

5.2 The documentation of progress will describe significant intervention techniques and the client's responses to them.

5.3 In all documentation relating to music therapy services, the Music Therapist will:

5.3.1 Write in an objective, professional style based on observable client responses.

5.3.2 Include the date, signature, and professional status of the therapist.

5.3.3 Place such documentation in the client's file and maintain its confidentiality unless proper authorization for release is obtained.

5.3.4 The documentation of the referral will include confirmation of physician orders when applicable.

5.3.5 The Music Therapist will complete a discharge summary based on the treatment team's protocol.

5.4 Upon obtaining written client permission, the Music Therapist will document and disseminate information to key service providers to ensure consistency of services.

5.5 The Music Therapist will document referrals made to other sources and will include plans for music therapy services as appropriate.

5.6 The documentation of all referrals will include date of referral, source of referral, and services requested.

5.6.1 The Music Therapist will provide written documentation of music therapy services for patients based on the treatment team's protocol.

6.0 Standard VI - Termination of Services

The Music Therapist will terminate music therapy services when the client has attained stated goals and objectives, fails to benefit from services, can no longer be scheduled, or is discharged. At the time of termination, consideration will be given for scheduling periodic reevaluation to determine the need for follow-up services. The Music Therapist will prepare the music therapy termination plan in accordance with federal, state, and facility regulations. The termination plan will:

6.1 Further optimize the goals of the individualized music therapy treatment plan.

6.2 Coordinate with the individualized treatment plans of other services received by the client.

6.3 Allow sufficient time for approval, coordination, and effective implementation whenever possible.

6.4 Summarize the client's progress and functioning level at the time of termination.

6.5 Include consultation with the attending physician and/or other treatment team members regarding termination of music therapy services when appropriate.

7.0 Standard VII - Continuing Education

7.1 It is the responsibility of the Music Therapist to maintain knowledge of current developments in research, theory, and techniques in music therapy related areas specific to the populations and therapeutic settings.

7.1.1 Related areas may include, but need not be limited to, basic medical terminology, pharmacology, and issues involved in death, dying, trauma, grief and loss, and spirituality.

7.1.2 Some form of personal counseling for the Music Therapist is recommended.

7.2 The Music Therapist will be familiar with current federal, state, and local laws pertaining to issues of client rights and confidentiality.

7.3 The Music Therapist will contribute to the education of others regarding the use and benefits of music therapy.

8.0 Standard VIII - Supervision

8.1 It is the responsibility of the Music Therapist to seek and participate in supervision on a regular basis.

8.1.1 Types of supervision may include but are not limited to direct observation, peer review, verbal feedback, group supervision, individual supervision, and music based supervision.

8.1.2 The Music Therapist may seek supervision from music therapists as well as other professionals including but not limited to psychologists, psychiatrists, social workers, art therapists, dance/movement therapists, drama therapists, physical therapists, occupational therapists, speech language pathologists, physicians, and nurses.

8.2 It is the responsibility of the Music Therapist providing supervision to maintain knowledge of current developments in research, theory, and techniques in music therapy supervision and supervision in general.

8.2.1 The Music Therapist providing supervision will be familiar with current federal, state, and local laws as well as the AMTA Code of Ethics as they pertain to supervision and confidentiality within supervision.

8.2.2 The Music Therapist providing supervision is required to will adhere to all AMTA Standards of Clinical Practice and will assure that the Music Therapist supervisee has read and agrees to adhere to the AMTA Standards of Clinical Practice. The Music Therapist providing supervision shall hold the supervisee accountable for adhering to the AMTA Standards of Clinical Practice.

8.2.3 The Music Therapist providing supervision will complete any necessary documentation pertaining to supervision accurately, completely, and in a timely manner.

8.2.4 The Music Therapist providing supervision will keep all supervision content confidential. All records will be kept for at least five years after the final supervision session.

MENTAL HEALTH

These Standards of Clinical Practice are designed for the Music Therapist working with clientele who require mental health services. The Music Therapist will adhere to the General Standards of Clinical Practice (which are reprinted in sequence in this section) as well as the specific standards described herein (in dark blue text). The Music Therapist will also adhere to the standards of other applicable music therapy service areas.

Music therapy with clientele who require mental health services is the specialized use of music to restore, maintain, and improve the following areas of functioning: cognitive, psychological, social/emotional, affective, communicative, and physiological functioning.

1.0 Standard I - Referral and Acceptance

A client will be accepted for music therapy in accordance with specific criteria.

1.1 A client may be a candidate for music therapy when a cognitive, communication, psychological, educational, social, or physiological need might be ameliorated or prevented by such services.

1.2 A client may be referred for an initial music therapy assessment by:

1.2.1 a Music Therapist

1.2.2 members of other disciplines or agencies

1.2.3 self

1.2.4 parents, guardians, advocates or designated representatives

1.2.5 Members of a treatment team

1.3 The final decision to accept a client for music therapy assessment will be made by a Music Therapist.

2.0 Standard II - Assessment

A client will be assessed by a Music Therapist for music therapy services.

2.1 The music therapy assessment will include the general categories of psychological, cognitive, communicative, social, and physiological functioning focused on the client's needs and strengths. The assessment will also determine the client's responses to music, music skills and musical preferences.

2.2 The music therapy assessment will explore the client's culture. This can include but is not limited to race, ethnicity, language, religion/spirituality, socioeconomic status, family experiences, sexual orientation, gender identity or expression, and social organizations.

2.3 All music therapy assessment methods will be appropriate for the client's chronological age, diagnoses, functioning level, and culture(s). The methods may include, but need not be limited to, observation during music or other situations, interview, verbal and nonverbal interventions, and testing. Information may also be obtained from different disciplines or sources such as the past and present medical and social history in accordance with HIPAA permission regulation.

2.4 All interpretations of test results will be based on appropriate norms or criterion referenced data [vii].

2.5 The music therapy assessment procedures and results will become a part of the client's file.

2.6 The final decision to accept a client for music therapy services, either direct or consultative, will be made by a Music Therapist and, when applicable, will be in conjunction with the interdisciplinary team. Screening [vi] may be used as part of this process.

2.7 The results, conclusions, and implications of the music therapy assessment will become the basis for the client's music therapy program and will be communicated to others involved with provision of services to the client. When appropriate, the results will be communicated to the client.

2.8 When assessment indicates the client's need for other services, the Music Therapist will make an appropriate referral.

2.9 The music therapy assessment will include current diagnosis and history will be performed in a manner congruent with the client's level of functioning to address the following areas:

2.9.1 Motor functioning

2.9.2 Sensory processing, planning and task execution

2.9.3 Substance use or abuse

2.9.4 Reality orientation

2.9.5 Emotional status

2.9.6 Vocational status

2.9.7 Educational background

2.9.8 Client's use of music

2.9.9 Developmental level

2.9.l0 Coping skills

2.9.11 Infection control precautions

3.0 Standard III - Treatment Planning

The Music Therapist will prepare a written individualized program plan based upon the music therapy assessment, the client's prognosis, and applicable information from other disciplines and sources. The client will participate in program plan development when appropriate. The music therapy program plan will be designed to:

3.1 Help the client attain and maintain the maximum level of functioning.

3.2 Comply with federal, state, and facility regulations.

3.3 Delineate the type, frequency, and duration of music therapy involvement.

3.4 Contain goals [viii] that focus on assessed needs and strengths of the client.

3.5 Contain objectives [ix] which are operationally defined for achieving the stated goals within estimated time frames.

3.6 Specify procedures, including music and music materials, for attaining the objectives.

3.6.1 The Music Therapist will include music, instruments, and musical elements, from the client's culture as appropriate.

3.7 Provide for periodic evaluation [x] and appropriate modifications as needed.

3.8 Optimize, according to the best professional judgment [xi] of the Music Therapist:

3.8.1 The program plans of other disciplines.

3.8.2 Established principles of normal growth and development.

3.9 Change to meet the priority needs of the client during crisis intervention.

3.10 Comply with infection control procedures.

3.11 Incorporate medical precautions as necessary.

4.0 Standard IV - Implementation

The Music Therapist will deliver services according to the written program plan and will:

4.1 Strive for the highest level and quality of music involvement consistent with the functioning level of the client.

4.1.1 The Music Therapist's provision of music will reflect his or her best abilities as a musician.

4.1.2 Appropriate musical instruments and materials, as well as the best possible sound reproduction equipment should be used in music therapy services.

4.1.3 The Music Therapist will make every effort to ensure safe and quality client care.

4.2 Use methodology that is consistent with recent advances in health, safety [xii] and infection control practices.

4.3 Maintain close communication with other individuals involved with the client.

4.4 Record the schedule and procedures used in music therapy treatment.

4.5 Evaluate the client's responses periodically to determine progress toward the goals and objectives.

4.6 Incorporate the results of such evaluations in subsequent treatment.

4.7 Consider the psychological effects of therapeutic separation as termination of services approaches.

5.0 Standard V - Documentation

The Music Therapist will document the client's referral to music therapy, assessment, placement, treatment plan, and ongoing progress in music therapy in a manner consistent with federal, state, and other regulations and policies.

5.1 The Music Therapist will periodically document the client's level of functioning with regard to the goals and objectives.

5.2 The documentation of progress will describe significant intervention techniques and the client's responses to them.

5.3 In all documentation relating to music therapy services, the Music Therapist will:

5.3.1 Write in an objective, professional style based on observable client responses.

5.3.2 Include the date, signature, and professional status of the therapist.

5.3.3 Place such documentation in the client's file and maintain its confidentiality unless proper authorization for release is obtained.

5.4 Upon obtaining written client permission, the Music Therapist will document and disseminate information to key service providers to ensure consistency of services.

5.5 The Music Therapist will document referrals made to other sources and will include plans for music therapy services as appropriate.

5.6 The documentation of all referrals will include date of referral, source of referral, and services requested.

6.0 Standard VI - Termination of Services

The Music Therapist will terminate music therapy services when the client has attained stated goals and objectives, fails to benefit from services, can no longer be scheduled, or is discharged. At the time of termination, consideration will be given for scheduling periodic reevaluation to determine the need for follow-up services. The Music Therapist will prepare the music therapy termination plan in accordance with federal, state, and facility regulations. The termination plan will:

6.1 Further optimize the goals of the individualized music therapy treatment plan.

6.2 Coordinate with the individualized treatment plans of other services received by the client.

6.3 Allow sufficient time for approval, coordination, and effective implementation whenever possible.

6.4 Summarize the client's progress and functioning level at the time of termination.

7.0 Standard VII - Continuing Education

7.1 It is the responsibility of the Music Therapist to maintain knowledge of current developments in research, theory, and techniques in music therapy related areas specific to the populations and therapeutic settings.

7.1.1 Related areas may include, but need not be limited to, mental health disorders, specific areas of dysfunction, diagnostic knowledge, psychotherapy, treatment approaches including music, leisure education, administrative skills, and psychopharmacology.

7.1.2 Some form of *personal counseling for the Music Therapist is recommended.

7.2 The Music Therapist will be familiar with current federal, state, and local laws pertaining to issues of client rights and confidentiality.

7.3 The Music Therapist will contribute to the education of others regarding the use and benefits of music therapy.

8.0 Standard VIII - Supervision

8.1 It is the responsibility of the Music Therapist to seek and participate in supervision on a regular basis.

8.1.1 Types of supervision may include but are not limited to direct observation, peer review, verbal feedback, group supervision, individual supervision, and music based supervision.

8.1.2 The Music Therapist may seek supervision from music therapists as well as other professionals including but not limited to psychologists, psychiatrists, social workers, art therapists, dance/movement therapists, drama therapists, physical therapists, occupational therapists, speech language pathologists, physicians, and nurses.

8.2 It is the responsibility of the Music Therapist providing supervision to maintain knowledge of current developments in research, theory, and techniques in music therapy supervision and supervision in general.

8.2.1 The Music Therapist providing supervision will be familiar with current federal, state, and local laws as well as the AMTA Code of Ethics as they pertain to supervision and confidentiality within supervision.

8.2.2 The Music Therapist providing supervision is required to will adhere to all AMTA Standards of Clinical Practice and will assure that the Music Therapist supervisee has read and agrees to adhere to the AMTA Standards of Clinical Practice. The Music Therapist providing supervision shall hold the supervisee accountable for adhering to the AMTA Standards of Clinical Practice.

8.2.3 The Music Therapist providing supervision will complete any necessary documentation pertaining to supervision accurately, completely, and in a timely manner.

8.2.4 The Music Therapist providing supervision will keep all supervision content confidential. All records will be kept for at least five years after the final supervision session.

PHYSICAL DISABILITIES

These Standards of Clinical Practice are designed specifically for the Music Therapist working with clients who have physical disabilities. The Music Therapist will adhere to the General Standards of Clinical Practice (which are reprinted in sequence in this section), as well as the specific standards for clients with physical disabilities described herein (in dark blue text). The Music Therapist will also adhere to the standards of other applicable music therapy service areas.

Music therapy with clients who have physical disabilities is the specialized use of music to help attain and maintain maximum levels of functioning in the areas of physical, cognitive, communicative, and social/emotional health.

1.0 Standard I - Referral and Acceptance

A client will be accepted for music therapy in accordance with specific criteria.

1.1 A client may be a candidate for music therapy when a cognitive, communication, psychological, educational, social, or physiological need might be ameliorated or prevented by such services.

1.2 A client may be referred for an initial music therapy assessment by:

1.2.1 a Music Therapist

1.2.2 members of other disciplines or agencies

1.2.3 self

1.2.4 parents, guardians, advocates or designated representatives

1.3 The final decision to accept a client for music therapy assessment will be made by a Music Therapist.

1.4 Music therapy may be indicated when an individual's well-being is affected by congenital factors, trauma, injury, chronic illness, or other health-related conditions.

2.0 Standard II - Assessment

A client will be assessed by a Music Therapist for music therapy services.

2.1 The music therapy assessment will include the general categories of psychological, cognitive, communicative, social, and physiological functioning focused on the client's needs and strengths. The assessment will also determine the client's responses to music, music skills and musical preferences.

2.2 The music therapy assessment will explore the client's culture. This can include but is not limited to race, ethnicity, language, religion/spirituality, socioeconomic status, family experiences, sexual orientation, gender identity or expression, and social organizations.

2.3 All music therapy assessment methods will be appropriate for the client's chronological age, diagnoses, functioning level, and culture(s). The methods may include, but need not be limited to, observation during music or other situations, interview, verbal and nonverbal interventions, and testing. Information may also be obtained from different disciplines or sources such as the past and present medical and social history in accordance with HIPAA permission regulation.

2.4 All interpretations of test results will be based on appropriate norms or criterion referenced data [vii].

2.5 The music therapy assessment procedures and results will become a part of the client's file.

2.6 The final decision to accept a client for music therapy services, either direct or consultative, will be made by a Music Therapist and, when applicable, will be in conjunction with the interdisciplinary team. Screening [vi] may be used as part of this process.

2.7 The results, conclusions, and implications of the music therapy assessment will become the basis for the client's music therapy program and will be communicated to others involved with provision of services to the client. When appropriate, the results will be communicated to the client.

2.8 When assessment indicates the client's need for other services, the Music Therapist will make an appropriate referral.

2.9 The music therapy assessment will include current diagnosis and history will be performed in a manner congruent with the client's level of functioning, to address the following areas:

2.9.1 Motor skills

2.9.2 Sensory processing, planning and task execution

2.9.3 Emotional status

2.9.4 Vocational status

2.9.5 Coping skills

2.9.6 Infection control precautions

2.9.7 Activity status

2.9.8 Impact of surgery &/or loss of body function on self-image.

2.9.9 Medical regime & possible side effects

2.9.10 Mental status

2.9.11 Postural restrictions

2.9.12 Spatial & body concepts

2.9.13 Sensory acuity & perception

2.9.14 Independent functioning & adaptive needs

2.9.15 Pain tolerance and pain level

3.0 Standard III - Treatment Planning

The Music Therapist will prepare a written individualized program plan based upon the music therapy assessment, the client's prognosis, and applicable information from other disciplines and sources. The client will participate in program plan development when appropriate. The music therapy program plan will be designed to:

3.1 Help the client attain and maintain the maximum level of functioning.

3.2 Comply with federal, state, and facility regulations.

3.3 Delineate the type, frequency, and duration of music therapy involvement.

3.4 Contain goals [viii] that focus on assessed needs and strengths of the client.

3.5 Contain objectives [ix] which are operationally defined for achieving the stated goals within estimated time frames.

3.6 Specify procedures, including music and music materials, for attaining the objectives.

3.6.1 The Music Therapist will include music, instruments, and musical elements, from the client's culture as appropriate.

3.7 Provide for periodic evaluation [x] and appropriate modifications as needed.

3.8 Optimize, according to the best professional judgment [xi] of the Music Therapist:

3.8.1 The program plans of other disciplines.

3.8.2 Established principles of normal growth and development.

3.9 Change to meet the priority needs of the client during crisis intervention.

3.10 Comply with infection control procedures.

3.11 Comply with established principles in areas such as facilitation, positioning, sensory stimulation, and sensori-motor integration.

4.0 Standard IV - Implementation

The Music Therapist will deliver services according to the written program plan and will:

4.1 Strive for the highest level and quality of music involvement consistent with the functioning level of the client.

4.1.1 The Music Therapist's provision of music will reflect his or her best abilities as a musician.

4.1.2 Appropriate musical instruments and materials, as well as the best possible sound reproduction equipment should be used in music therapy services.

4.1.3 The Music Therapist will make every effort to ensure safe and quality client care.

4.2 Use methodology that is consistent with recent advances in health, safety [xii] and infection control practices.

4.3 Maintain close communication with other individuals involved with the client.

4.4 Record the schedule and procedures used in music therapy treatment.

4.5 Evaluate the client's responses periodically to determine progress toward the goals and objectives.

4.6 Incorporate the results of such evaluations in subsequent treatment.

4.7 Consider the psychological effects of therapeutic separation as termination of services approaches.

5.0 Standard V - Documentation

The Music Therapist will document the client's referral to music therapy, assessment, placement, treatment plan, and ongoing progress in music therapy in a manner consistent with federal, state, and other regulations and policies.

5.1 The Music Therapist will periodically document the client's level of functioning with regard to the goals and objectives.

5.2 The documentation of progress will describe significant intervention techniques and the client's responses to them.

5.3 In all documentation relating to music therapy services, the Music Therapist will:

5.3.1 Write in an objective, professional style based on observable client responses.

5.3.2 Include the date, signature, and professional status of the therapist.

5.3.3 Place such documentation in the client's file and maintain its confidentiality unless proper authorization for release is obtained.

5.4 Upon obtaining written client permission, the Music Therapist will document and disseminate information to key service providers to ensure consistency of services.

5.5 The Music Therapist will document referrals made to other sources and will include plans for music therapy services as appropriate.

5.6 The documentation of all referrals will include date of referral, source of referral, and services requested.

6.0 Standard VI - Termination of Services

The Music Therapist will terminate music therapy services when the client has attained stated goals and objectives, fails to benefit from services, can no longer be scheduled, or is discharged. At the time of termination, consideration will be given for scheduling periodic reevaluation to determine the need for follow-up services. The Music Therapist will prepare the music therapy termination plan in accordance with federal, state, and facility regulations. The termination plan will:

6.1 Further optimize the goals of the individualized music therapy treatment plan.

6.2 Coordinate with the individualized treatment plans of other services received by the client.

6.3 Allow sufficient time for approval, coordination, and effective implementation whenever possible.

6.4 Summarize the client's progress and functioning level at the time of termination.

6.5 Include a description of methods, procedures, and materials used, such as adaptive devices and behavioral techniques.

7.0 Standard VII - Continuing Education

7.1 It is the responsibility of the Music Therapist to maintain knowledge of current developments in research, theory, and techniques in music therapy related areas specific to the populations and therapeutic settings.

7.2 The Music Therapist will be familiar with current federal, state, and local laws pertaining to issues of client rights and confidentiality.

7.3 The Music Therapist will contribute to the education of others regarding the use and benefits of music therapy.

8.0 Standard VIII - Supervision

8.1 It is the responsibility of the Music Therapist to seek and participate in supervision on a regular basis.

> 8.1.1 Types of supervision may include but are not limited to direct observation, peer review, verbal feedback, group supervision, individual supervision, and music based supervision.
>
> 8.1.2 The Music Therapist may seek supervision from music therapists as well as other professionals including but not limited to psychologists, psychiatrists, social workers, art therapists, dance/movement therapists, drama therapists, physical therapists, occupational therapists, speech language pathologists, physicians, and nurses.

8.2 It is the responsibility of the Music Therapist providing supervision to maintain knowledge of current developments in research, theory, and techniques in music therapy supervision and supervision in general.

> 8.2.1 The Music Therapist providing supervision will be familiar with current federal, state, and local laws as well as the AMTA Code of Ethics as they pertain to supervision and confidentiality within supervision.
>
> 8.2.2 The Music Therapist providing supervision is required to will adhere to all AMTA Standards of Clinical Practice and will assure that the Music Therapist supervisee has read and agrees to adhere to the AMTA Standards of Clinical Practice. The Music Therapist providing supervision shall hold the supervisee accountable for adhering to the AMTA Standards of Clinical Practice.
>
> 8.2.3 The Music Therapist providing supervision will complete any necessary documentation pertaining to supervision accurately, completely, and in a timely manner.
>
> 8.2.4 The Music Therapist providing supervision will keep all supervision content confidential. All records will be kept for at least five years after the final supervision session.

PRIVATE PRACTICE

These Standards of Clinical Practice are designed specifically for the Music Therapist working in private practice. The Music Therapist will adhere to the General Standards of Clinical Practice (which are reprinted in sequence in this section), and the specific standards for private practice described herein. The Music Therapist will also adhere to the standards of other applicable music therapy service areas.

1.0 Standard I - Referral and Acceptance

The Music Therapist responds to a referral or request for services and accepts or declines a case at his or her own professional discretion.

1.1 A client may be a candidate for music therapy when a cognitive, communication, psychological, educational, social, or physiological need might be ameliorated or prevented by such services.

1.2 A client may be referred for an initial music therapy assessment by:

1.2.1 a Music Therapist

1.2.2 members of other disciplines or agencies

1.2.3 self

1.2.4 parents, guardians, advocates or designated representatives

1.3 The final decision to accept a client for music therapy assessment will be made by a Music Therapist.

1.4 The Music Therapist will provide acknowledgment to the referral source.

1.5 Prior to or at the onset of service delivery, the Music Therapist will enter into a mutually acceptable service contract with the client or their designated representative. The contract will include:

1.5.1 Frequency of sessions

1.5.2 Length of each session

1.5.3 Projected length of music therapy services

1.5.4 Terms of payment for services

1.6 The Music Therapist will adopt a fee schedule which fair and appropriate for professional services rendered.

2.0 Standard II - Assessment

A client will be assessed by a Music Therapist for music therapy services.

2.1 The music therapy assessment will include the general categories of psychological, cognitive, communicative, social, and physiological functioning focused on the client's needs and strengths. The assessment will also determine the client's responses to music, music skills and musical preferences.

2.2 The music therapy assessment will explore the client's culture. This can include but is not limited to race, ethnicity, language, religion/spirituality, socioeconomic status, family experiences, sexual orientation, gender identity or expression, and social organizations.

2.3 All music therapy assessment methods will be appropriate for the client's chronological age, diagnoses, functioning level, and culture(s). The methods may include, but need not be limited to, observation during music or other situations, interview, verbal and nonverbal interventions, and testing. Information may also be obtained from different disciplines or sources such as the past and present medical and social history in accordance with HIPAA permission regulation.

2.4 All interpretations of test results will be based on appropriate norms or criterion referenced data [vii].

2.5 The music therapy assessment procedures and results will become a part of the client's file.

2.6 The final decision to accept a client for music therapy services, either direct or consultative, will be made by a Music Therapist and, when applicable, will be in conjunction with the interdisciplinary team. Screening [vi] may be used as part of this process.

2.7 The results, conclusions, and implications of the music therapy assessment will become the basis for the client's music therapy program and will be communicated to others involved with provision of services to the client. When appropriate, the results will be communicated to the client.

2.8 When assessment indicates the client's need for other services, the Music Therapist will make an appropriate referral.

2.8 The music therapy assessment will include the client's current diagnosis and history will be performed in a manner congruent with the client's level of functioning to address areas pertinent to each specific client in treatment.

3.0 Standard III - Treatment Planning

The Music Therapist will prepare a written individualized program plan based upon the music therapy assessment, the client's prognosis, and applicable information from other disciplines and sources. The client will participate in program plan development when appropriate. The music therapy program plan will be designed to:

3.1 Help the client attain and maintain the maximum level of functioning.

3.2 Comply with federal, state, and facility regulations.

3.3 Delineate the type, frequency, and duration of music therapy involvement.

3.4 Contain goals [viii] that focus on assessed needs and strengths of the client.

3.5 Contain objectives [ix] which are operationally defined for achieving the stated goals within estimated time frames.

3.6 Specify procedures, including music and music materials, for attaining the objectives.

> 3.6.1 The Music Therapist will include music, instruments, and musical elements, from the client's culture as appropriate.

3.7 Provide for periodic evaluation [x] and appropriate modifications as needed.

3.8 Optimize, according to the best professional judgment [xi] of the Music Therapist:

> 3.8.1 The program plans of other disciplines.
>
> 3.8.2 Established principles of normal growth and development.

3.9 Change to meet the priority needs of the client during crisis intervention.

3.10 Comply with infection control procedures.

3.11 Incorporate medical precautions as necessary.

4.0 Standard IV - Implementation

The Music Therapist will deliver services according to the written program plan and will:

4.1 Strive for the highest level and quality of music involvement consistent with the functioning level of the client.

> 4.1.1 The Music Therapist's provision of music will reflect his or her best abilities as a musician.
>
> 4.1.2 Appropriate musical instruments and materials, as well as the best possible sound reproduction equipment should be used in music therapy services.

4.1.3 The Music Therapist will make every effort to ensure safe and quality client care.

4.2 Use methodology that is consistent with recent advances in health, safety [xii] and infection control practices.

4.3 Maintain close communication with other individuals involved with the client.

4.4 Record the schedule and procedures used in music therapy treatment.

4.5 Evaluate the client's responses periodically to determine progress toward the goals and objectives.

4.6 Incorporate the results of such evaluations in subsequent treatment.

4.7 Consider the psychological effects of therapeutic separation as termination of services approaches.

5.0 Standard V - Documentation

The Music Therapist will document the client's referral to music therapy, assessment, placement, treatment plan, and ongoing progress in music therapy in a manner consistent with federal, state, and other regulations and policies.

5.1 The Music Therapist will periodically document the client's level of functioning with regard to the goals and objectives.

5.2 The documentation of progress will describe significant intervention techniques and the client's responses to them.

5.3 In all documentation relating to music therapy services, the Music Therapist will:

5.3.1 Write in an objective, professional style based on observable client responses.

5.3.2 Include the date, signature, and professional status of the therapist.

5.3.3 Place such documentation in the client's file and maintain its confidentiality unless proper authorization for release is obtained.

5.4 Upon obtaining written client permission, the Music Therapist will document and disseminate information to key service providers to ensure consistency of services.

5.5 The Music Therapist will document referrals made to other sources and will include plans for music therapy services as appropriate.

5.6 Periodic evaluation will be sent to the referral source when appropriate.

5.7 The Music Therapist will document:

5.7.1 Each session with the client

5.7.2 The client's payment for services

6.0 Standard VI - Termination of Services

The Music Therapist will terminate music therapy services when the client has attained stated goals and objectives, fails to benefit from services, can no longer be scheduled, or is discharged. At the time of termination, consideration will be given for scheduling periodic reevaluation to determine the need for follow-up services. The Music Therapist will prepare the music therapy termination plan in accordance with federal, state, and facility regulations. The termination plan will:

6.1 Further optimize the goals of the individualized music therapy treatment plan.

6.2 Coordinate with the individualized treatment plans of other services received by the client.

6.3 Allow sufficient time for approval, coordination, and effective implementation whenever possible.

6.4 Summarize the client's progress and functioning level at the time of termination.

7.0 Standard VII - Continuing Education

7.1 It is the responsibility of the Music Therapist to maintain knowledge of current developments in research, theory, and techniques in music therapy related areas specific to the populations and therapeutic settings.

7.1.1 The Music Therapist in private practice will maintain knowledge of current developments in research, theory, and techniques concerning the specific clients receiving music therapy services.

7.2 The Music Therapist will be familiar with current federal, state, and local laws pertaining to issues of client rights and confidentiality.

7.3 The Music Therapist will contribute to the education of others regarding the use and benefits of music therapy.

8.0 Standard VIII - Supervision

8.1 It is the responsibility of the Music Therapist to seek and participate in supervision on a regular basis.

8.1.1 Types of supervision may include but are not limited to direct observation, peer review, verbal feedback, group supervision, individual supervision, and music based supervision.

8.1.2 The Music Therapist may seek supervision from music therapists as well as other professionals including but not limited to psychologists, psychiatrists, social workers, art therapists, dance/movement therapists, drama therapists, physical therapists, occupational therapists, speech language pathologists, physicians, and nurses.

8.2 It is the responsibility of the Music Therapist providing supervision to maintain knowledge of current developments in research, theory, and techniques in music therapy supervision and supervision in general.

8.2.1 The Music Therapist providing supervision will be familiar with current federal, state, and local laws as well as the AMTA Code of Ethics as they pertain to supervision and confidentiality within supervision.

8.2.2 The Music Therapist providing supervision is required to will adhere to all AMTA Standards of Clinical Practice and will assure that the Music Therapist supervisee has read and agrees to adhere to the AMTA Standards of Clinical Practice. The Music Therapist providing supervision shall hold the supervisee accountable for adhering to the AMTA Standards of Clinical Practice.

8.2.3 The Music Therapist providing supervision will complete any necessary documentation pertaining to supervision accurately, completely, and in a timely manner.

8.2.4 The Music Therapist providing supervision will keep all supervision content confidential. All records will be kept for at least five years after the final supervision session.

WELLNESS

These Standards of Clinical Practice are designed specifically for the Music Therapist working with individuals seeking *personal growth. The Music Therapist will adhere to the General Standards of Clinical Practice (which are reprinted in sequence in this section), and the specific standards for wellness described herein. The Music Therapist will also adhere to the standards of other applicable music therapy service areas.

Music therapy in wellness involves the specialized use of music to enhance quality of life, maximize well being and potential, and increase self-awareness in individuals seeking music therapy services.

1.0 Standard I - Referral and Acceptance

The Music Therapist responds to a request for services and accepts or declines at his or her own professional discretion.

1.1 A client may be a candidate for music therapy when a cognitive, communication, psychological, educational, social, or physiological need might be ameliorated or prevented by such services.

1.2 A client may be referred for an initial music therapy assessment by:

1.2.1 a Music Therapist

1.2.2 members of other disciplines or agencies

1.2.3 self

1.2.4 parents, guardians, advocates or designated representatives

1.3 The final decision to accept a client for music therapy assessment will be made by a Music Therapist.

1.4 The Music Therapist and client will agree upon services to be rendered prior to or at the onset of delivery. The agreement will include:

1.4.1 Frequency of sessions

1.4.2 Length of each session

1.4.3 Projected length of music therapy services

1.4.4 Terms of payment for services

1.5 The Music Therapist will adopt a fee schedule which is fair and appropriate for professional services rendered.

2.0 Standard II – Assessment

Assessment in this practice area is process oriented and is negotiated by the Music Therapist and the client.

2.1 The music therapy assessment will include the general categories of psychological, cognitive, communicative, social, and physiological functioning focused on the client's needs and strengths. The assessment will also determine the client's responses to music, music skills and musical preferences.

2.2 The music therapy assessment will explore the client's culture. This can include but is not limited to race, ethnicity, language, religion/spirituality, socioeconomic status, family experiences, sexual orientation, gender identity or expression, and social organizations.

2.3 All music therapy assessment methods will be appropriate for the client's chronological age, diagnoses, functioning level, and culture(s). The methods may include, but need not be limited to, observation during music or other situations, interview, verbal and nonverbal interventions, and testing. Information may also be obtained from different disciplines or sources such as the past and present medical and social history in accordance with HIPAA permission regulation.

2.4 All interpretations of test results will be based on appropriate norms or criterion referenced data [vii].

2.5 The music therapy assessment procedures and results will become a part of the client's file.

2.6 The final decision to accept a client for music therapy services, either direct or consultative, will be made by a Music Therapist and, when applicable, will be in conjunction with the interdisciplinary team. Screening [vi] may be used as part of this process.

2.7 The results, conclusions, and implications of the music therapy assessment will become the basis for the client's music therapy program and will be communicated to others involved with provision of services to the client. When appropriate, the results will be communicated to the client.

2.8 When assessment indicates the client's need for other services, the Music Therapist will make an appropriate referral.

3.0 Standard III - Treatment Planning

The Music Therapist will prepare a program plan based on the agreement for services.

3.1 Help the client attain and maintain the maximum level of functioning.

3.2 Comply with federal, state, and facility regulations.

3.3 Delineate the type, frequency, and duration of music therapy involvement.

3.4 Contain goals [viii] that focus on assessed needs and strengths of the client.

3.5 Contain objectives [ix] which are operationally defined for achieving the stated goals within estimated time frames.

3.6 Specify procedures, including music and music materials, for attaining the objectives.

3.6.1 The Music Therapist will include music, instruments, and musical elements, from the client's culture as appropriate.

3.7 Provide for periodic evaluation [x] and appropriate modifications as needed.

3.8 Optimize, according to the best professional judgment [xi] of the Music Therapist:

3.8.1 The program plans of other disciplines.

3.8.2 Established principles of normal growth and development.

3.9 Change to meet the priority needs of the client during crisis intervention.

3.10 Comply with infection control procedures.

3.11 Incorporate medical precautions as necessary.

4.0 Standard IV – Implementation

Communication with others will be contingent upon client consent when appropriate.

4.1 Strive for the highest level and quality of music involvement consistent with the functioning level of the client.

4.1.1 The Music Therapist's provision of music will reflect his or her best abilities as a musician.

4.1.2 Appropriate musical instruments and materials, as well as the best possible sound reproduction equipment should be used in music therapy services.

4.1.3 The Music Therapist will make every effort to ensure safe and quality client care.

4.2 Use methodology that is consistent with recent advances in health, safety [xii] and infection control practices.

4.3 Maintain close communication with other individuals involved with the client.

4.4 Record the schedule and procedures used in music therapy treatment.

4.5 Evaluate the client's responses periodically to determine progress toward the goals and objectives.

4.6 Incorporate the results of such evaluations in subsequent treatment.

4.7 Consider the psychological effects of therapeutic separation as termination of services approaches.

5.0 Standard V - Documentation

The Music Therapist will document in a manner consistent with client agreement.

5.1 The Music Therapist will periodically document the client's level of functioning with regard to the goals and objectives.

5.2 The documentation of progress will describe significant intervention techniques and the client's responses to them.

5.3 In all documentation relating to music therapy services, the Music Therapist will:

5.3.1 Write in an objective, professional style based on observable client responses.

5.3.2 Include the date, signature, and professional status of the therapist.

5.3.3 Place such documentation in the client's file and maintain its confidentiality unless proper authorization for release is obtained.

5.4 Upon obtaining written client permission, the Music Therapist will document and disseminate information to key service providers to ensure consistency of services.

5.5 The Music Therapist will document referrals made to other sources and will include plans for music therapy services as appropriate.

5.6 The documentation of all referrals will include date of referral, source of referral, and services requested.

6.0 Standard VI - Termination of Services

The Music Therapist will terminate music therapy services when the client has attained stated goals and objectives, fails to benefit from services, can no longer be scheduled, or is discharged. At the time of termination, consideration will be given for scheduling periodic reevaluation to determine the need for follow-up services. The Music Therapist will prepare the music therapy termination plan in accordance with federal, state, and facility regulations. The termination plan will:

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7.0 Standard VII - Continuing Education

7.1 It is the responsibility of the Music Therapist to maintain knowledge of current developments in research, theory, and techniques in music therapy related areas specific to the populations and therapeutic settings.

7.2 The Music Therapist will be familiar with current federal, state, and local laws pertaining to issues of client rights and confidentiality.

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>
> 8.2.4 The Music Therapist providing supervision will keep all supervision content confidential. All records will be kept for at least five years after the final supervision session.

Please feel free to reproduce these Standards of Clinical Practice. However, the standards for specific areas of music therapy services are not to be reproduced separately.

Adopted: Nov. 11, 1982. Revised: Nov. 21, 1987; Nov. 18, 1988; Nov. 21, 1992; Apr. 17, 1998; Nov. 18, 1999; Nov. 1, 2002, Nov. 21, 2003; Nov. 20, 2005, Nov. 14, 2009; Nov. 2010; Nov. 19, 2011, Nov. 2013

FOOTNOTES

i. Music Therapist - Professional Music Therapists who hold the professional credential MT-BC or the professional designation RMT (Registered Music Therapist), CMT (Certified Music Therapist) or ACMT (Advanced Certified Music Therapist). Further information on credentials and designations is available from the Certification Board for Music Therapists (CBMT) or the National Music Therapy Registry (NMTR)

ii. Intellectual and developmental disabilities - Refers to one or more conditions of childhood or adolescence which interfere with normal development and or adaptive functioning (e.g., autism, mental retardation, sensory/motor/physical/cognitive impairments). Defined (PL 95-682) as chronic mental or physical impairment manifested before age 22. Results in substantial functional limitations in three or more areas of life activities: self care; learning; mobility; self direction; economic sufficiency; receptive and expressive language; capacity for independent living. Requires lifelong individually planned services.

iii. Assessment - The process of determining the client's present level of functioning. Screening may be incorporated into this process.

iv. Treatment plan - A program of therapeutic or educational intervention, e.g. IEP (Individual Educational Plan)/ITP (Individual Treatment Plan)/IFSP (Individualized Family Service Plan)/ISP (Individual Service Plan)/IHP (Individual Habilitative Plan), which focuses on the specific needs and strengths of the individual client.

v. Best professional judgment - The Music Therapist's use of current knowledge that exists in music therapy and related fields in making decisions regarding the provision of music therapy services.

vi. Screening - An intake procedure wherein the music therapist meets with the client to determine whether or not formal assessment and treatment are indicated.

vii. Appropriate norms or criterion-referenced data - Standardized tests, whose interpretations are based on data derived from "normal" populations, are generally not beneficial for program planning. Such tests should be used with caution. Criterion-referenced assessments, designed with the client's level of functioning in mind, are usually more helpful in determining both the strengths and weaknesses of the client.

viii. Goal - A projected outcome of a treatment plan. Goals are often stated in broad terms, as opposed to objectives which are stated more specifically.

ix. Objective - One of a series of progressive accomplishments leading toward goal attainment; may include conditions under which the expected outcome occurs.

x. Evaluation - The review of a client's status in reference to the program plan goals, with consideration given to the appropriateness and/or necessary modification of the plan.

xi. Best professional judgment - The Music Therapist's use of current knowledge that exists in music therapy and related fields in making decisions regarding the provision of music therapy services.

xii. Safety - Avoidance of harm through structuring care processes, supplies, equipment, and the environment to reduce/eliminate client and staff injuries, infection, and care errors. A safe auditory environment includes protecting clients from continued exposure to loud sounds. For example, continued exposure to sound levels above 85 dB TWA (Time Weighted Average) for more than 8 hours can result in hearing loss (2002) Occupational Safety and Health Centers for Disease Control and Prevention http://www.cdc.gov/niosh/98-126a.html accessed: 8-1-02

ASHA
American
Speech-Language-Hearing
Association

Submitted via email: COde@leg.state.vt.us

January 23, 2020

The Honorable Carol Ode
Vermont General Assembly
115 State Street
Montpelier, VT 05633

RE: House Bill 764

Dear Representative Ode:

On behalf of the American Speech-Language-Hearing Association, I write to oppose HB 764, which licenses music therapists.

The American Speech-Language-Hearing Association (ASHA) is the national professional, scientific, and credentialing association for 204,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students. Over 520 ASHA members reside in Vermont.

Although HB 764 prohibits music therapists from diagnosing and assessing communication disorders, the bill does not prohibit the treatment of those disorders. ASHA maintains that music therapists are not appropriately trained to diagnose, assess, or treat communication disorders, which falls under the scope of practice for speech-language pathologists (SLPs).

Speech-Language Pathologists: Professionals Trained to Assess and Treat Communication Disorders

SLPs are uniquely educated and trained to assess and treat speech, language, swallowing, and cognitive communication disorders in children and adults. These services help children acquire language and enable people to recover essential skills to communicate about their health and safety, to swallow adequate nutrition safely, and to have sufficient attention, memory, and organizational skills to function in their environment.

SLPs complete a comprehensive education program that meets rigorous standards of practice based on objective methodology, which includes the following:[1]

- A master's or doctoral degree with **75 semester credit hours in a course of study addressing the knowledge and skills pertinent to the field of speech-language pathology, as determined, validated, and systematically updated using a skills validation process.**
- A minimum of 400 clock hours of supervised **clinical** experience in the practice of speech-language pathology, with supervision provided by individuals holding the ASHA Certificate of Clinical Competence (CCC).
- A passing score, determined by a cut score analysis, on a national examination administered and validated by the Educational Testing Service.
- Completion of a supervised Clinical Fellowship to meet the requirements of the CCC, the recognized standard in the field.

- State licensure (SLPs are regulated in all 50 states and the District of Columbia).
- Completion of 30 hours of professional development activities every three years.

Music Therapy vs. Speech-Language Pathology Training Program

Although the American Music Therapy Association's scope of practice for music therapy was revised in 2015, it did not address the treatment of communication disorders.[2] The scope of practice continues to indicate that music therapists are qualified to treat communication disorders.

Below is a comparison of core courses and electives for entry-level SLPs and entry-level music therapists that are specific to areas of communication. SLPs undergo rigorous training across all aspects of communication as they earn their master's degree. Although training programs vary among universities, a typical master's program includes the option to take the courses indicted below. **The core training for music therapy, which requires only a bachelor's degree to treat communicative and cognitive disorders, is minimal, provides only an overview of communication disorders, and does not address specific treatment standards and methods.**

Core Course Comparisons

Topic Area	Speech-Language Pathologists	Music Therapists
Language	Option to take courses in 25 different areas, such as: • psychology of language • linguistics • language disorders of children • aphasia • developmental neuroscience • phonological development and disorders • clinical phonology • language acquisition • disorders of speech sounds • communication for individuals with autism	Introduction to speech and hearing process disorders
Cognitive Assessment	Option to take courses in 18 different areas, such as: • developmental language disorders • neurogenic disorders of language • language training • language of school-age children • degenerative disorders • medical speech-language pathology	Introduction to speech and hearing process disorders
Swallowing	Option to take courses in 20 different areas, such as: • craniofacial disorders • dysphagia • head and neck cancer	• Introduction to speech and hearing process disorders • Anatomy and physiology

Topic Area	Speech-Language Pathologists	Music Therapists
	• motor speech disorders • communication disorders in children with medical and developmental needs • neuroscience • speech science	

States Respond to Legislation for Music Therapists

The State of Washington rejected proposed regulations for music therapy, while Arizona and Indiana have opposed legislation to certify and license music therapists in their state. Below is a summary of each state's response.

Washington State Sunrise Review

In December 2012, the Washington State Department of Health completed its sunrise report on the proposed regulation of music therapists.[3] ASHA believes that this information may be useful to illustrate why licensing music therapists is not needed.

Washington music therapists had indicated that the regulation of their profession was necessary to protect the public from misuse of terms and techniques; ensure competent practice; protect access to music therapy services by encouraging payment by third-party payers; recognize music therapy as a valid, research-based health care service; validate the profession in state, national, and international work settings; establish credentialing; and provide a method of addressing consumer complaints and ethics violations.

The Department found that the regulations of music therapists did not meet the sunrise criteria based on the following:

- The applicant had not identified a clear and easily recognizable threat to public health and safety from the unregulated practice of music therapy.
- The proposal did not articulate the public need for regulation or that regulation would ensure initial and continuing professional ability above the current requirements for nationally certified music therapists.
- The applicant did not demonstrate that the public cannot be effectively protected by other means in a more cost-beneficial manner.
- The proposal would place a heavy financial burden on the small pool of potential music therapy practitioners to cover the state's costs of regulating the profession.
- The proposal contains flaws that would prohibit the use of music-based therapy by other practitioners as well as Native American and other traditional healers who may use music to aid the sick, injured, or dying.

Arizona and Indiana Opposition

Both former Arizona Governor Jan Brewer and former Indiana Governor Mike Pence vetoed legislation to certify and license music therapists.

In former Governor Brewer's veto message, she indicated that the legislation for state certification would fail, "to grant even the most basic oversight authority to the state agency that

is charged with issuing the certificates," and that, "there is an expectation from the public that the certificate holder or licensee is subject to a certain level of oversight." [4]

Former Governor Pence chose to veto the bill introduced in Indiana because he did not believe that music therapy certification would create new opportunities for employment.[5]

Thank you for your consideration of ASHA's position on the music therapy licensure bill, HB 764. If you or your staff have any questions, please contact Susan Adams, ASHA's director of state legislative and regulatory affairs, at sadams@asha.org.

Sincerely,

Theresa H. Rodgers, MA, CCC-SLP
2020 ASHA President

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[1] American Speech-Language-Hearing Association. (2016). *2014 Standards and Implementation Procedures for the Certificate of Clinical Competence in Speech-Language Pathology.* Retrieved from http://www.asha.org/Certification/2014-Speech-Language-Pathology-Certification-Standards/.
[2] American Music Therapy Association. (2015). *Scope of Music Therapy Practice.* Retrieved from https://www.musictherapy.org/about/scope_of_music_therapy_practice/.
[3] Washington State Department of Health. (2012). *Music Therapy Sunrise Review*. Retrieved from https://www.doh.wa.gov/Portals/1/Documents/2000/MusicTherapy.pdf.
[4] Arizona State Legislature. (2013). *Re: Senate Bill 1437 (music therapists; licensure).* Retrieved from https://www.azleg.gov//govLettr/51leg/1R/SB1437.PDF.
[5] NUVO Inc. (2013). *Pence vetoes occupational licensing.* Retrieved from https://www.nuvo.net/news/news/pence-vetoes-occupational-licensing/article_0757a5e0-e446-5834-b810-baea2e09fc13.html.

Good afternoon Representative Ode,

My name is Dena Register and I am the Regulatory Affairs Advisor for the Certification Board for Music Therapists. I work in cooperation with 3 other MT-BCs from CBMT and AMTA (copied here) at the national level to help guide our state task forces as they seek recognition of the music therapy credential and work to ensure quality access to music therapy services by qualified professionals. Jen Debedout forwarded the letter of opposition you received from the current president of the American Speech Language and Hearing Association president. I am writing to provide some context and response to their concerns which have been raised by their organization and that we have worked tirelessly to answer since 2012. I've attached our licensure bill template with the most recent compromise language, the yellow highlights are those which pertain specifically to SLP. Just as music therapists can not claim to be the only profession to utilize and work with and around music, the SLP community is not the only profession to address communication. We are happy to answer additional questions by phone or email should you or your staff find that helpful.

<u>Key Talking Points to understand regarding this language:</u>

1. AMTA and CBMT have been in communication regularly with them since 2012 to address their concerns. We communicated and sought compromise language with ASHA most recently in November 2019.
2. AMTA and CBMT **added 126 words** **requested by ASHA** to the music therapy legislative language over the course of negotiations.
3. AMTA and CBMT **only omitted 6 words** **requested by ASHA**.
4. *The only text we were not willing to add that ASHA requested was that music therapists don't provide treatment of communication disorders.*

506 E. LANCASTER AVENUE, SUITE 102, DOWNINGTOWN, PA 19335
PHONE: 800-765-CBMT (2268) | 610-269-8900 FAX: 610-269-9232
WEBSITE: WWW.CBMT.ORG

THE CERTIFICATION BOARD FOR MUSIC THERAPISTS

BOARD CERTIFICATION DOMAINS

FROM THE 2014 MUSIC THERAPY PRACTICE ANALYSIS STUDY, EFFECTIVE APRIL 1, 2015

I. Referral, Assessment, and Treatment Planning: 40 items

A. Referral

1. Utilize or develop appropriate referral protocol for population.
2. Evaluate the appropriateness of a referral for music therapy services.
3. Prioritize referrals according to immediate client needs when appropriate.
4. Educate staff, treatment team, or other professionals regarding appropriate referral criteria for music therapy based on population needs

B. Assessment

1. Observe client in music and/or non-music settings.
2. Obtain client information from available resources (e.g., client, caregiver, documentation, family members, other professionals, treatment team members).
3. Identify client functioning level, strengths, and areas of need within the following domains:
   a) cognitive.
   b) communicative.
   c) emotional.
   d) musical.
   e) physiological.
   f) psychosocial.
   g) sensorimotor.
   h) spiritual.
4. Identify client's:
   a) active symptoms.
   b) behaviors.
   c) clinical history.
   d) cultural and spiritual background, when indicated.
   e) family dynamics and support systems.
   f) learning styles.
   g) manifestations of affective state.
   h) music background and skills.
   i) preferences.
   j) social and interpersonal relationships.
   k) stressors related to present status.
   l) resources.
5. Document intake and assessment information.
6. Understand the possible effects of medical and psychotropic drugs.
7. Select musical assessment tools and procedures.
8. Select non-musical assessment tools and procedures.
9. Adapt existing assessment tools and procedures.
10. Develop assessment tools and procedures.
11. Create an assessment environment or space conducive to the assessment protocol and/or client's needs.
12. Engage client in musical and non-musical experiences to obtain assessment data.
13. Identify client response to different:
    a) types of musical experiences (e.g., improvising, recreating, composing, and listening) and their variations.
    b) types of non-musical experiences.
    c) styles of music.
    d) elements of music (e.g., tempo, pitch, timbre, melody, harmony, rhythm, meter, dynamics, form, lyrics).

C. Interpret Assessment Information and Communicate Results

1. Evaluate reliability and presence of bias in information from available resources.
2. Identify factors which may impact accuracy of information gathered during assessment (e.g., precipitating events, medications, health considerations).
3. Draw conclusions and make recommendations based on analysis and synthesis of assessment findings.
4. Acknowledge therapist's bias and limitations in interpreting assessment information (e.g., cultural differences, clinical orientation).
5. Communicate assessment findings and recommendations in oral, written, or other forms (e.g., video, audio).

D. Treatment Planning

1. Involve client in the treatment planning process, when appropriate.
2. Consult the following in the treatment planning process:
   a) clinical and research literature and other resources.
   b) client's family, caregivers, or personal network, when appropriate.
   c) other professionals, when appropriate.
3. Coordinate treatment with other professional.
4. Evaluate the role of music therapy within the overall therapeutic program.
5. Consider length of treatment when establishing client goals and objectives.
6. Establish client goals and objectives that are:
   a) achievable.
   b) measurable.
   c) realistic.
   d) specific.
   e) time-bound.

7. Use a data collection system for measuring clinical outcomes to reflect criteria in objective.
8. Create environment or space conducive to client engagement.
9. Consider client's age, culture, language, music background, and preferences when designing music therapy experiences.
10. Design music therapy experiences that address client goals and objectives based on available research; clinical expertise; and the needs, values, and preferences of the client.
11. Use appropriate musical instruments and equipment consistent with treatment needs.
12. Use non-music materials consistent with music therapy goals and clients' learning styles (e.g., adaptive devices, visual aids).
13. Plan sessions of appropriate duration and frequency.
14. Determine group and/or individual placement based on assessment findings.
15. Structure and organize music therapy experiences within each session to create therapeutic contour (e.g., transitions, pacing, sequencing, energy level, intensity).
16. Design programs to reinforce goals and objectives for implementation outside the music therapy setting.
17. Document treatment plan.

II. Treatment Implementation and Termination: 70 items

A. Implementation

1. Develop a therapeutic relationship by:
   a) building trust and rapport.
   b) being fully present and authentic.
   c) establishing boundaries and communicating expectations.
   d) providing ongoing acknowledgement and reflection.
   e) providing a safe and contained environment.
   f) recognizing and managing aspects of one's own feelings and behaviors that affect the therapeutic process.
   g) recognizing and working with transference and countertransference dynamics.
   h) understanding group dynamics and process.
2. Provide music therapy experiences to address client's:
   a) ability to empathize.
   b) ability to use music independently for self-care.
   c) abuse and trauma.
   d) activities of daily living.
   e) adjustment to life changes or temporary or permanent changes in ability.
   f) aesthetic sensitivity
   g) affect, emotions and moods.
   h) agitation.
   i) aggression.
   j) anticipatory grief.
   k) attention (i.e., focused, sustained, selective, alternating, divided).
   l) auditory perception.
   m) autonomy.
   n) bereavement.
   o) coping skills.
   p) development of speech.
   q) executive functions (e.g., decision making, problem solving).
   r) functional independence.
   s) generalization of skills to other settings.
   t) grief and loss.
   u) group cohesion and/or a feeling of group membership.
   v) impulse control.
   w) interactive response.
   x) initiation and self-motivation.
   y) memory.
   z) motor skills.
   aa) musical and other creative responses.
   ab) neurological and cognitive function.
   ac) nonverbal expression.
   ad) on-task behavior.
   ae) oral motor control.
   af) pain (i.e., physical, psychological).
   ag) participation/engagement.
   ah) physiological symptoms.
   ai) pragmatics of speech.
   aj) preparedness for stressful situations.
   ak) quality of life.
   al) range of motion.
   am) reality orientation.
   an) responsibility for self.
   ao) self-awareness and insight.
   ap) self-esteem.
   aq) sense of self with others.
   ar) sensorimotor skills.
   as) sensory integration.
   at) sensory orientation (i.e., maintenance attention, vigilance).
   au) sensory perception.
   av) social skills and interactions.
   aw) spirituality.
   ax) spontaneous communication/interactions.
   ay) strength and endurance.
   az) support systems.
   ba) verbal and nonverbal communication.
   bb) verbal and/or vocal responses.
   bc) vocal production.
   bd) wellness..
3. Recognize how the following theoretical orientations inform music therapy practice:
   a) behavioral.
   b) cognitive.
   c) holistic.
   d) humanistic/existential.
   e) neuroscience.
   f) psychodynamic.
4. Recognize how the following music therapy treatment approaches and models inform clinical practice:
   a) behavioral.
   b) culture centered.
   c) community music therapy.
   d) developmental.
   e) humanistic.
   f) improvisational.
   g) medical.

h) neurological.
i) psychodynamic.

5. To achieve therapeutic goals:
   a) apply the elements of music (e.g., tempo, pitch, timbre, melody, harmony, rhythm, meter, dynamics).
   b) apply receptive music methods.
   c) apply standard and alternate guitar tunings.
   d) apply a variety of scales, modes, and harmonic progressions.
   e) arrange, transpose, or adapt music.
   f) compose vocal and instrumental music.
   g) empathize with client's music experience.
   h) employ active listening.
   i) employ functional skills with:
      1.) voice.
      2.) keyboard.
      3.) guitar.
      4.) percussion instruments.
   j) employ music relaxation and/or stress reduction techniques.
   k) exercise leadership and/or group management skills.
   l) facilitate community building activities.
   m) facilitate transfer of therapeutic progress into everyday life.
   n) identify and respond to significant events.
   o) improvise instrumental and vocally.
   p) integrate current technology into music therapy practice according to client need.
   q) integrate movement with music.
   r) observe client responses.
   s) provide visual, auditory, or tactile cues.
   t) provide verbal and nonverbal guidance.
   u) provide guidance to caregivers and staff to sustain and support the client's therapeutic progress.
   v) mediate problems among clients within the session.
   w) select adaptive materials and equipment.
   x) share musical experience and expression with clients.
   y) sight-read.
   z) use creativity and flexibility in meeting client's changing needs.
   aa) use music to communicate with client.
   ab) use song and lyric analysis.
   ac) utilize a varied music repertoire (e.g., blues, classical, folk, jazz, pop) from a variety of cultures and subcultures.

B. Safety

1. Recognize and respond to situations in which there are clear and present dangers to a client and/or others.
2. Recognize the potential harm of music experiences and use them with care.
3. Recognize the potential harm of verbal and physical interventions during music experiences and use them with care.
4. Observe infection control protocols (e.g., universal precautions, disinfecting instruments).
5. Recognize the client populations and health conditions for which music experiences are contraindicated and adapt treatment as indicated.
6. Comply with safety protocols with regard to transport and physical support of clients.
7. Inspect materials and instruments on a regular basis.

C. Termination and Closure

1. Assess potential benefits and detriments of termination.
2. Determine exit criteria.
3. Inform and prepare client.
4. Coordinate termination with a client's overall treatment.
5. Provide a client with transitional support and recommendations.
6. Help client work through feelings about termination.
7. Address client needs during staffing changes (e.g., therapist leaves job, job transfer, leave of absence).

III. Ongoing Documentation and Evaluation of Treatment: 10 items

A. Documentation

1. Develop and use data-gathering techniques and forms.
2. Record client responses, progress, and outcomes.
3. Employ language appropriate to population and facility.
4. Document music therapy termination and follow-up plans.
5. Provide periodic treatment summaries.
6. Adhere to internal and external legal, regulatory, and reimbursement requirements.
7. Provide written documentation that demonstrates evidence-based outcomes related to addressed goals/interventions.

B. Evaluation

1. Identify information that is relevant to client's treatment process.
2. Differentiate between empirical information and therapist's interpretation.
3. Acknowledge therapist's bias and limitations in interpreting information (e.g., cultural differences, clinical orientation).
4. Review treatment plan regularly.
5. Modify treatment plan regularly.
6. Respond to signs of distress (e.g., psychological, physical) and limits of client tolerance to treatment.
7. Analyze all available data to determine effectiveness of therapy.
8. Consult with music therapy and non-music therapy professionals.
9. Communicate with client and/or client's family, caregivers, treatment team, and personal network as appropriate.
10. Make recommendations and referrals as indicated.
11. Compare the client and therapist subjective experience/response to the elements, forms, and structures of music.

IV. Professional Development and Responsibilities: 10 items

A. Professional Development

1. Assess areas for professional growth and set goals.
2. Review current research and literature in music therapy and related disciplines.
3. Participate in continuing education.

4. Engage in collaborative work with colleagues.
5. Seek out and utilize supervision and/or consultation.
6. Expand music skills.
7. Develop and enhance technology skills.

B. Professional Responsibilities

1. Document all treatment related communications.
2. Document all non-treatment related communications.
3. Maintain and expand music repertoire.
4. Interact with the client in an authentic, ethical, and culturally competent manner that respects privacy, dignity, and human rights.
5. Respond to public inquiries about music therapy.
6. Conduct information sharing sessions, such as in-service workshops, for professionals and/or the community.
7. Communicate with colleagues regarding professional issues.
8. Maintain professional and effective working relationships with colleagues and community members.
9. Work within a facility's organizational structure, policies, standards, and procedures.
10. Maintain client confidentiality as required by law (e.g., HIPAA, IDEA).
11. Supervise staff, volunteers, practicum students, or interns.
12. Adhere to the CBMT Code of Professional Practice.
13. Fulfill legal responsibilities associated with professional role (e.g., mandated reporting, release of information).
14. Practice within scope of education, training, and abilities.
15. Maintain equipment and supplies.
16. Engage in business management tasks (e.g., marketing, payroll, contracts, taxes, insurance).
17. Prepare and maintain a music therapy program budget.
18. Prepare accountability documentation for facility administration and/or local, state, and federal agencies.
19. Maintain assigned caseload files (e.g., electronic, digital, audio, video, hard copies) in an orderly manner.
20. Serve as a representative, spokesperson, ambassador, or advocate for the profession of music therapy.

This document, CBMT Board Certification Domains, was developed from the results of the 2014 Music Therapy Practice Analysis Study. CBMT Board Certification Domains defines the body of knowledge that represents competent practice in the profession of music therapy and identifies what a board certified music therapist, a credentialed MT-BC, may do in practice. Continuing Music Therapy Education credits must relate to an area identified in the CBMT Board Certification Domains. This new document will be utilized as the source of reference for exam content, certification, and recertification requirements beginning on April 1, 2015.

The Certification Board
for Music Therapists

506 E. Lancaster Avenue, Suite 102 Downingtown, PA 19335
Phone: 800-765-CBMT (2268) | 610-269-8900 Fax: 610-269-9232
Website: www.cbmt.org

CBMT Code of Professional Practice

PREAMBLE

The CBMT is a nonprofit organization which provides board certification and recertification for music therapists to practice music therapy. The members of the Board of Directors comprise a diverse group of experts in music therapy. The Board is national in scope and blends both academicians and clinicians for the purpose of establishing rigorous standards which have a basis in a real world practice, and enforcing those standards for the protection of consumers of music therapy services and the public.

The CBMT recognizes that music therapy is not best delivered by any one sub-specialty, or single approach. For this reason, the CBMT represents a comprehensive focus. Certification is offered to therapists from a wide variety of practice areas, who meet high standards to the Practice of Music Therapy. To the extent that standards are rigorously adhered to, it is the aim of the CBMT to be inclusive, and not to be restrictive to any sub-specialty.

Maintenance of board certification will require adherence to the CBMT's Code of Professional Practice. Individuals who fail to meet these requirements may have their certification suspended or revoked. The CBMT does not guarantee the job performance of any individual.

I. COMPLIANCE WITH CODE OF PROFESSIONAL PRACTICE

As a condition of eligibility for and continued maintenance of any CBMT certification, each certificant agrees to the following:

A. Compliance with CBMT Standards, Policies and Procedures
No individual is eligible to apply for or maintain certification unless in compliance with all the CBMT standards, policies and procedures. Each individual bears the burden for showing and maintaining compliance at all times. The CBMT may deny, revoke, or otherwise act upon certification or recertification when an individual is not in compliance with all the CBMT standards, policies, and procedures. Nothing provided herein shall preclude administrative requests by the CBMT for additional information to supplement or complete any application for certification or recertification.

B. Notification
The individual shall notify the CBMT within sixty (60) days of occurrence of any change in name, address, telephone number, and any other facts bearing on eligibility or certification (including but not limited to: filing of any criminal charge, indictment, or litigation; conviction; plea of guilty; plea of nolo contendere; or disciplinary action by a licensing board or professional organization). A certificant shall not make and shall correct immediately any statement concerning the certificant's status which is or becomes inaccurate, untrue, or misleading.

All references to 'days' in the CBMT standards, policies and procedures shall mean calendar days. Communications required by the CBMT must be transmitted by certified mail, return receipt requested, or other verifiable methods of delivery when specified. The certificant agrees to provide the CBMT with confirmation of compliance with the CBMT requirements as requested by the CBMT.

C. Property of the CBMT
The examinations and certificates of the CBMT, the name Certification Board for Music Therapists, and abbreviations relating thereto are all the exclusive property of the CBMT and may not be used in any way without the express prior written consent of the CBMT. In case of suspension, limitation, revocation, or resignation from the CBMT or as otherwise requested by the CBMT, the individual shall immediately relinquish, refrain from using, and correct at the individual's expense any outdated or otherwise inaccurate use of any certificate, logo, emblem, and the CBMT name and related abbreviations. If the individual refuses to relinquish immediately, refrain from using and correct at his or her expense any misuse or misleading use of any of the above items when requested, the individual agrees that the CBMT shall be entitled to obtain all relief permitted by law.

II. APPLICATION AND CERTIFICATION STANDARDS

In order to protect consumers of music therapy services and the public from harm and to insure the validity of the MT-BC credential for the professional and public good, CBMT may revoke or otherwise take action with regard to the application or certification of a certificant in the case of:

A. Ineligibility for certification, regardless of when the ineligibility is discovered;

B. Failure to pay fees required by the CBMT;

C. Unauthorized possession of, use of, or access to the CBMT examinations, certificates, and logos of the CBMT, the name 'Certification Board for Music Therapists', and abbreviations relating thereto, and any other CBMT documents and materials;

D. Obtaining or attempting to obtain certification or recertification by a false or misleading statement or failure to make a required statement; fraud or deceit in an application, reapplication, representation of event/s, or any other communication to the CBMT;

E. Misrepresentation of the CBMT certification or certification status;

F. Failure to provide any written information required by the CBMT;

G. Failure to maintain confidentiality as required by law;

H. Gross or repeated negligence or malpractice in professional practice, including sexual relationships with clients, and sexual, physical, social, or financial exploitation;

I. Limitation or sanction (including but not limited to revocation or suspension by a regulatory board or professional organization) relating to music therapy practice, public health or safety, or music therapy certification or recertification;

J. The conviction of, plea of guilty or plea of nolo contendere to a felony or misdemeanor related to music therapy practice or public health and safety;

K. Failure to timely update information to CBMT; or

L. Other violation of a CBMT standard, policy or procedure as outlined in the CBMT Candidate Handbook, Recertification Manual, or other materials provided to certificants.

III. ESTABLISHMENT OF SPECIAL DISCIPLINARY REVIEW AND DISCIPLINARY HEARING COMMITTEES

A. Upon the recommendation by the Chair, the CBMT Board of Directors may elect by a majority vote (i) a Disciplinary Review Committee and (ii) a Disciplinary Hearing Committee, to consider alleged violations of any CBMT disciplinary standards set forth in Section III.1-12 above or any other CBMT standard, policy, or procedure.

B. Each of these Committees shall be composed of three members drawn from CBMT certificants.

C. A committee member's term of office on the committee shall run for three years and may be renewed.

D. A committee member may serve on only one committee and may not serve on any matter in which his or her impartiality or the presence of actual or apparent conflict of interest might reasonably be questioned.

E. At all times during the CBMT's handling of the matter, the CBMT must exist as an impartial review body. If at any time during the CBMT's review of a matter, any member of the CBMT Disciplinary Review Committee, Disciplinary Hearing Committee, or Board of Directors identifies a situation where his or her judgment may be biased or impartiality may be compromised, (including employment with a competing organization), the member is required to report such matter to the Executive Director immediately. The Executive Director and Board Chair shall confer to determine whether a conflict exists, and if so, shall replace the member.

F. Committee action shall be determined by majority vote.

G. When a committee member is unavailable to serve due to resignation, disqualification, or other circumstance, the Chair of CBMT shall designate another individual to serve as an interim member.

IV. REVIEW AND APPEAL PROCEDURES

A. Submission of Allegations

i. Allegations of a violation of a CBMT disciplinary standard or other CBMT standard, policy or procedure are to be referred to the Executive Director for disposition. Persons concerned with possible violation of CBMT's rules should identify the persons alleged to be involved and the facts concerning the alleged conduct in as much detail and specificity as possible with available documentation in a written statement addressed to the Executive Director. The statement should identify by name, address and telephone number the person making the information known to the CBMT and others who may have knowledge of the facts and circumstances concerning the alleged conduct. Additional information relating to the content or form of the information may be requested.

ii. The Executive Director shall make a determination of the substance of the allegations within sixty (60) days and after consultation with counsel.

iii. If the Executive Director determines that the allegations are frivolous or fail to state a violation of CBMT's standards, the Executive Director shall take no further action and so apprise the Board and the complainant (if any).

iv. If the Executive Director determines that good cause may exist to question compliance with CBMT's standards, the Executive Director shall transmit the allegations to the Disciplinary Review Committee.

B. Procedures of the Disciplinary Review Committee

i. The Disciplinary Review Committee shall investigate the allegations after receipt of the documentation from the Executive Director. If the majority of the Committee determines after such investigation that the allegations and facts are inadequate to sustain a finding of a violation of CBMT disciplinary standards, no further adverse action shall be taken. The Board and the complainant (if any) shall be so apprised.

ii. If the Committee finds by majority vote that good cause exists to question whether a violation of a CBMT disciplinary standard has occurred, the Committee shall transmit a statement of allegations to the certificant by certified mail, return receipt requested, setting forth:

a. The applicable standard;

b. Of facts constituting the alleged violation of the standard;

c. That the certificant may proceed to request: (i) review of written submission by the Disciplinary Hearing Committee; (ii) a telephone conference of the Disciplinary Hearing Committee; or (iii) an in-person hearing (at least held annually proximate to the annual meeting of the CBMT) for the disposition of the allegations, with the certificant bearing his or her own expenses for such matter;

d. That the certificant shall have fifteen (15) days after receipt of such statement to notify the Executive Director if he or she disputes the allegations, has comments on available sanctions, and/or requests a written review, telephone conference hearing, or in-person hearing on the record;

e. That, in the event of an oral hearing in person or by phone, the certificant may appear in person with or without the assistance of counsel, may examine and cross-examine any witness under oath, and produce evidence on his or her behalf;

f. That the truth of allegations or failure to respond may result in sanctions including possible revocation of certification; and

g. That if the certificant does not dispute the allegations or request a review hearing, the certificant consents that the Committee may render a decision and apply available sanctions. (Available sanctions are set out in Section V, below.)

iii. The Disciplinary Review Committee may offer the individual the opportunity to negotiate a specific sanction in lieu of proceeding with a written review or hearing. The individual may ask the Disciplinary Review Committee to modify its offer, and the Committee may do so in its sole discretion. Any agreed-upon sanction must be documented in writing and signed by CBMT and the individual. If the individual is unwilling to accept the Disciplinary Review Committee's offer, the requested review or hearing will proceed as provided below.

C. Procedures of the Disciplinary Hearing Committee

i. Written Review. If the individual requests a review by written briefing, the Disciplinary Review Committee will forward the allegations and response of the individual to the Disciplinary Hearing Committee. Written briefing may be submitted within thirty (30) days following receipt of the written review request by the Disciplinary Hearing Committee. The Disciplinary Hearing Committee will render a decision based on the record below and written briefs (if any) without an oral hearing.

ii. Oral Hearing. If the individual requests a hearing:

a. The Disciplinary Review Committee will:

(1) forward the allegations and response of the certificant to the Disciplinary Hearing Committee; and

(2) designate one of its members to present the allegations and any substantiating evidence, examine and cross-examine witness(es) and otherwise present the matter during any hearing of the Disciplinary Hearing Committee.

b. The Disciplinary Hearing Committee shall then:

(1) schedule a telephone or in-person hearing as directed by the certificant;

(2) send by certified mail, return receipt requested, a Notice of Hearing to the certificant. The Notice of Hearing will include a statement of the time and place selected by the Disciplinary Hearing Committee. The certificant may request a modification of the date of the hearing for good cause. Failure to respond to the Notice of Hearing or failure to appear without good cause will be deemed to be the individual's consent for the Disciplinary Hearing Committee to administer any sanction which it considers appropriate.

c. The Disciplinary Hearing Committee shall maintain a verbatim audio and/or video tape or written transcript of any telephone conference or in-person hearing.

d. The CBMT and the certificant may consult with and be represented by counsel, make opening statements, present documents and testimony, examine and cross-examine witnesses under oath, make closing statements, and present written briefs as scheduled by a Disciplinary Hearing Committee.

e. The Disciplinary Hearing Committee shall determine all matters relating to the hearing or review. The hearing or review and related matters shall be determined on the record by majority vote.

f. Formal rules of evidence shall not apply. Relevant evidence may be admitted. Disputed questions of admissibility shall be determined by majority vote of the Disciplinary Hearing Committee.

iii. In all written reviews and oral hearings:

a. The Disciplinary Hearing Committee may accept, reject, or modify the recommendation of the Disciplinary Review Committee, either with respect to the determination of a violation or the recommended sanction.

b. Proof shall be by preponderance of the evidence.

c. Whenever mental or physical disability is alleged, the certificant may be required to undergo a physical or mental examination at the expense of the certificant. The report of such an examination shall become part of the evidence considered.

d. The Disciplinary Hearing Committee shall issue a written decision following the hearing or review and any briefing. The decision shall contain factual findings, legal conclusions, and any sanctions applied. The decision of the Disciplinary Hearing Committee shall be mailed promptly by certified mail, return receipt requested, to the certificant. If the decision rendered by the Disciplinary Hearing Committee is that the allegations are not supported, no further action on them shall occur.

D. Appeal Procedures

i. If the decision rendered by the Disciplinary Hearing Committee is not favorable to the certificant, the certificant may appeal the decision to the CBMT Board of Directors by submitting a written appeal statement within thirty (30) days following receipt of the decision of the Disciplinary Hearing Committee. CBMT may file a written response to the statement of the certificant.

ii. The CBMT Board of Directors by majority vote shall render a decision on the appeal without oral hearing, although written briefing may be submitted by the certificant and CBMT.

iii. The decision of the CBMT Board of Directors shall be rendered in writing following receipt and review of any briefing. The decision shall contain factual findings, legal conclusions, and any sanctions applied and shall be final. The decision shall be transmitted to the certificant by certified mail, return receipt requested.

iv. A Director may not: (a) review a matter at the appeal stage if he/she heard the matter as a member of the Disciplinary Hearing Committee; (b) review any matter in which his/her impartiality might reasonably be questioned, or (c) review any matter which presents an actual, apparent, or potential conflict of interest.

v. In all reviews:

a. The Board of Directors may affirm or overrule and remand the determination of the Disciplinary Hearing Committee.

b. In order to overturn a decision of the Disciplinary Hearing Committee, the individual must demonstrate that the Committee's decision was arbitrary or capricious [e.g., was inappropriate because of: (a) material errors of fact, or (b) failure of the Disciplinary Review Committee or the Disciplinary Hearing Committee to conform to published criteria, policies, or procedures]. Proof is by preponderance of the evidence.

V. SANCTIONS

A. Sanctions for violation of any CBMT standard set forth herein or any other CBMT standard, policy, or procedure may include one or more of:

i. Mandatory remediation through specific education, treatment, and/or supervision;

ii. Written reprimand to be maintained in certificant's permanent file;

iii. Suspension of board certification with the right to re-apply after a specified date;

iv. Probation;

v. Non-renewal of certification;

vi. Revocation of certification; and

vii. Other corrective action.

B. The sanction must reasonably relate to the nature and severity of the violation, focusing on reformation of the conduct of the individual and deterrence of similar conduct by others. The sanction decision may also take into account aggravating circumstances, prior disciplinary history, and mitigating circumstances. No single sanction will be appropriate in all situations.

VI. SUMMARY PROCEDURE

Whenever the Executive Director determines that there is cause to believe that a threat of immediate and irreparable harm to the public exists, the Executive Director shall forward the allegations to the CBMT Board. The Board shall review the matter immediately, and provide telephonic or other expedited notice and review procedure to the certificant. Following such notice and opportunity by the individual to be heard, if the Board determines that a threat of immediate and irreparable injury to the public exists, certification may be suspended for up to ninety (90) days pending a full review as provided herein.

VII. PERIOD OF INELIGIBILITY FOLLOWING REVOCATION

If certification is revoked based on noncompliance with the Code of Professional Practice, then the individual is automatically ineligible to apply for certification or re-certification for the periods of time listed below:

A. In the event of a felony conviction directly related to music therapy practice or public health and/or safety, no earlier than seven (7) years from the exhaustion of appeals or release from confinement (if any), or the end of probation, whichever is later:

B. In any other event, no earlier than five (5) years from the final decision of revocation. After these periods of time, eligibility will be considered as set forth in CBMT's Eligibility Review and Appeal Policy.

After these periods of time, eligibility will be considered as set forth in CBMT's Eligibility Review and Appeal Policy.

VIII. CONTINUING JURISDICTION

CBMT retains jurisdiction to review and issue decisions regarding any matter which occurred prior to the termination, expiration, or relinquishment of certification.

ADOPTED: FEBRUARY 8, 1997
EFFECTIVE DATE: JANUARY 1, 1998
REVISED: FEBRUARY 7, 1998
REVISED: FEBRUARY 8, 2001
REVISED: OCTOBER 4, 2011

CONTINUING MUSIC THERAPY EDUCATION

CMTE OPTIONS OVERVIEW

All Continuing Music Therapy Education (CMTE) Options Must Relate to the Board Certification Domains

CMTE Options	Required Documentation	Credit Amount	Allowable Credits
Workshops/Courses/Conferences /Independent Learning			
Approved Provider Opportunities	Certificate of Completion	1 Credit per 50 Minutes	100
Graduate Courses	Written Summary Official Transcript	10 Credits per 1 Quarter Hour 15 Credits per 1 Semester Hour	100
Mentored Self-Study	CMTE Program Plan CMTE Final Evaluation	1 Credit per 50 Minutes for Mentor 1 Credit per 50 Minutes for Mentee	50 for Mentor 100 for Mentee
Attendance at AMTA National and Regional Conference	Certificate of Attendance	5 Credits per Regional 5 Credits per National	50
Concurrent Sessions at AMTA National and Regional Conference	Signed Verification	1 Credit per 50 Minutes	100
Read and Analyze Current Professional Publications	Written Summary Full Reference Citation	2 Credits per Journal Article 2 Credits per Book Chapter	100
Other Continuing Education Opportunities	Written Summary Proof of Attendance	1 Credit per 50 Minutes	100
	Official Transcript for Undergraduate Courses	20 Credits per Course	100
Presentations			
Workshop, course, concurrent session, research poster, legislative testimony, round table, or symposium	Written Summary Proof of Delivery	10 Credits for 50 minutes to less than 150 Minutes of Delivery 30 Credits for Equal to or More Than 150 Minutes of Delivery	100
Music Therapy Student Supervision			
Practicum Student and Intern	Verification from Music Therapy University or Facility Coordinator	5 Credits per Practicum Student 10 Credits per Intern	50

CONTINUING MUSIC THERAPY EDUCATION

CMTE OPTIONS OVERVIEW

All Continuing Music Therapy Education (CMTE) Options Must Relate to the Board Certification Domains

CMTE Options	Required Documentation	Credit Amount	Allowable Credits
Publications/Writings			
Book (Author and/or Editor)	Written Summary APA Citation Published Title Page Copyright Page	50 Credits per Book Chapter 50 Credits per Self-Published Book 100 Credits per Third-Party Published Book	100
Music Composition	Written Summary Musical Score Audio Recording	5 Credits per Composition	50
Grant Awards	Written Summary Letter of Award	10 Credits for Less than $5,000 30 Credits for Equal to or Greater than $5,000	100
Non-Peer Reviewed Professional Publication	Written Summary APA Citation	10 Credits per Article	50
Peer-Reviewed Professional Publication (Blind Review)	Written Summary APA Citation	50 Credits per Article	100
Thesis or Dissertation	Written Summary Signed Title Page	80 Credits for Thesis 100 Credits for Dissertation	100
Professional Development			
Develop a New AMTA Academic Program	Letter of Program Approval from AMTA	100 Credits per Academic Program	100
Establish a Music Therapy Internship	Verification from University or AMTA Approval Letter	30 Credits per University-Affiliated 50 Credits per National Roster	100
Service to Music Therapy Profession	Written Summary Verification of Time from Chair or Executive Officer	1 Credit per 50 Minutes	50

AMERICAN MUSIC THERAPY ASSOCIATION

CBMT CERTIFICATION BOARD FOR MUSIC THERAPISTS

SCOPE OF MUSIC THERAPY PRACTICE

Preamble

The scope of music therapy practice defines the range of responsibilities of a fully qualified music therapy professional with requisite education, clinical training, and board certification. Such practice also is governed by requirements for continuing education, professional responsibility and accountability. This document is designed for music therapists, clients, families, health and education professionals and facilities, state and federal legislators and agency officials, private and public payers, and the general public.

Statement of Purpose

The purpose of this document is to define the scope of music therapy practice by:

1. Outlining the knowledge, skills, abilities, and experience for qualified clinicians to practice safely, effectively and ethically, applying established standards of clinical practice and performing functions without risk of harm to the public;
2. Defining the potential for harm by individuals without formalized music therapy training and credentials; and
3. Describing the education, clinical training, board certification, and continuing education requirements for music therapists.

Definition of Music Therapy and Music Therapist

Music therapy is defined as the clinical and evidence-based use of music interventions to accomplish individualized goals for people of all ages and ability levels within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program. A music therapist is an individual who has completed the education and clinical training requirements established by the American Music Therapy Association (AMTA) and who holds current board certification from The Certification Board for Music Therapists (CBMT).

Assumptions

The scope of music therapy practice is based on the values of non-maleficence, beneficence, ethical practice; professional integrity, respect, excellence; and diversity. The following assumptions are the foundation for this document:

- **Public Protection.** The public is entitled to have access to qualified music therapists who practice competently, safely, and ethically.
- **Requisite Training and Skill Sets.** The scope of music therapy practice includes professional and advanced competencies. The music therapist only provides services within the scope of practice that reflect his/her level of competence. The music therapy profession is not defined by a single music intervention or experience, but rather a continuum of skills sets (simple to complex) that make the profession unique.
- **Evidence-Based Practice.** A music therapist's clinical practice is guided by the integration of the best available research evidence, the client's needs, values, and preferences, and the expertise of the clinician.
- **Overlap in Services.** Music therapists recognize that in order for clients to benefit from an integrated, holistic treatment approach, there will be some overlap in services provided by multiple professions. We acknowledge that other professionals may use music, as appropriate, as long as they are working within their scope.
- **Professional Collaboration.** A competent music therapist will make referrals to other providers (music therapists and non-music therapists) when faced with issues or situations beyond the original clinician's own practice competence, or where greater competence or specialty care is determined as necessary or helpful to the client's condition.
- **Client-Centered Care.** A music therapist is respectful of, and responsive to the needs, values, and preferences of the client and the family. The music therapist involves the client in the treatment planning process, when appropriate.

Music Therapy Practice

Music therapy means the clinical and evidence-based use of music interventions to accomplish individualized goals for people of all ages and ability levels within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program. Music therapists develop music therapy treatment plans specific to the needs and strengths of the client who may be seen individually or in groups. Music therapy treatment plans are individualized for each client. The

goals, objectives, and potential strategies of the music therapy services are appropriate for the client and setting. The music therapy interventions may include music improvisation, receptive music listening, song writing, lyric discussion, music and imagery, singing, music performance, learning through music, music combined with other arts, music-assisted relaxation, music-based patient education, electronic music technology, adapted music intervention, and movement to music. Music therapy clinical practice may be in developmental, rehabilitative, habilitative, medical, mental health, preventive, wellness care, or educational areas. Standards of practice in music therapy include:

- Accepting referrals for music therapy services from medical, developmental, mental health, and education professionals; family members; clients; caregivers; or others involved and authorized with provision of client services. Before providing music therapy services to a client for an identified clinical or developmental need, the music therapist collaborates, as applicable, with the primary care provider(s) to review the client's diagnosis, treatment needs, and treatment plan. During the provision of music therapy services to a client, the music therapist collaborates, as applicable, with the client's treatment team;
- Conducting a music therapy assessment of a client to determine if treatment is indicated. If treatment is indicated, the music therapist collects systematic, comprehensive, and accurate information to determine the appropriateness and type of music therapy services to provide for the client;
- Developing an individualized music therapy treatment plan for the client that is based upon the results of the music therapy assessment. The music therapy treatment plan includes individualized goals and objectives that focus on the assessed needs and strengths of the client and specify music therapy approaches and interventions to be used to address these goals and objectives;
- Implementing an individualized music therapy treatment plan that is consistent with any other developmental, rehabilitative, habilitative, medical, mental health, preventive, wellness care, or educational services being provided to the client;
- Evaluating the client's response to music therapy and the music therapy treatment plan, documenting change and progress, and suggesting modifications, as appropriate;
- Developing a plan for determining when the provision of music therapy services is no longer needed in collaboration with the client, physician, or other provider of health care or education of the client, family members of the client, and any other appropriate person upon whom the client relies for support;
- Minimizing any barriers to ensure that the client receives music therapy services in the least restrictive environment;
- Collaborating with and educating the client and the family, caregiver of the client, or any other appropriate person regarding the needs of the client that are being addressed in music therapy and the manner in which the music therapy treatment addresses those needs; and
- Utilizing appropriate knowledge and skills to inform practice including use of research, reasoning, and problem solving skills to determine appropriate actions in the context of each specific clinical setting.

Music therapists are members of an interdisciplinary team of healthcare, education, and other professionals who work collaboratively to address the needs of clients while protecting client confidentiality and privacy. Music therapists function as independent clinicians within the context of the interdisciplinary team, supporting the treatment goals and co-treating with physicians, nurses, rehabilitative specialists, neurologists, psychologists, psychiatrists, social workers, counselors, behavioral health specialists, physical therapists, occupational therapists, speech-language pathologists, audiologists, educators, clinical case managers, patients, caregivers, and more.

Music therapy-specific assessment, treatment planning, and implementation consider diagnosis and history, are performed in a manner congruent with the client's level of functioning, and address client needs across multiple domains.

Potential for Harm

Music therapists are trained to independently analyze client non-verbal, verbal, psychological, and physiological responses to music and non-music stimuli in order to be clinically effective and refrain from contra-indicated practices. The music therapist implements ongoing evaluation of client responses and adapts the intervention accordingly to protect the client from negative outcomes.

Music therapists use their knowledge, skills, training and experience to facilitate therapeutic, goal oriented music-based interactions that are meaningful and supportive to the function and health of their clients. These components of clinical practice continue to evolve with advances in basic science, translational research, and therapeutic implementation. Music therapists, therefore, participate in continued education to remain competent, know their limitations in professional practice, and recognize when it is appropriate to seek assistance, advice, or consultation, or refer the client to another therapist or professional. In addition, music therapists practice safely and ethically as defined by the AMTA Code of Ethics, AMTA Standards of Clinical Practice, CBMT Code of Professional Practice, CBMT Board Certification Domains, and other applicable state and federal laws. Both AMTA and CBMT have mechanisms by which music therapists who are in violation of safe and ethical practice are investigated.

The use of live music interventions demands that the therapist not only possess the knowledge and skills of a trained therapist, but also the unique skill set of a trained musician in order to manipulate the music therapy intervention to fit clients' needs. Given the diversity of diagnoses with which music therapists work and the practice settings in which they work independently, clinical training and experience are necessary. Individuals attempting to provide music therapy treatment interventions without formalized music therapy training and credentials may pose risks to clients.

To protect the public from threats of harm in clinical practice, music therapists comply with safety standards and competencies such as, but not limited to:

- Recognize and respond to situations in which there are clear and present dangers to a client and/or others.
- Recognize the potential harm of music experiences and use them with care.
- Recognize the potential harm of verbal and physical interventions during music experiences and use them with care.
- Observe infection control protocols (e.g., universal precautions, disinfecting instruments).

- Recognize the client populations and health conditions for which music experiences are contraindicated.
- Comply with safety protocols with regard to transport and physical support of clients.

Definition of Governing Bodies

AMTA's mission is to advance public awareness of the benefits of music therapy and increase access to quality music therapy services in a rapidly changing world. AMTA strives to improve and advance the use of music, in both its breadth and quality, in clinical, educational, and community settings for the betterment of the public health and welfare. The Association serves as the primary organization for the advancement of education, clinical practice, research, and ethical standards in the music therapy profession.

AMTA is committed to:

- Promoting quality clinical treatment and ethical practices regarding the use of music to restore, maintain, and improve the health of all persons.
- Establishing and maintaining education and clinical training standards for persons seeking to be credentialed music therapists.
- Educating the public about music therapy.
- Supporting music therapy research.

The mission of the CBMT is to ensure a standard of excellence in the development, implementation, and promotion of an accredited certification program for safe and competent music therapy practice. CBMT is an independent, non-profit, certifying agency fully accredited by the National Commission for Certifying Agencies (NCCA). This accreditation serves as the means by which CBMT strives to maintain the highest standards possible in the construction and administration of its national examination and recertification programs, ultimately designed to reflect current music therapy practice for the benefit of the consumer.

CBMT is committed to:

- Maintaining the highest possible standards, as established by the Institute for Credentialing Excellence (ICE) and NCCA, for its national certification and recertification programs.
- Maintaining standards for eligibility to sit for the National Examination: Candidates must have completed academic and clinical training requirements established by AMTA.
- Defining and assessing the body of knowledge that represents safe and competent practice in the profession of music therapy and issuing the credential of Music Therapist-Board Certified (MT-BC) to individuals that demonstrate the required level of competence.
- Advocating for recognition of the MT-BC credential and for access to safe and competent practice.
- Maintaining certification and recertification requirements that reflect current practice in the profession of music therapy.
- Providing leadership in music therapy credentialing.

The unique roles of AMTA (education and clinical training) and CBMT (credentialing and continuing education) ensure that the distinct, but related, components of the profession are maintained. This scope of music therapy practice document acknowledges the separate but complementary contributions of AMTA and CBMT in developing and maintaining professional music therapists and evidence-based practices in the profession.

Education and Clinical Training Requirements

A qualified music therapist:

- Must have graduated with a bachelor's degree (or its equivalent) or higher from a music therapy degree program approved by the American Music Therapy Association (AMTA); and
- Must have successfully completed a minimum of 1,200 hours of supervised clinical work through pre-internship training at the AMTA-approved degree program, and internship training through AMTA–approved National Roster or University Affiliated internship programs, or an equivalent.

Upon successful completion of the AMTA academic and clinical training requirements or its international equivalent, an individual is eligible to sit for the national board certification exam administered by the Certification Board for Music Therapists (CBMT).

Board Certification Requirements

The Music Therapist – Board Certified (MT-BC) credential is granted by the Certification Board for Music Therapists (CBMT) to music therapists who have demonstrated the knowledge, skills, and abilities for competence in the current practice of music therapy. The purpose of board certification in music therapy is to provide an objective national standard that can be used as a measure of professionalism and competence by interested agencies, groups, and individuals. The MT-BC credential may also be required to meet state laws and regulations. Any person representing him or herself as a board certified music therapist must hold the MT-BC credential awarded by CBMT, an independent, nonprofit corporation fully accredited by the National Commission for Certifying Agencies (NCCA).

The board certified music therapist credential, MT-BC, is awarded by the CBMT to an individual upon successful completion of an academic and clinical training program approved by the American Music Therapy Association (or an international equivalent) and successful completion of an objective written examination demonstrating current competency in the profession of music therapy. The CBMT administers this examination, which is based on a nationwide music therapy practice analysis that is reviewed and updated every five years to reflect current clinical practice. Both the practice analysis and the examination are psychometrically sound and developed using guidelines issued by the Equal Employment Opportunity Commission, and the American Psychological Association's standards for test validation.

Once board certified, a music therapist must adhere to the CBMT Code of Professional Practice and recertify every five years through either a program of continuing education or re-examination.

By establishing and maintaining the certification program, CBMT is in compliance with NCCA guidelines and standards that require certifying agencies to: 1) have a plan for periodic recertification, and 2) provide evidence that the recertification program is designed to measure or enhance the continuing competence of the individual.

The CBMT recertification program provides music therapists with guidelines for remaining current with safe and competent practice and enhancing their knowledge in the profession of music therapy.

The recertification program contributes to the professional development of the board certified music therapist through a program of continuing education, professional development, and professional service opportunities. All three recertification categories are reflective of the Practice Analysis Study and relevant to the knowledge, skills and abilities required of the board certified music therapist. Documentation guidelines in the three categories require applying learning outcomes to music therapy practice and relating them to the CBMT Board Certification Domains. Integrating and applying new knowledge with current practice, developing enhanced skills in delivery of services to clients, and enhancing a board certified music therapist's overall abilities are direct outcomes of the recertification program. To support CBMT's commitment of ensuring the competence of the board certified music therapist and protecting the public, certification must be renewed every five years with the accrual of 100 recertification credits.

NCCA accreditation demonstrates that CBMT and its credentialing program undergo review to demonstrate compliance with certification standards set by an impartial, objective commission whose primary focus is competency assurance and protection of the consumer. The program provides valuable information for music therapists, employers, government agencies, payers, courts and professional organizations. By participating in the CBMT Recertification Program, board certified music therapists promote continuing competence and the safe and effective clinical practice of music therapy.

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Published 1/10/2015, Reprinted 1/11/2018

To amend **TITLE XX** of the **OFFICIAL CODE** of **STATE**, so as to require licensure of music therapists by the **DEPARTMENT NAME**; to provide for definitions; to provide for establishment, appointment, and membership of the music therapy advisory committee; to provide for licensure application and qualifications; to provide for license renewal; to provide for waiver of examination; to provide for disciplinary actions; to provide for related matters; to provide for an effective date; to repeal conflicting laws; and for other purposes.

Legislative declaration.
The intent of this chapter is to recognize that music therapy affects public health, safety, and welfare and that the practice of music therapy should be subject to regulation; to assure the highest degree of professional conduct on the part of music therapists; to guarantee the availability of music therapy services provided by a qualified professional to persons in need of those services; and to protect the public from the practice of music therapy by unqualified individuals.

BE IT ENACTED BY THE **LEGISLATURE/GENERAL ASSEMBLY** OF **STATE**:

SECTION 1.
TITLE XX of the **OFFICIAL CODE** of **STATE**, is amended by adding a new chapter to read as follows:

CHAPTER XX
XX-1.
As used in this chapter, the term:
(1) 'Advisory committee' means the Music Therapy Advisory Committee.
(2) 'Board certified music therapist' means an individual who has completed the education and clinical training requirements established by the American Music Therapy Association, and who holds current board certification from the Certification Board for Music Therapists.
(3) 'Music therapist' means a person licensed to practice music therapy pursuant to this chapter.
(4) 'Music therapy' means the clinical and evidence-based use of music interventions to accomplish individualized goals for people of all ages and ability levels within a therapeutic relationship by a board certified music therapist. Music therapists develop music therapy treatment plans specific to the needs and strengths of the client who may be seen individually or in groups. Music therapy treatment plans are individualized for each client. The goals, objectives, and potential strategies of the music therapy services are appropriate for the client and setting. The music therapy interventions may include, music improvisation, receptive music listening, song writing, lyric discussion, music and imagery, singing, music performance, learning through music, music combined with other arts, music-assisted relaxation, music-based patient education, electronic music technology, adapted music intervention and movement to music. The practice of music therapy does not include the **screening**, diagnosis or assessment of any physical, mental, or communication disorder. This term may include:
(A) Accepting referrals for music therapy services from medical, developmental, mental health, or education professionals; family members; clients; caregivers or others involved and

authorized with provision of client services. **Before providing music therapy services to a client for an identified clinical or developmental need, the licensee shall review with the healthcare provider(s) involved in the client's care the client's diagnosis, treatment needs, and treatment plan. Before providing music therapy services to a student for an identified educational need, the licensee shall review with the IFSP or IEP team the student's diagnosis, treatment needs, and treatment plan.** During the provision of music therapy services to a client, the licensee collaborates, as applicable, with the client's treatment team, including physician, psychologist, licensed clinical social worker, or other mental health professional. **During the provision of music therapy services to a client with a communication disorder, the licensed professional music therapist shall collaborate and discuss the music therapy treatment plan with the client's audiologist or speech-language pathologist.**

(B) Conducting a music therapy assessment of a client to determine if treatment is indicated. If treatment is indicated, the licensee collects systematic, comprehensive, and accurate information to determine the appropriateness and type of music therapy services to provide for the client;

(C) Developing an individualized music therapy treatment plan for the client that is based upon the results of the music therapy assessment. The music therapy treatment plan includes individualized goals and objectives that focus on the assessed needs and strengths of the client and specify music therapy approaches and interventions to be used to address these goals and objectives;

(D) Implementing an individualized music therapy treatment plan that is consistent with any other developmental, rehabilitative, habilitative, medical, mental health, preventive, wellness care, or educational services being provided to the client. **When providing educational or healthcare services, a music therapist may not replace the services provided by an audiologist or a speech-language pathologist.**

(E) Evaluating the client's response to music therapy and the music therapy treatment plan, documenting change and progress and suggesting modifications, as appropriate;

(F) Developing a plan for determining when the provision of music therapy services is no longer needed in collaboration with the client, physician, or other provider of health care or education of the client, family members of the client, and any other appropriate person upon whom the client relies for support;

(G) Minimizing any barriers to ensure that the client receives music therapy services in the least restrictive environment;

(H) Collaborating with and educating the client and the family, caregiver of the client, or any other appropriate person regarding the needs of the client that are being addressed in music therapy and the manner in which the music therapy treatment addresses those needs; and

(I) Utilizing appropriate knowledge and skills to inform practice including use of research, reasoning, and problem solving skills to determine appropriate actions in the context of each specific clinical setting.

(5) 'Office' means the **DEPARTMENT NAME**.

(6) 'Director' means the **DEPARTMENT OFFICIAL** or his or her designee.

XX-2.

(1) There is created within the Office a Music Therapy Advisory Committee, which shall consist of five members.

(2) The Director shall appoint all members of the advisory committee. The advisory committee shall consist of persons familiar with the practice of music therapy to provide the Director with expertise and assistance in carrying out his or her duties pursuant to this chapter.

(3) The Director shall appoint members of the advisory committee to serve for terms of four years. The Director shall appoint three members who practice as music therapists in this state; one member who is a licensed health care provider who is not a music therapist; and one member who is a consumer.

(4) Members shall serve without compensation.

(5) Members may serve consecutive terms at the will of the Director. Any vacancy shall be filled in the same manner as the regular appointments.

XX-3.

(1) The advisory committee shall meet at least once per year or as otherwise called by the Director.

(2) The Director shall consult with the advisory committee prior to setting or changing fees in this chapter.

(3) The advisory committee may facilitate the development of materials that the Director may utilize to educate the public concerning music therapist licensure, the benefits of music therapy, and utilization of music therapy by individuals and in facilities or institutional settings.

(4) The advisory committee may act as a facilitator of state-wide dissemination of information between music therapists, the American Music Therapy Association or any successor organization, the Certification Board for Music Therapists or any successor organization, and the Director.

(5) The advisory committee shall provide analysis of disciplinary actions taken, appeals and denials, or revocation of licenses at least once per year.

(6) The Director shall seek the advice of the advisory committee for issues related to music therapy.

XX-4.

After **DATE**, no person without a license as a music therapist shall use the title 'music therapist' or similar title or practice music therapy. Nothing in this chapter may be construed to prohibit or restrict the practice, services, or activities of the following:

(1) Any person licensed, certified, or regulated under the laws of this state in another profession or occupation, including physicians, psychologists, psychoanalysts, registered nurses, marriage and family therapists, social workers, occupational therapists, professional or rehabilitation counselors, speech-language pathologists or audiologists, or personnel supervised by a licensed professional, performing work, including the use of music, incidental to the practice of his or her licensed, certified, or regulated profession or occupation, if that person does not represent

himself or herself as a music therapist; or
(2) Any person whose training and national certification attests to the individual's preparation and ability to practice his or her certified profession or occupation, if that person does not represent himself or herself as a music therapist; or
(3) Any practice of music therapy as an integral part of a program of study for students enrolled in an accredited music therapy program, if the student does not represent himself or herself as a music therapist; or
(4) Any person who practices music therapy under the supervision of a licensed music therapist, if the person does not represent himself or herself as a music therapist.

XX-5.
(1) The Director shall issue a license to an applicant for a music therapy license when such applicant has completed and submitted an application upon a form and in such manner as the Director prescribes, accompanied by applicable fees, and evidence satisfactory to the Director that:
(A) The applicant is at least 18 years of age;
(B) The applicant holds a bachelor's degree or higher in music therapy, or its equivalent, from a program approved by the American Music Therapy Association or any successor organization within an accredited college or university;
(C) The applicant successfully completes a minimum of 1,200 hours of clinical training, with at least 180 hours in pre-internship experiences and at least 900 hours in internship experiences, provided that the internship is approved by an academic institution, the American Music Therapy Association or any successor organization, or both;
(D) The applicant is in good standing based on a review of the applicant's music therapy licensure history in other jurisdictions, including a review of any alleged misconduct or neglect in the practice of music therapy on the part of the applicant;
(E) The applicant provides proof of passing the examination for board certification offered by the Certification Board for Music Therapists or any successor organization or provides proof of being transitioned into board certification, and provides proof that the applicant is currently a board certified music therapist.
(2) The Director shall issue a license to an applicant for a music therapy license when such applicant has completed and submitted an application upon a form and in such manner as the Director prescribes, accompanied by applicable fees, and evidence satisfactory to the Director that the applicant is licensed and in good standing as a music therapist in another jurisdiction where the qualifications required are equal to or greater than those required in this Act at the date of application.

XX-6.
(1) Every license issued under this chapter shall be renewed biennially. A license shall be renewed upon payment of a renewal fee if the applicant is not in violation of any of the terms of this chapter at the time of application for renewal. The following shall also be required for license renewal: Proof of maintenance of the applicant's status as a board certified music therapist.

(2) A licensee shall inform the Director of any changes to his or her address. Each licensee shall be responsible for timely renewal of his or her license.
(3) Failure to renew a license shall result in forfeiture of the license. Licenses that have been forfeited may be restored within one year of the expiration date upon payment of renewal and restoration fees. Failure to restore a forfeited license within one year of the date of its expiration shall result in the automatic termination of the license, and the Director may require the individual to reapply for licensure as a new applicant.
(4) Upon written request of a licensee, the Director may place an active license on an inactive status subject to an inactive status fee established by the Director. The licensee, upon request and payment of the inactive license fee, may continue on inactive status for a period up to two years. An inactive license may be reactivated at any time by making a written request to the Director and by fulfilling requirements established by the Director.

XX-7.
(1) The Director may issue a sanction for any of the following acts:
(A) ineligibility for licensure (including but not limited to falsification of information submitted for licensure or failure to maintain status as a board certified music therapist);
(B) failure to pay fees when due;
(C) failure to provide requested information in a timely manner;
(D) conviction of a felony;
(E) conviction of any crime that reflects an inability to practice music therapy with due regard for the health and safety of clients and patients, or with due regard for the truth in filing claims with Medicare, Medicaid, or any third party payor;
(F) inability or failure to practice music therapy with reasonable skill and consistent with the welfare of clients and patients (including but not limited to negligence in the practice of music therapy; intoxication; incapacity; and abuse of or engaging in sexual contact with a client or patient); and
(G) disciplinary action by another jurisdiction.
(2) The Director is authorized to conduct investigations into allegations of conduct described in subsection (1) of this Code section.
(3) The Director may impose one or more of the following sanctions for a violation of this chapter:
(A) suspension,
(B) revocation,
(C) denial,
(D) refusal to renew a license,
(E) probation with conditions,
(F) reprimand, or
(G) a fine of not less than $100.00 nor more than $1,000.00 for each violation.

SECTION 2.
This Act shall become effective on **DATE**.

SECTION 3.
All laws and parts of laws in conflict with this Act are repealed.

H.764

SHORT FORM

Introduced by Representatives Ode of Burlington, Gardner of Richmond, Hango of Berkshire, O'Sullivan of Burlington, Page of Newport City, and Redmond of Essex

Referred to Committee on

Date:

Subject: Professions and occupations; Secretary of State, Office of Professional Regulation; music therapists; licensure

Statement of purpose of bill as introduced: This bill proposes to require music therapists to be professionally regulated by the Office of Professional Regulation. A person would need to obtain a license from the Office in order to engage in the practice of music therapy. An applicant for initial music therapy licensure or license renewal would need to demonstrate that the applicant meets minimum competency requirements and pay an application fee. Applicants and licensees would be subject to the unprofessional conduct provisions that apply to all Office professions and to unprofessional conduct provisions that are specifically applicable to the music therapy profession. The bill would define "practice of music therapy" and would exempt from music therapy licensure professionals such as psychologists and clinical mental health

counselors who perform their duties consistent with the accepted standards of their respective licensed professions.

An act relating to the professional regulation of music therapists

It is hereby enacted by the General Assembly of the State of Vermont:

(TEXT OMITTED IN SHORT-FORM BILLS)

March 2020

Music Therapy State Recognition: National Overview

The American Music Therapy Association (AMTA) and the Certification Board for Music Therapists (CBMT) collaborate on the State Recognition Operational Plan, a joint national initiative to achieve official state recognition of the music therapy profession and the MT-BC credential required for competent practice. Desired outcomes include improving consumer access to music therapy services and establishing a state-based public protection program to ensure that "music therapy" is provided by individuals who meet established training qualifications. Inclusion within state health and education regulations can also have a positive impact on employment opportunities funding options, while meeting requirements of treatment facilities and accrediting organizations.

Current Recognition

California (https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201920200AB1540)
Music therapy title protection signed into law 2019. Practitioners must hold the MT-BC credential.

Connecticut (https://portal.ct.gov/DPH/Practitioner-Licensing--Investigations/Music-Therapit/Music-Therapist)
Music therapy title protection established in 2016. Practitioners must hold the MT-BC credential.

Georgia (http://sos.ga.gov/index.php/licensing/plb/59)
Music therapy license established in 2012. Overseen by the Secretary of State using a volunteer Advisory Council.

Nevada (http://dpbh.nv.gov/Reg/MusicTherapist/MusicTherapists_-_Home/)
Music therapy license established in 2011. Overseen by the State Board of Health using an Advisory Council.

New Jersey
Music therapy license created January 2020. Overseen by the State Board of Creative Arts and Activities Therapies.

North Dakota (http://ndbihc.org/)
Music therapy license established in 2011. Overseen by the newly created Board of Integrative Health.

Oklahoma (http://www.okmedicalboard.org/music_therapists)
Music therapy license established in 2016. Managed by the State Board of Medical Licensure and Supervision.

Oregon (http://www.oregon.gov/OHA/PH/HLO/Pages/Board-Music-Therapy-Program.aspx)
Music therapy license established in 2015. Managed by the Health Licensing Office.

Rhode Island (http://health.ri.gov/licenses/detail.php?id=287)
Music therapy registry established in 2015. Managed by the Department of Health.

Utah (http://www.dopl.utah.gov/licensing/music_therapy.html)
Music therapy state certification established in 2014. Managed by the Division of Occupational and Professional Licensing.

Virginia
Music therapy license created March 2020. Overseen by the Board of Social Work.

Wisconsin (https://dsps.wi.gov/Pages/Professions/MusicTherapist/Default.aspx)
Music therapy registry established in 1998.

2020 Legislative Activity

The following states have introduced or are planning to introduce legislation to recognize music therapy education, clinical training, and credentialing qualifications: **Colorado, Connecticut, Illinois, Iowa, Kentucky, Maryland, Michigan, Minnesota, Missouri, Nebraska, New Hampshire, New York, North Carolina, Ohio, Pennsylvania, South Carolina, Vermont, Washington.**

For more information, please visit www.musictherapy.org and www.cbmt.org

WHAT IS MUSIC THERAPY?

Music Therapy is the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed an approved music therapy program.

-American Music Therapy Association, 2011

Access and Growth

Music therapists in Vermont, in collaboration with American Music Therapy Association (AMTA) and the Certification Board for Music Therapists (CBMT) are requesting state recognition of music therapy as a licensed profession.

Music therapy is a skilled health care profession, and state recognition is essential for ensuring the safety of Vermont residents and for increasing their access to services provided by qualified music therapists.

Music therapists use active music making, composition, listening, and improvisation to support outcomes such as reduction of pain and anxiety, stress and symptom management, communication, social skills, and developmental skills.

Credentials

Board certified music therapists work within a scope of practice, adhere to a code of professional practice, and demonstrate current competencies. They must also meet extensive continuing education and recertification requirements every 5 years.

Music therapists are certified by the Certification Board for Music Therapists after completing a degree program , 1200+ hours of supervised clinical training at an AMTA-approved internship, and passing a national board certification exam.

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MUSIC THERAPY IN VERMONT

CURRENT LANDSCAPE AND ACCESS

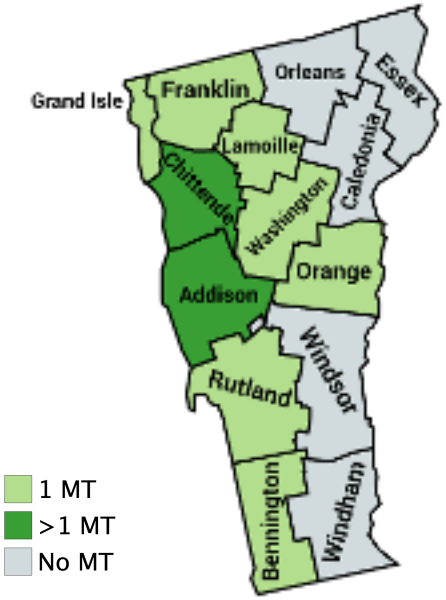
CURRENT ACCESS

Data compiled from CBMT database and 2018 survey of Vermont music therapists.

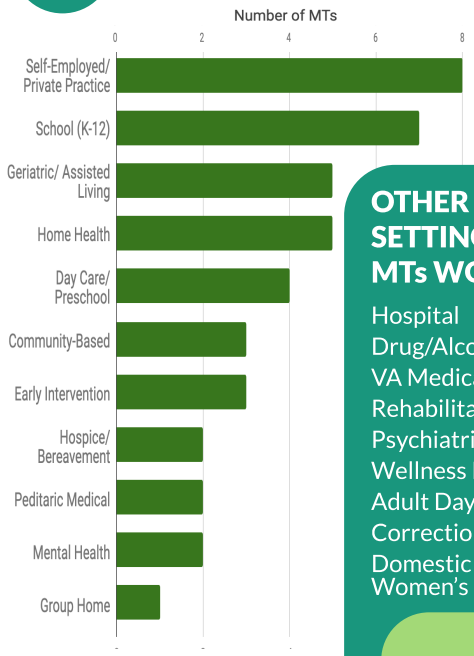
15 MUSIC THERAPISTS IN VERMONT

430 CLIENTS SERVED

1 MT-BC Service by County



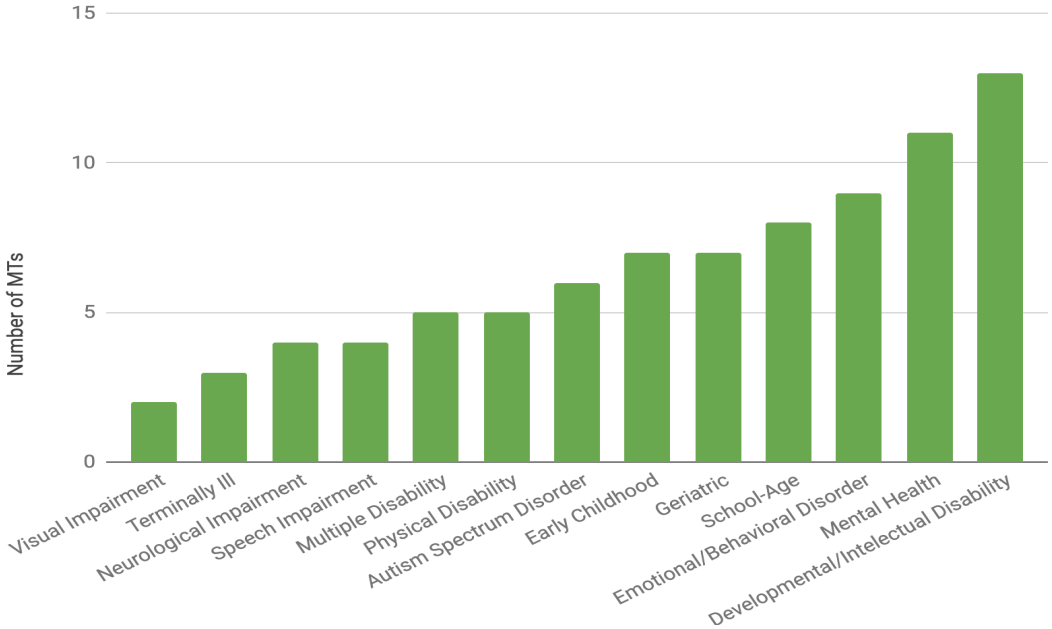
2 Settings



OTHER SETTINGS MTs WORK IN:

Hospital
Drug/Alcohol Program
VA Medical Center
Rehabilitation Facility
Psychiatric Unit
Wellness Program
Adult Day Care
Correctional Facility
Domestic Violence/ Women's Shelter

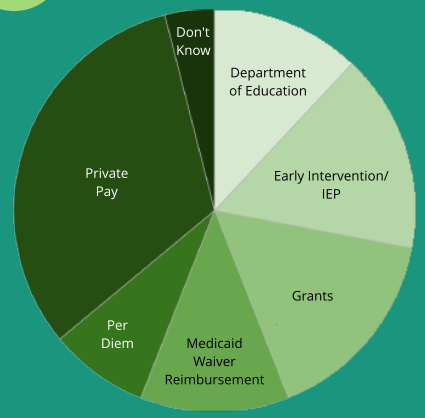
3 Current Populations Served



ADDITIONAL POPULATIONS SERVED IN OTHER STATES:

Addiction
New Americans
Veterans
In-Patient Medical
Pain Management
Victims of Abuse
Trauma Survivors
Rehabilitation
Parkinson's
Eating Disorders
Hearing Impairment
Forensic
Comatose
AIDS

4 Funding Sources



OTHER OPTIONS FOR FUNDING:

Medicare Reimbursement
Private Insurance
Donations
Endowments
County Agency
State Agency
Federal Agency

Enacted MT Statues and Rules 2020

CA music therapy title protection
CT music therapy title protection
GA music therapy licensure rules and statute
ND music therapy licensure rules and statute
NJ music therapy licensure statute
NV music therapy licensure rules and statute
OK music therapy licensure statute
OR music therapy licensure rules and statute
RI music therapy licensure rules and statute
UT music therapy state certification rules and statute
VA music therapy licensure statute
WI music therapy registration rules and statute

AB-1540 Music therapy. (2019-2020)

Date Published: 08/01/2019 09:00 PM

Assembly Bill No. 1540

CHAPTER 167

An act to add Chapter 10.7 (commencing with Section 4650) to Division 2 of the Business and Professions Code, relating to music therapy.

[Approved by Governor July 31, 2019. Filed with Secretary of State July 31, 2019.]

LEGISLATIVE COUNSEL'S DIGEST

AB 1540, Holden. Music therapy.

Existing law provides for the licensure and regulation of various healing arts licensees by boards within the Department of Consumer Affairs.

Existing law defines "unfair competition" to mean and include any unlawful, unfair, or fraudulent business act or practice and unfair, deceptive, untrue, or misleading advertising. Under existing law, a person who engages in unfair competition is liable for a civil penalty not to exceed $2,500 for each violation.

Existing law establishes the State Department of Public Health and sets forth its powers and duties over the regulation of health facilities and adult day health care centers, including, but not limited to, adopting regulations setting forth applicable staffing standards. Existing regulations of the department applicable to skilled nursing facilities define "music therapist" as a person who has a bachelor's degree in music therapy and who is registered or eligible for registration by the National Association for Music Therapy, now known as the American Music Therapy Association.

This bill would prohibit a person who provides music therapy, as defined, from using the title of "Board Certified Music Therapist" unless the person has completed specified education and clinical training requirements. The bill would also establish that it is an unfair business practice for a person to use the title "Board Certified Music Therapist" if they do not meet those requirements. The bill would prohibit its provisions from being construed to authorize a person engaged in music therapy to state or imply that they provide mental health counseling, psychotherapy, or occupational therapy for which a license is required, as provided. The bill would further prohibit its provisions from being construed to require a music therapist currently employed by the State of California to obtain certification as a Board Certified Music Therapist.

Vote: majority Appropriation: no Fiscal Committee: no Local Program: no

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. Chapter 10.7 (commencing with Section 4650) is added to Division 2 of the Business and Professions Code, to read:

CHAPTER 10.7. Music Therapy

4650. This chapter shall be known, and may be cited, as the Music Therapy Act.

4651. The Legislature finds and declares the following:

(a) Existing national certification of music therapists requires the therapist to have graduated with a bachelor's degree or its equivalent, or higher, from a music therapy degree program approved by the American Music Therapy Association (AMTA), successful completion of a minimum of 1,200 hours of supervised clinical work through preinternship training at an approved degree program, and internship training through approved national roster or university affiliated internship programs, or an equivalent.

(b) Upon successful completion of the AMTA academic and clinical training requirements or its international equivalent, an individual is eligible to sit for the national board certification exam administered by the Certification Board for Music Therapists (CBMT), an independent, nonprofit corporation fully accredited by the National Commission for Certifying Agencies.

(c) The CBMT grants the Music Therapist-Board Certified (MT-BC) credential to music therapists who have demonstrated the knowledge, skills, and abilities for competence in the current practice of music therapy. The purpose of board certification in music therapy is to provide an objective national standard that can be used as a measure of professionalism and competence by interested agencies, groups, and individuals.

(d) The MT-BC is awarded by the CBMT to an individual upon successful completion of an academic and clinical training program approved by the AMTA or an international equivalent and successful completion of an objective written examination demonstrating current competency in the profession of music therapy. The CBMT administers this examination, which is based on a nationwide music therapy practice analysis that is reviewed and updated every five years to reflect current clinical practice.

(e) Once certified, a music therapist must adhere to the CBMT Code of Professional Practice and recertify every five years through either a program of continuing education or reexamination.

4652. It is the intent of the Legislature that this chapter do the following:

(a) Provide a statutory definition of music therapy.

(b) Enable consumers and state and local agencies to more easily identify qualified music therapists.

4653. As used in this chapter:

(a) "Music therapy" means the clinical and evidence-based use of music therapy interventions in developmental, rehabilitative, habilitative, medical, mental health, preventive, wellness care, or educational settings to address physical, emotional, cognitive, and social needs of individuals within a therapeutic relationship. Music therapy includes the following:

(1) The development of music therapy treatment plans specific to the needs and strengths of the client who may be seen individually or in groups.

(2) Music therapy plans shall establish goals, objectives, and potential strategies of the music therapy services appropriate for the client and setting.

(b) "Music therapy interventions" include, but are not limited to, music improvisation, receptive music listening, song writing, lyric discussion, music and imagery, singing, music performance, learning through

music, music combined with other arts, music-assisted relaxation, music-based patient education, electronic music technology, adapted music intervention, and movement to music.

4654. An individual who provides music therapy shall not refer to oneself using the title of "Board Certified Music Therapist" unless the individual has completed all of the following:

(a) A bachelor's degree or its equivalent, or higher, from a music therapy degree program approved by the American Music Therapy Association using current standards, beginning with those adopted on April 1, 2015.

(b) A minimum of 1,200 hours of supervised clinical work through preinternship training at an approved degree program and internship training through an approved national roster or university affiliated internship program, or the equivalent.

(c) The current requirements for certification, beginning with those adopted on April 1, 2015, established by the Certification Board for Music Therapists for the Music Therapist-Board Certified credential.

4655. This chapter shall not be construed to authorize a person engaged in music therapy to state or imply that they provide mental health counseling, psychotherapy, or occupational therapy for which a license is required under this division. While the use of music is not restricted to any profession, the use of music shall not imply or suggest that the person is a Board Certified Music Therapist, if they do not meet the criteria specified in Section 4654.

4656. It is an unfair business practice within the meaning of Chapter 5 (commencing with Section 17200) of Part 2 of Division 7, for a person to use the title "Board Certified Music Therapist" if they do not meet the requirements of Section 4654.

4657. This chapter shall not be construed to require a music therapist currently employed by the State of California to obtain certification as a Board Certified Music Therapist.

(/DPH)

Connecticut State Department of Public Health

CT.gov Home (/) Department of Public Health (/DPH) Music Therapist

- Practitioner Licensing and Investigations Section (/DPH/Practitioner-Licensing--Investigations/PLIS/Practitioner-Licensing--Investigations-Section)
- Investigations and Complaints (/DPH/Practitioner-Licensing--Investigations/PLIS/Reporting-a-Complaint)
- Online Licensing Services (https://www.elicense.ct.gov/)
- Written Verification of Licensure (/DPH/Practitioner-Licensing--Investigations/PLIS/Written-License-Verifications)
- Renewal Information (/DPH/Practitioner-Licensing--Investigations/Renewal/Health-Care-Practitioner-Renewal-Information)
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- Name and Address Changes (/DPH/Practitioner-Licensing--Investigations/PLIS/Requests-for-Name-or-Address-Change)
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- General Licensing Policies (/DPH/Practitioner-Licensing--Investigations/PLIS/Practitioner-Licensure-General-Policies-and-Procedures)

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Requests for Mailing Lists (/DPH/Informatics/Mailing-List-Request)

Licensing Statistics (/DPH/Practitioner-Licensing--Investigations/PLIS/Licensing-Statistics)

Scope of Practice Determinations (/DPH/Practitioner-Licensing--Investigations/Scope-of-Practice-Determinations-for-Health-Professions/Scope-of-Practice-Determinations-for-Health-Professions)

DPH Main Menu

Connecticut General Statutes
Chapter 383f
Music Therapists

Sec. 20-195ggg. Music therapists. Use of Title. (a) As used in this section:

(1) "Music therapy" means the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed a music therapy program approved by the American Music Therapy Association, or any successor of said association; and

(2) "Music therapist" means a person who (A) has earned a bachelor's or graduate degree in music therapy or a related field from an accredited institution of higher education, and (B) is certified as a music therapist by the Certification Board for Music Therapists or any successor of said board.

(b) No person unless certified as a music therapist by the Certification Board for Music Therapists, or any successor of said board, may use the title "music therapist" or "certified music therapist" or make use of any title, words, letters, abbreviations or insignia indicating or implying that he or she is a certified music therapist. Any person who violates this section shall be guilty of a class D felony. For purposes of this section, each instance of contact or consultation with an individual that is in violation of any provision of this section shall constitute a separate offense.

(c) The provisions of this section shall not apply to a person who (1) is licensed, certified or regulated under the laws of this state in another profession or occupation, including, but not limited to, occupational therapy, physical therapy, speech and language pathology, audiology or counseling, or is supervised by such a licensed, certified or regulated person, and uses music in the practice of his or her licensed, certified or regulated profession or occupation that is incidental to such practice, provided the person does not hold himself or herself out to the public as a music therapist, (2) is a student enrolled in a music therapy educational program or graduate music therapy educational program approved by the American Music Therapy Association, or any successor of said association, and music therapy is an integral part of the student's course of study and such student is performing such therapy under the direct supervision of a music therapist, or (3) is a professional whose training and national certification attests to such person's ability to practice his or her certified occupation or profession and whose use of music is incidental to the practice of such occupation or profession, provided such person does not hold himself or herself out to the public as a music therapist.

Please note that licenses are not issued by the Department to music therapists.

Rule 590-11-1-.01 Application for Licensure

(1) Applicants for licensure as a music therapist must submit the following:

(a) a completed application, on the appropriate form, accompanied by the required fee;

(b) completed information and forms needed to submit the results of a fingerprint background check as required by O.C.G.A. § 43-25A-5(6);

(c) transcripts showing evidence of a bachelor's degree or higher in music therapy, or its equivalent, from a program approved by the American Music Therapy Association or any successor organization within an accredited college or university;

(d) evidence of completion of a minimum of 1,200 hours of clinical training, with at least 180 hours in preinternship experiences and at least 900 hours in internship experiences approved by an academic institution, the American Music Therapy Association or any successor organization;

(e) Secure and verifiable documentation of United States citizenship or lawful presence in the United States as required by Georgia law;

(f) evidence of one of the following:

1. passing scores for the examination for board certification offered by the Certification Board for Music Therapists or any successor organization and evidence of current certification by the Certification Board for Music Therapists or any successor organization; or

2. proof of being transitioned into board certification and evidence of current certification by the Certification Board for Music Therapists or any successor organization; and

(g) any additional information requested by the Secretary of State to establish eligibility.

(2) An application is active for one year, after which a new application and fee are required.

Rule 590-11-1-.02 Licensure Renewal

(1) Licenses shall expire on March 31 of even years. Completed license renewal applications, accompanied by the appropriate fee and any other required documentation shall be submitted by the posted deadline.

(2) Licensees must submit evidence of completion of forty (40) hours of continuing education.

(3) License renewal applications submitted or postmarked after the renewal deadline will be void and the licensee will be forfeited.

Rule 590-11-1-.03 Restoration of Licensure

(1) Licensees with an expired license may submit an application for restoration of licensure within one (1) year following the expiration date of the license.

(2) Licensees on inactive status may restore a license within two (2) years of placing the license on inactive status.

(3) Applicants for restoration of licensure as a music therapist must submit the following:

(a) a completed application, on the appropriate form, accompanied by the required fee or fees;

(b) completed information and forms needed to submit the results of a fingerprint record check as required by O.C.G.A. § 43-25A-5(6);

(c) evidence of current certification by the Certification Board for Music Therapists or any successor organization;

(d) evidence of continuing education;

(e) Secure and verifiable documentation of United States citizenship or lawful presence in the United States as required by Georgia law; and

(f) any additional information requested by the Secretary of State to establish eligibility.

(4) Applicants who are restoring a license that has been lapsed must submit evidence of completion of forty (40) hours of continuing education.

(5) 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.

(6) An application for restoration of a license is active for one (1) year.

(7) A person who has a license that 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.

Rule 590-11-1-.04 Inactive Status

(1) A currently licensed music therapist who wishes to maintain his or her license but who does not wish to practice music therapy in this State may apply for inactive licensure status by submitting an application for inactive status and paying the required fee. A licensee granted inactive status is exempt from filing a biennial license renewal application and paying a license renewal fee. A licensee who holds an inactive license shall not practice as a music therapist in this State.

(2) A licensee may continue in inactive status may continue for a period up to two years.

(3) An inactive license may be changed to active status by filing an application for restoration, complying with restoration requirements, and paying a restoration fee.

(4) An inactive license may not be restored after two years, but the person may apply as a new applicant.

Rule 590-11-1-.05 Continuing Education

(1) Licensees shall produce evidence of completion of forty (40) hours of continuing education completed within the two year renewal period.

(2) Continuing education courses must be approved by the Certification Board of Music Therapists or any successor organization.

Rule 590-11-1-.01 Application for Licensure

Rule 590-11-1-.02 Licensure Renewal

Rule 590-11-1-.03 Restoration of Licensure

Rule 590-11-1-.04 Inactive Status

Rule 590-11-1-.05 Continuing Education

TITLE 43. PROFESSIONS AND BUSINESSES
CHAPTER 25A. MUSIC THERAPY

O.C.G.A. § 43-25A-1 (2012)

§ 43-25A-1. Definitions

As used in this chapter, the term:

(1) "Advisory group" means the Music Therapy Advisory Group.

(2) "Board certified music therapist" means an individual who has completed the education and clinical training requirements established by the American Music Therapy Association, has passed the Certification Board for Music Therapists certification examination or transitioned into board certification, and remains actively certified by the Certification Board for Music Therapists.

(3) "Music therapist" means a person licensed to practice music therapy pursuant to this chapter.

(4) "Music therapy" means the clinical and evidence based use of music interventions to accomplish individualized goals within a therapeutic relationship through an individualized music therapy treatment plan for the client that identifies the goals, objectives, and potential strategies of the music therapy services appropriate for the client using music therapy interventions, which may include music improvisation, receptive music listening, song writing, lyric discussion, music and imagery, music performance, learning through music, and movement to music. This term may include:

(A) Accepting referrals for music therapy services from physicians, psychologists, speech-language pathologists, occupational therapists, physical therapists, audiologists, or other medical, developmental, or mental health professionals; education professionals; family members; clients; or caregivers. Before providing music therapy services to a client for a medical, developmental, or mental health condition, the licensee shall collaborate, as applicable, with the client's physician, psychologist, or mental health professional to review the client's diagnosis, treatment needs, and treatment plan. During the provision of music therapy services to a client for a medical, developmental, or mental health condition, the licensee shall collaborate, as applicable, with the client's speech-language pathologist, occupational therapist, physical therapist, audiologist, or other medical or developmental professional to review the client's diagnosis, treatment needs, and treatment plan;

(B) Conducting a music therapy assessment of a client to collect systematic, comprehensive, and accurate information necessary to determine the appropriate type of music therapy services to provide for the client;

(C) Developing an individualized music therapy treatment plan for the client;

(D) Carrying out an individualized music therapy treatment plan that is consistent with any other medical, developmental, mental health, or educational services being provided to the client;

(E) Evaluating the client's response to music therapy and the individualized music therapy treatment plan and suggesting modifications, as appropriate;

(F) Developing a plan for determining when the provision of music therapy services is no longer needed in collaboration with the client, any physician, or other provider of health care or education of the client, any appropriate member of the family of the client, and any other appropriate person upon whom the client relies for support;

(G) Minimizing any barriers so that the client may receive music therapy services in the least restrictive environment; and

(H) Collaborating with and educating the client and the family or caregiver of the client or any other appropriate person about the needs of the client that are being addressed in music therapy and the manner in which the music therapy addresses those needs.

(5) "Office" means the office of the Secretary of State.

(6) "Secretary" means the Secretary of State or his or her designee.

HISTORY: Code 1981, § 43-25A-1, enacted by Ga. L. 2012, p. 884, § 1/SB 414.

§ 43-25A-2. Creation of Music Therapy Advisory Group; membership; terms; service

(a) There is created within the office of the Secretary of State a Music Therapy Advisory Group which shall consist of five members.

(b) The Secretary shall appoint all members of the advisory group. The advisory group shall consist of persons familiar with the practice of music therapy to provide the Secretary with expertise and assistance in carrying out his or her duties pursuant to this chapter.

(c) The Secretary shall appoint members of the advisory group to serve for terms of four years. The Secretary shall appoint three members who practice as music therapists in this state; one member who is a licensed health care provider who is not a music therapist; and one member who is a consumer.

(d) Members shall serve without compensation.

(e) Members may serve consecutive terms at the will of the Secretary. Any vacancy shall be filled in the same manner as the regular appointments.

HISTORY: Code 1981, § 43-25A-2, enacted by Ga. L. 2012, p. 884, § 1/SB 414.

§ 43-25A-3. Meetings; public education; consultation

(a) The advisory group shall meet at least once per year or as otherwise called by the Secretary.

(b) The Secretary shall consult with the advisory group prior to setting or changing fees in this chapter.

(c) The advisory group may facilitate the development of materials that the Secretary may utilize to educate the public concerning music therapist licensure, the benefits of music therapy, and utilization of music therapy by individuals and in facilities or institutional settings.

(d) The advisory group may act as a facilitator of state-wide dissemination of information between music therapists, the American Music Therapy Association or any successor organization, the Certification Board for Music Therapists or any successor organization, and the Secretary.

(e) The advisory group shall provide analysis of disciplinary actions taken, appeals and denials, or revocation of licenses at least once per year.

(f) The Secretary shall seek the advice of the advisory group for issues related to music therapy.

HISTORY: Code 1981, § 43-25A-3, enacted by Ga. L. 2012, p. 884, § 1/SB 414.

§ 43-25A-4. Use of title "music therapist."

After January 1, 2014, no person without a license as a music therapist shall use the title "music therapist" or similar title, or perform the duties of a music therapist, provided that this chapter shall not prohibit any practice of music therapy that is an integral part of a program of study for students enrolled in an accredited music therapy program. Nothing in this Code section shall be construed as preventing or restricting the practice, services, or activities of any profession including occupational therapists, speech-language pathologists, physical therapists, or audiologists that may also use music in the scope of their practice.

HISTORY: Code 1981, § 43-25A-4, enacted by Ga. L. 2012, p. 884, § 1/SB 414.

§ 43-25A-5. Application for music therapy license

The Secretary shall issue a license to an applicant for a music therapy license when such applicant has completed and submitted an application upon a form and in such manner as the Secretary prescribes, accompanied by applicable fees, and evidence satisfactory to the Secretary that:

(1) The applicant is at least 18 years of age;

(2) The applicant holds a bachelor's degree or higher in music therapy, or its equivalent, from a program approved by the American Music Therapy Association or any successor organization within an accredited college or university;

(3) The applicant successfully completes a minimum of 1,200 hours of clinical training, with at least 180 hours in preinternship experiences and at least 900 hours in internship experiences, provided that the internship shall be approved by an academic institution, the American Music Therapy Association or any successor organization, or both;

(4) The applicant is in good standing based on a review of the applicant's music therapy licensure history in other jurisdictions, including a review of any alleged misconduct or neglect in the practice of music therapy on the part of the applicant;

(5) The applicant provides proof of passing the examination for board certification offered by the Certification Board for Music Therapists or any successor organization or provides proof of being transitioned into board certification, and provides proof that the applicant is currently a board certified music therapist; and

(6) The applicant has satisfactory results from a fingerprint record check report conducted by the Georgia Crime Information Center and the Federal Bureau of Investigation, as determined by the Secretary. Application for a license under this Code section shall constitute express consent and authorization for the Secretary or his or her representative to perform a criminal background check. Each applicant who submits an application to the Secretary for licensure by examination agrees to provide the Secretary with any and all information necessary to run a criminal background check, including, but not limited to, classifiable sets of fingerprints. The applicant shall be responsible for all fees associated with the performance of such background check.

HISTORY: Code 1981, § 43-25A-5, enacted by Ga. L. 2012, p. 884, § 1/SB 414.

§ 43-25A-6. Biennial renewal of license; address changes; failure to renew; inactive status of license

(a) Every license issued under this chapter shall be renewed biennially. A license shall be renewed upon payment of a renewal fee if the applicant is not in violation of any of the terms of this chapter at the time of application for renewal. The following shall also be required for license renewal:

(1) Proof of maintenance of the applicant's Certification Board for Music Therapists credentials; and

(2) Proof of completion of a minimum of 40 hours of continuing education in a program approved by the Certification Board of Music Therapists or any successor organization and any other continuing education requirements established by the Secretary.

(b) A licensee shall inform the Secretary of any changes to his or her address. Each licensee

shall be responsible for timely renewal of his or her license.

(c) Failure to renew a license shall result in forfeiture of the license. Licenses that have been forfeited may be restored within one year of the expiration date upon payment of renewal and restoration fees. Failure to restore a forfeited license within one year of the date of its expiration shall result in the automatic termination of the license, and the Secretary may require the individual to reapply for licensure as a new applicant.

(d) Upon written request of a licensee, the Secretary may place an active license on an inactive status subject to an inactive status fee established by the Secretary. The licensee, upon request and payment of the inactive license fee, may continue on inactive status for a period up to two years. An inactive license may be reactivated at any time by making a written request to the Secretary and by fulfilling requirements established by the Secretary.

HISTORY: Code 1981, § 43-25A-6, enacted by Ga. L. 2012, p. 884, § 1/SB 414.

§ 43-25A-7. Limited waiver of examination

The Secretary shall waive the examination requirement for an applicant until January 1, 2014, who is:

(1) Certified as a music therapist and in good standing with the Certification Board for Music Therapists; or

(2) Designated as a registered music therapist, certified music therapist, or advanced certified music therapist and in good standing with the National Music Therapy Registry.

HISTORY: Code 1981, § 43-25A-7, enacted by Ga. L. 2012, p. 884, § 1/SB 414.

§ 43-25A-8. Authority of Secretary of State to investigate and act upon conduct

(a) The Secretary may revoke, suspend, deny, or refuse to issue or renew a license; place a licensee on probation; or issue a letter of admonition upon proof that the licensee:

(1) Has procured or attempted to procure a license by fraud, deceit, misrepresentation, misleading omission, or material misstatement of fact;

(2) Has been convicted of a felony as provided under state law;

(3) Has willfully or negligently acted in a manner inconsistent with the health or safety of persons under the individual's care;

(4) Has had a license to practice music therapy suspended or revoked or has otherwise been subject to discipline related to the individual's practice of music therapy in any other jurisdiction;

(5) Has committed a fraudulent insurance act;

(6) Excessively or habitually uses alcohol or drugs, provided that the Secretary shall not discipline an individual under this paragraph if the individual is enrolled in a substance abuse program approved by the office; or

(7) Has a physical or mental disability that renders the individual incapable of safely administering music therapy services.

(b) The Secretary is authorized to conduct investigations into allegations of conduct described in subsection (a) of this Code section.

(c) In addition to suspension, revocation, denial, or refusal to renew a license, the Secretary shall fine a person found to have violated any provision of this chapter or any rule adopted by the Secretary under this chapter not less than $100.00 nor more than $1,000.00 for each violation.

(d) The provisions of Chapter 13 of Title 50, the "Georgia Administrative Procedure Act," shall be applicable to the Secretary of State and the provisions of this chapter.

HISTORY: Code 1981, § 43-25A-8, enacted by Ga. L. 2012, p. 884, § 1/SB 414.

ARTICLE 112-03
MUSIC THERAPIST LICENSURE

Chapter
112-03-01 Music Therapy

CHAPTER 112-03-01
MUSIC THERAPY

Section
112-03-01-01 Definitions
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112-03-01-01. Definitions.

Unless specifically stated otherwise, all definitions found in North Dakota Century Code chapter 43-59 are applicable to this title. In this title, unless the context or subject matter otherwise requires:

1. "National association" means the American music therapy association or its successor. The successor may be an accrediting agency recognized by the United States department of education.

2. "National board" means the certification board for music therapists or its successor.

3. "National board examinations" means the music therapy examination for board certification or its successor.

History: Effective April 1, 2013.
General Authority: NDCC 43-57-03
Law Implemented: NDCC 43-57-03, 43-59-03

112-03-01-02. Application for licensure.

Application shall be made on the official form issued by the board. The form may be secured from the board's official website.

1. Applicants holding current board certification from the certification board for music therapists shall be considered when all of the following have been received:

   a. A signed and dated completed official application form, including the applicant's certification number from the certification board for music therapists.

   b. The application fee and the initial license fee.

   c. Applicants holding a professional designation from the national music therapy registry (RMT-registered music therapist; CMT-certified music therapist; ACMT-advanced certified music therapist) shall submit the following documents for consideration:

(1) A signed and dated completed official application form;

(2) A photocopy of the professional designation granted by the national music therapy registry. The copy must include the type of designation and designation number;

(3) A current curriculum vitae documenting the practice of music therapy, including the contact information for two professional references, one of which must relate to the practice of music therapy; and

(4) The application fee and the initial licensing fee.

History: Effective April 1, 2013.
General Authority: NDCC 28-32-02, 43-57-03
Law Implemented: NDCC 43-57-03, 43-59-03

112-03-01-03. License by endorsement.

An application for license by endorsement will be considered by the board if the following conditions are met:

1. The candidate has received a music therapy degree from a national association-approved school.

2. The candidate holds a current valid license in good standing to practice as a music therapist in another state or jurisdiction. Official written verification of licensure status must be received by the board from the other state or jurisdiction.

3. The board certification requirements of the other state or jurisdiction are the same. Official verification of board certification requirements must be received by the board from the other state or jurisdiction.

4. The candidate has filed with the board an official application for licensure by endorsement, a copy of the diploma from an approved school, a copy of the current valid license, and the required application fee.

History: Effective April 1, 2013.
General Authority: NDCC 43-57-03
Law Implemented: NDCC 43-57-03, 43-59-03

112-03-01-04. Examination requirements.

1. Those applicants for licensure who have obtained a passing score on the music therapy examination for board certification or who transitioned into board certification and have remained actively certified by the certification board for music therapists or its successor shall be deemed to have met the examination requirements.

2. Those applicants who hold a professional designation from the national music therapy registry are exempt from the examination requirement when applying for the initial license but must obtain a passing score on the national board examination prior to renewing their licenses. Official verification of satisfactory passage must be received by the board before a license may be renewed.

History: Effective April 1, 2013.
General Authority: NDCC 28-32-02, 43-57-03
Law Implemented: NDCC 43-59-03

112-03-01-05. License issued - Approved designation.

When it shall have been determined by the board that any candidate is at least eighteen years of age, has met the examination requirements outlined in section 112-03-01-04, and is a person of good moral character, there shall be issued to such candidate a license to practice music therapy. The licensee may use the designation music therapist.

History: Effective April 1, 2013.
General Authority: NDCC 28-32-02, 43-57-03
Law Implemented: NDCC 43-57-06, 43-59-02, 43-59-03

112-03-01-06. License displayed.

1. If a licensed music therapist moves to a new office location, the board must be notified of the change.

2. A current certificate or duplicate certificate issued by the board must at all times be displayed in each office location of the music therapist. In case of loss or destruction, a duplicate certificate may be issued by the board upon receipt of satisfactory evidence of the loss or destruction.

3. A licensed music therapist providing temporary services in offsite locations must carry a duplicate license wallet card and show the card upon request.

History: Effective April 1, 2013.
General Authority: NDCC 28-32-02, 43-57-03
Law Implemented: NDCC 43-57-03, 43-59-02

112-03-01-07. License renewal and fees.

1. Every music therapist who has been licensed by the board shall renew the license by remitting a renewal fee on or before December thirty-first of each odd-numbered year and completing the questionnaire provided by the board. For applicants who receive an initial license after July first in an odd-numbered year, the license will be deemed to be automatically renewed on December thirty-first for an additional two years without payment of an additional renewal fee.

2. The applicant for renewal shall certify on the questionnaire that the continuing education requirements have been or will be met by December thirty-first. The applicant must keep records of completed continuing education. The board shall conduct random compliance audits of licensees. Failure to complete continuing education is considered unprofessional conduct.

3. A license renewal application received on or after January first of an even-numbered year is a late renewal and requires a new completed application form, the renewal fee, plus a late fee set by the board. Proof of appropriate continuing education hours must be presented. A license that has not been renewed by December thirty-first in an odd-numbered year is a lapsed license.

History: Effective April 1, 2013.
General Authority: NDCC 28-32-02, 43-57-03
Law Implemented: NDCC 43-57-07, 43-59-03

112-03-01-08. Lapsed licenses.

Once a license has lapsed, the person who held the lapsed license may not practice music therapy or use a title reserved under state law for individuals who are licensed by the board until a new license is issued. A person whose license has lapsed but who continues to practice music therapy or use a

restricted title violates state law and this chapter. Such a violation is grounds for denying an application by the former licensee for renewal of the lapsed license or for a new license.

History: Effective April 1, 2013.
General Authority: NDCC 43-57-03
Law Implemented: NDCC 43-57-03, 43-57-07, 43-59-02

112-03-01-09. Continuing education requirements.

1. All active licensees shall complete a minimum of forty hours of approved continuing education credit biennially. Only hours earned at board-accepted continuing education programs will be allowed. One hour of credit is earned for every fifty minutes of actual class time.

2. An extension of time or other waiver to complete the hours required in subsection 1 shall be granted upon written application if the licensee failed to meet the requirements due to illness, military service, medical or religious missionary activity, or other extenuating circumstance.

History: Effective April 1, 2013.
General Authority: NDCC 28-32-02, 43-57-03
Law Implemented: NDCC 43-57-03, 43-57-07, 43-59-03

112-03-01-10. Board approval of continuing education.

1. In order to receive board approval, a continuing education program must be accepted by the national board.

2. It is the responsibility of the licensee to verify the appropriate credit designation with the source of the program, not with the board. All licensees must verify eligibility for continuing credit and the appropriate credit designation before taking any particular course.

History: Effective April 1, 2013.
General Authority: NDCC 28-32-02, 43-57-03
Law Implemented: NDCC 43-57-03, 43-57-07, 43-59-03

112-03-01-11. Board audit.

Each biennium the board will audit randomly selected music therapists to monitor compliance with the continuing education requirements. Any music therapist so audited will be required to furnish documentation of compliance, including the name of the continuing education provider, name of the program, hours of continuing education completed, dates of attendance, and verification of attendance. Any music therapist who fails to provide verification of compliance with the continuing education requirements will be subject to revocation of licensure. In order to facilitate the board's audits, every music therapist is required to maintain a record of all continuing education activities in which the music therapist has participated. Every music therapist must maintain those records for a period of at least two years following the time when those containing education activities were reported to the board.

History: Effective April 1, 2013.
General Authority: NDCC 28-32-02, 43-57-03
Law Implemented: NDCC 43-57-07, 43-57-08, 43-59-03

112-03-01-12. Fees.

The board charges the following nonrefundable fees:

1. **Application.** The fee for filing an application for an initial license is fifty dollars.

2. **Initial license.** The fee for an initial license is one hundred dollars. The licensing period is biennial, ending on December thirty-first every odd-numbered year. The initial license fee shall

be prorated quarterly based upon the time period remaining in the two-year cycle at application.

3. **Temporary license.** The temporary license fee shall be one hundred dollars. The cost of the temporary license fee will be applied toward the initial license fee upon receipt of application for the initial license.

4. **Renewal.** Licenses renew on December thirty-first every odd-numbered year. The renewal fee is one hundred dollars for active status and seventy-five dollars for inactive status.

5. **Change of status.** To change from inactive to active status, the fee shall be prorated on a quarterly basis on the time period remaining in the two-year cycle.

6. **Late filing.** An additional late filing fee will be charged on renewal applications not received by December thirty-first every odd-numbered year. The late filing fee is seventy-five dollars.

7. **Duplicate license.** The duplicate license fee for a license certificate is twenty-five dollars. The duplicate license fee for a license wallet card is twenty dollars.

History: Effective April 1, 2013.
General Authority: NDCC 43-57-03
Law Implemented: NDCC 43-57-03, 43-57-07, 43-59-03

CHAPTER 43-59
MUSIC THERAPISTS

43-59-01. Definitions.

As used in this chapter, unless the context otherwise requires:

1. "Board" means the state board of integrative health care created under chapter 43-57.
2. "Licensee" means an individual licensed by the board under this chapter.
3. "Music therapist" is an individual who practices music therapy.
4. "Music therapy" is the specialized use of music and the materials of music to restore, maintain, and improve the following areas of functioning: cognitive, psychological, social or emotional, affective, physical, sensory or sensorimotor, motor, communicative, and physiological functioning. Techniques used in the practice of music therapy include the use of music to provide participatory individual and group experiences; musical improvisation; therapeutic development of verbal skills and nonverbal behavior; receptive music learning; lyric discussions; memory recall; music and imagery; self-expression through composition and songwriting; socialization and enhancement of self-esteem through music performance; relaxation to music, including stress and pain management; learning through music; cultural and spiritual expression; development of fine and gross motor skills through responses to rhythm; respiratory and speech improvements through sound production; sensory integration and stimulation; increased awareness of music for development of recreation and leisure interests; and interactive verbal techniques to help facilitate, elicit, or summarize the techniques listed in this subsection and build the therapeutic relationship.

43-59-02. Music therapy - License required - Title restrictions - Exceptions.

1. Effective August 1, 2012, a person may not hold out as practicing music therapy, hold out as being a music therapist, or use a title or other designation indicating the person is a music therapist in this state unless that person is an individual licensed under this chapter and chapter 43-57.
2. The licensure provisions of this chapter do not prevent or restrict the practice, services, or activities of any individual licensed in another profession or any individual supervised by a licensed professional from performing work incidental to the practice of that profession or occupation, if that individual does not represent the individual as a music therapist.

43-59-03. Qualifications for licensure.

1. In order to obtain a license to practice music therapy in this state, an application must be made to the board. The application must be upon the form adopted by the board and must be made in the manner prescribed by the board.
2. An applicant for licensure to practice music therapy shall file an application on forms provided by the board showing to the board's satisfaction that the applicant is an individual of good moral character, is at least eighteen years of age, and satisfied all the requirements established by the board which may include:
   a. Successful graduation of a board-approved educational program;
   b. Successful completion of a board-approved examination prescribed or endorsed by the board;
   c. Hold in good standing a board-approved designation, such as:
      (1) A music therapist board-certified credential from the certification board for music therapists; or
      (2) A professional designation from the national music therapy registry, which may include registered music therapist, certified music therapist, and advanced certified music therapist.
   d. Physical, mental, and professional capability for the practice of music therapy in a manner acceptable to the board;

e. A history free of any finding by the board, any other state licensure board, or any court of competent jurisdiction of the commission of any act that would constitute grounds for disciplinary action under this chapter or chapter 43-57. The board may modify this restriction for cause.

3. The application must be accompanied by the board-established license fees and application fees and by the documents, affidavits, and certificates necessary to establish that the applicant possesses the necessary qualifications.

§§1-11 -
C.45:8B-90.1
to 45:8B-90.11
§13 - Note

P.L. 2019, CHAPTER 471, ***approved January 21, 2020***
Assembly, No. 2183 ***(First Reprint)***

AN ACT providing for the licensure of music therapists [1], amending P.L.2019, c.273,[1] and supplementing Title 45 of the Revised Statutes.

BE IT ENACTED *by the Senate and General Assembly of the State of New Jersey:*

1. This act shall be known and may be cited as the "Music Therapist Licensing Act."

2. The profession of music therapy in the State of New Jersey is determined to affect the public safety and welfare, and to be subject to regulation and control in the public interest in order to protect the public by setting standards of qualification, education, training, and experience for music therapists.

3. As used in this act:

[1]"Board" means the State Board of Creative Arts Therapies established in section 4 of P.L.2019, c.273 (C.).[1]

"Board certified music therapist" means an individual who has completed the education and clinical training requirements established by the American Music Therapy Association, has passed the Certification Board for Music Therapists certification examination or transitioned into board certification, and remains actively certified by the Certification Board for Music Therapists.

[1]**[**"Committee" means the Music Therapy Advisory Committee established pursuant to section 4 of this act.**]**[1]

"Licensed professional music therapist" means an individual who holds a current, valid license issued pursuant to section [1]**[**11**]** 8[1] of this act.

"Music therapist" means any person licensed to practice music therapy pursuant to the provisions of this act.

"Music therapy" means the clinical and evidence based use of music interventions to accomplish individualized goals within a therapeutic relationship through an individualized music therapy treatment plan for the client that identifies the goals, objectives, and potential strategies of the music therapy services appropriate for the client using music therapy interventions, which may include music

EXPLANATION – Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted in the law.

Matter underlined thus is new matter.
Matter enclosed in superscript numerals has been adopted as follows:
[1]Senate SBA committee amendments adopted January 6, 2020.

improvisation, receptive music listening, song writing, lyric discussion, music and imagery, music performance, learning through music, and movement to music. The practice of music therapy does not include the diagnosis of any physical, mental, or communication disorder. This term may include:

(1) accepting referrals for music therapy services from medical, developmental, mental health or education professionals; family members; clients; or caregivers. Before providing music therapy services to a client for a medical, developmental, or mental health condition, the licensed professional music therapist shall collaborate, as applicable, with the client's physician, psychologist, licensed clinical social worker, or other mental health professional to review the client's diagnosis, treatment needs, and treatment plan. Before providing music therapy services to a client for a speech, language, voice, fluency, cognitive-linguistic, or swallowing disorder the licensed professional music therapist shall collaborate, as applicable, with the client's speech-language pathologist or audiologist to review the client's diagnosis, treatment needs, and treatment plan. During the provision of music therapy services to a client, the licensed professional music therapist shall collaborate, as applicable, with the client's physician, psychologist, licensed clinical social worker, or other mental health professional. During the provision of music therapy services to a client for a speech, language, voice, fluency, cognitive-linguistic, or swallowing disorder the licensed professional music therapist shall collaborate, as applicable, with the client's speech-language pathologist or audiologist;

(2) conducting a music therapy assessment of a client to collect systematic, comprehensive, and accurate information necessary to determine the appropriate type of music therapy services to provide for the client;

(3) developing an individualized music therapy treatment plan for the client;

(4) carrying out an individualized music therapy treatment plan that is consistent with any other medical, developmental, mental health, educational, or rehabilitation services being provided to the client. When providing educational services a music therapist may not replace the services typically provided by a speech-language specialist, and when providing rehabilitation services a music therapist may not replace the services typically provided by a speech-language pathologist; however, nothing in this section shall be construed as prohibiting a music therapist from working with a client diagnosed with a communication disorder;

(5) evaluating the client's response to music therapy and the individualized music therapy treatment plan, and suggesting modifications, as appropriate;

(6) developing a plan for determining when the provision of music therapy services is no longer needed in collaboration with the

client, any physician, or other provider of health care or education of the client, any appropriate member of the family of the client, and any other appropriate person upon whom the client relies for support;

(7) minimizing any barriers so that the client may receive music therapy services in the least restrictive environment; and

(8) collaborating with and educating the client, and the family or caregiver of the client, or any other appropriate person, about the needs of the client that are being addressed in music therapy and the manner in which the music therapy addresses those needs.

[1][4. There is created in the Division of Consumer Affairs in the Department of Law and Public Safety under the State Board of Medical Examiners, a Music Therapy Advisory Committee. The committee shall consist of five members who are residents of the State as follows: three members who are music therapists, one member who is a licensed health care or mental health care practitioner, and one member who is a public member. Except for the music therapist members first appointed, three of the members shall be licensed music therapists under the provisions of this act and shall have been actively engaged in the practice of music therapy in the State for at least five years immediately preceding their appointment.

The Governor shall appoint the members with the advice and consent of the Senate. Each member shall be appointed for a term of three years, except that of the members first appointed, two shall serve for a term of three years, two shall serve a term of two years and one shall serve for a term of one year. Each member shall hold office until his successor has been qualified and appointed. Any vacancy in the membership of the committee shall be filed for the unexpired term in the manner provided for in the original appointment. No member of the committee may serve more than two successive terms in addition to any unexpired term to which he has been appointed.]**[1]**

[1][5. Members of the committee shall be reimbursed for expenses and provided with office and meeting facilities pursuant to section 2 of P.L.1977, c.285 (C.45:1-2.5).]**[1]**

[1][6. The committee shall organize within 30 days after the appointment of its members and shall annually elect from its members a chairperson and a vice-chairperson, and may appoint a secretary, who need not be a member of the committee. The committee shall meet at least twice a year and may hold additional meetings as necessary to discharge its duties. A majority of the committee membership shall constitute a quorum.]**[1]**

[1]**[**7.**]** 4.[1] The [1]**[**committee may have the following powers and duties, as delegated by the State Board of Medical Examiners**]** State Board of Creative Arts Therapies shall[1]:

a. Issue and renew licenses to music therapists pursuant to the provisions of this act;

b. Suspend, revoke or fail to renew the license of a music therapist pursuant to the provisions of P.L.1978, c.73 (C.45:1-14 et seq.);

c. Maintain a record of every music therapist licensed in this State, their place of business, place of residence, and the date and number of their license;

d. Prescribe or change the charges for licensures, renewal and other services performed pursuant to P.L.1974, c.46 (C.45:1-3.1 et seq.);

e. Establish standards for the continuing education of music therapists; and

f. Promulgate rules and regulations [1]**[**to carry out matters delegated to the committee by the State Board of Medical Examiners**]**[1] concerning any provisions of this act, in conformance with the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.).

[1]**[**8.**]** 5.[1] a. No person shall engage in the practice of music therapy unless licensed as a professional music therapist pursuant to the provisions of this act.

b. No person shall use the title "licensed professional music therapist" or the abbreviation "LPMT" or any other title, designation, words, letters, abbreviations or insignia indicating the practice of music therapy unless licensed pursuant to the provisions of this act.

[1]**[**9.**]** 6.[1] Nothing in this act shall be construed to apply to:

a. The activities and services of qualified members of other professions, including physicians, psychologists, psychoanalysts, registered nurses, marriage and family therapists, social workers, occupational therapists, professional or rehabilitation counselors, speech-language pathologists or audiologists, or any other professional licensed by the State, when acting within the scope of their profession and doing work of a nature consistent with their training, provided they do not hold themselves out to the public as possessing a license issued pursuant to this act or represent themselves by any professional title regulated by this act.

b. The activities of a music therapy nature on the part of persons enrolled in a recognized training program, provided that these activities and services constitute a part of a supervised course of study and that those persons are designated by a title such as

"music therapy intern" or other title clearly indicating the training status appropriate to the level of training.

c. The activities and services of any person whose training and national certification attests to the individual's preparation and ability to practice his certified profession or occupation, if that person does not represent himself by any professional title regulated by this act.

[1]**[**10.**]** 7.[1] To be eligible to be licensed as a professional music therapist, an applicant shall [1]**[**fulfill the following requirements**]**[1]:

a. [1]**[**Is**]** be[1] at least 18 years of age;

b. [1]**[**Is**]** be[1] of good moral character;

c. [1]**[**Holds**]** hold[1] a bachelor's degree, or higher degree, in music therapy, or its equivalent, from a program approved by the American Music Therapy Association, or any successor organization, within an accredited educational institution that is approved by the [1]**[**committee**]** board[1];

d. [1]**[**Has successfully completed**]** complete[1] a minimum of 1,200 hours of clinical training, with not less than 180 hours of pre-internship experience and not less than 900 hours of internship experience, as determined by the [1]**[**committee**]** board[1], provided that the internship is approved by an accredited educational institution approved by the [1]**[**committee**]** board[1], or by the American Music Therapy Association, or any successor organization, or both; and

e. [1]**[**Provides**]** provide[1] proof of passing the examination for board certification offered by the Certification Board for Music Therapists, or any successor organization, or that the applicant is a board certified music therapist.

[1]**[**11.**]** 8.[1] a. The [1]**[**State Board of Medical Examiners, in consultation with the committee,**]** board[1] shall issue a license to any applicant who has satisfactorily met all the requirements of this act.

b. All licenses shall be issued for a two-year period upon the payment of the prescribed licensure fee, and shall be renewed upon filing of a renewal application, the payment of a licensure fee, and presentation of satisfactory evidence to the [1]**[**State Board of Medical Examiners**]** board[1] that in the period since the license was issued or last renewed any continuing education requirements have been completed as specified by the [1]**[**State Board of Medical Examiners**]** board[1].

[1]**[**12.**]** 9.[1] Upon payment to the [1]**[**State Board of Medical Examiners**]** board[1] of a fee and the submission of a written application provided by the [1]**[**State Board of Medical Examiners**]** board[1], the [1]**[**State Board of Medical Examiners**]** board[1] shall issue

a music therapy license to any person who holds a valid license issued by another state or possession of the United States or the District of Columbia which has standards substantially equivalent to those of this State, as determined by the 1[committee] board1.

1[13.] 10.1 For 360 days after the date procedures are established by the 1[State Board of Medical Examiners] board1 for applying for licensure under section 1[10] 71 of this act, any person may qualify as a licensed professional music therapist, upon application for licensure and payment of the appropriate fee, provided the applicant furnishes satisfactory evidence to the 1[State Board of Medical Examiners] board1 that he is either:

a. a board certified music therapist; or

b. designated as a registered music therapist, certified music therapist, or advanced certified music therapist, and in good standing, with the National Music Therapy Registry.

1[14.] 11.1 a. The 1[State Board of Medical Examiners, in consultation with the committee,] board1 shall require each licensed professional music therapist, as a condition of biennial license renewal to:

(1) Submit proof of maintenance of the applicant's status as a board certified music therapist; and

(2) Complete any continuing education requirement imposed by the 1[State Board of Medical Examiners, in consultation with the committee,] board1 pursuant to this section.

b. The 1[State Board of Medical Examiners, in consultation with the committee,] board1 shall promulgate rules and regulations for implementing continuing education requirements as a condition of license renewal for licenses issued pursuant to this act, which shall include a requirement that every applicant for license renewal shall have completed a total of at least 40 continuing education credit hours in a program approved by the Certification Board for Music Therapists, or any successor organization, over the prior two-year period.

1[12. Section 4 of P.L.2019, c.273 (C.) is amended to read as follows:

4. There is created within the Division of Consumer Affairs in the Department of Law and Public Safety, the State Board of Creative Arts Therapies. The board shall consist of eleven members who are residents of the State. Except for the members first appointed: eight of the members shall be therapists who are licensed in creative arts therapies, including but not limited to two members licensed in art therapy, two members licensed in dance/movement therapy, two members licensed in drama therapy, and two members licensed in music therapy under the provisions of

⟦this act⟧ the "Art Therapist Licensing Act," P.L.2015, c.199 (C.45:8B-51 et seq.), the "Creative Arts Therapies Licensing Act," P.L.2019, c.273 (C.), or the "Music Therapist Licensing Act," P.L. , c. (C.) (pending before the Legislature as this bill), as applicable, and shall have been actively engaged in the practice of a creative arts therapy for at least five years immediately preceding their appointment. The remaining members shall be public members. The members first appointed shall include: two members licensed in art therapy, two members who practice dance/movement therapy, two members who practice drama therapy, and two members who practice music therapy.

The Governor shall appoint the members with the advice and consent of the Senate. Each member shall be appointed for a term of three years, except that of the members first appointed, ⟦three⟧ five shall serve for a term of three years, ⟦two⟧ four shall serve for a term of two years and ⟦one⟧ two shall serve for a term of one year. Each member shall hold office until his successor has been qualified and appointed. Any vacancy in the membership of the board shall be filled for the unexpired term in the manner provided for in the original appointment. No member of the board may serve more than two successive terms in addition to any unexpired term to which the member has been appointed.[1]

(cf: P.L.2019, c.273, s.4)

[1]⟦15.⟧ 13.[1] This act shall take effect on the 180th day following enactment.

"Music Therapist Licensing Act."

[Rev. 9/10/2019 10:50:52 AM]

[NAC-640D Revised Date: 8-19]

CHAPTER 640D - MUSIC THERAPISTS

GENERAL PROVISIONS

640D.010 "Executive Officer" defined.
640D.020 Licensing of persons who practice music therapy required.
640D.030 Validity of notice sent to licensee or applicant.

LICENSING

640D.050 Applications.
640D.055 License by endorsement.
640D.060 Fees.
640D.065 Request for documents from applicant or licensee.
640D.070 Required actions of licensee or applicant if background investigation cannot be completed.
640D.080 Challenge of accuracy of information provided by Central Repository for Nevada Records of Criminal History.
640D.090 Actions of Executive Officer upon determining that licensee or applicant has been convicted of certain crimes.
640D.100 Reapplication for license upon expiration.

DISCIPLINARY ACTION

640D.200 Complaints regarding unlicensed practice.
640D.210 Complaints against licensee or applicant; investigation.
640D.220 Suspension and revocation of licenses; administrative fines.
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640D.240 Terms of suspension of license; authority of Executive Officer to terminate or extend suspension, modify terms of suspension or revoke license; licensee to pay costs of complying with terms of suspension.
640D.250 Contents of order of revocation of license; reinstatement of license following revocation.
640D.260 Appeal of decision relating to disciplinary action.

MUSIC THERAPY ADVISORY GROUP

640D.300 Establishment; membership; meetings; authorized activities; duties.

GENERAL PROVISIONS

NAC 640D.010 "Executive Officer" defined. (NRS 640D.090**)** As used in this chapter, unless the context otherwise requires, "Executive Officer" means the Executive Officer of the Board.

(Added to NAC by Bd. of Health by R077-12, eff. 12-20-2012)

NAC 640D.020 Licensing of persons who practice music therapy required. (NRS 640D.090, 640D.220**)** Except as otherwise provided in NRS 640D.080, all persons who practice music therapy in this State must be licensed pursuant to this chapter and chapter 640D of NRS.

(Added to NAC by Bd. of Health by R077-12, eff. 12-20-2012)

NAC 640D.030 Validity of notice sent to licensee or applicant. (NRS 640D.090**)** Any notice that is required by the provisions of this chapter or chapter 640D of NRS to be delivered by mail or electronically to

a licensee or an applicant for a license to practice music therapy shall be deemed to be validly given if the notice is sent to the last address or electronic mail address that was provided to the Executive Officer by the licensee or applicant.

(Added to NAC by Bd. of Health by R077-12, eff. 12-20-2012)

LICENSING

NAC 640D.050 Applications. (NRS 640D.090, 640D.110, 640D.130)

1. All applications submitted pursuant to this chapter must be filed with the Executive Officer.

2. In addition to any applicable statutory requirements, an application for the issuance of a license to practice music therapy, the renewal of such a license or the reinstatement of such a license must include:

(a) The applicant's full name, including his or her first name, middle name if applicable and last name.

(b) Any other name that has been used by the applicant.

(c) The applicant's date of birth.

(d) The applicant's physical address and the applicant's mailing address if different than the physical address.

(e) A telephone number at which the applicant can be reached.

(f) A method of electronic communication, including, without limitation, an electronic mail address, a telephone number that will accept electronic mail or any other method by which the Executive Officer may communicate with the applicant other than by telephone or United States mail. The Executive Officer may exempt an applicant from the requirements of this paragraph if the applicant attests that the methods set forth in this paragraph are not feasible for him or her and acknowledges that the United States mail is the only means by which to communicate with the applicant.

(g) The certification number issued to the applicant by the Certification Board for Music Therapists or its successor organization.

(h) The status of any disciplinary action against the applicant by the Certification Board for Music Therapists or its successor organization.

(i) A statement by the applicant acknowledging the mandatory reporting requirements concerning the abuse, neglect, exploitation or isolation of an older person set forth in NRS 200.5093, the abuse, neglect, exploitation or isolation of a vulnerable person set forth in NRS 200.50935 and the abuse or neglect of a child set forth in NRS 432B.220.

(j) Any other information required by the Executive Officer to determine the applicant's identity or eligibility for licensure.

3. An application which is not complete or which does not include payment of all applicable fees must be returned to the applicant within 10 working days after receipt of the application.

4. The Executive Officer shall determine what constitutes satisfactory proof that an applicant satisfies the requirements for licensure.

5. An applicant who is certified by the Certification Board for Music Therapists or its successor organization shall be deemed to have satisfied the requirements for licensure set forth in subparagraphs (2) and (5) of paragraph (c) of subsection 1 of NRS 640D.110.

6. The Executive Officer shall determine what constitutes satisfactory proof required by paragraphs (b) and (c) of subsection 1 of NRS 640D.130 to be included with an application for renewal.

7. An applicant shall notify the Executive Officer of any change to the information contained in his or her application within 15 days after the change. The notification may be made in writing, by electronic mail or by any other method authorized by the Executive Officer. The failure of an applicant to comply with the requirements of this subsection constitutes grounds for the denial of the application or the suspension or revocation of the applicant's license.

(Added to NAC by Bd. of Health by R077-12, eff. 12-20-2012)

NAC 640D.055 License by endorsement. (NRS 622.530, 640D.090)

1. The Executive Officer may issue a license by endorsement to an applicant who is certified as a music therapist by the Certification Board for Music Therapists or its successor organization and holds a corresponding and unrestricted license as a music therapist in the District of Columbia or any state or

territory of the United States if the applicant:

(a) Provides to the Executive Officer the name of the state or territory of the United States, or the District of Columbia, in which the applicant holds a corresponding and unrestricted license and the number of that license;

(b) Attests, under penalty of perjury, that he or she meets the requirements of paragraphs (a) to (e), inclusive, of subsection 2 of NRS 622.530;

(c) Complies with the requirements of paragraphs (f) and (g) of subsection 2 of NRS 622.530; and

(d) Submits to the Executive Officer the information required by NRS 640D.120 and NAC 640D.050.

2. For the purposes of paragraph (g) of subsection 2 of NRS 622.530, a corresponding and unrestricted license as a music therapist in the District of Columbia or any state or territory of the United States shall be deemed to be proof that the applicant has previously passed a comparable criminal background check if the applicant was required to pass such a background check, including, without limitation, the submission of fingerprints to the Federal Bureau of Investigation, as a condition for obtaining that license.

(Added to NAC by Bd. of Health by R158-17, eff. 6-26-2018)

NAC 640D.060 Fees. (NRS 640D.090**,** 640D.110**,** 640D.130**,** 640D.140**)**

1. The following nonrefundable fees must be paid by a licensee or an applicant for a license to practice music therapy, as applicable:

(a) For the issuance of a license..... $200

(b) For the renewal a license..... 150

(c) For the late renewal of a license..... 20

(d) For the reinstatement of a license..... 200

(e) For the issuance of a duplicate license..... 20

2. The amount of the fees charged by the Central Repository for Nevada Records of Criminal History and the Federal Bureau of Investigation for the handling of the fingerprint cards and issuance of the reports of criminal histories must be paid by an applicant for a license to practice music therapy.

(Added to NAC by Bd. of Health by R077-12, eff. 12-20-2012)

NAC 640D.065 Request for documents from applicant or licensee. (NRS 622.530**,** 640D.090**,** 640D.110**,** 640D.130**)** The Executive Officer may request any documents from an applicant for a license or the holder of a license that the Executive Officer determines are necessary to carry out the duties prescribed in NAC 640D.050 to 640D.100, inclusive.

(Added to NAC by Bd. of Health by R158-17, eff. 6-26-2018)

NAC 640D.070 Required actions of licensee or applicant if background investigation cannot be completed. (NRS 640D.090**,** 640D.110**)**

1. If the Central Repository for Nevada Records of Criminal History determines that a background investigation of a licensee or an applicant for a license to practice music therapy cannot be completed because pertinent information is missing, the Executive Officer shall send a notice to the licensee or applicant which specifies the missing information and provides that the licensee or applicant must:

(a) Submit the missing information to the Central Repository for Nevada Records of Criminal History within 30 days after receipt of the notice; or

(b) Submit satisfactory evidence to the Executive Officer that the missing information cannot be obtained.

2. If a background investigation cannot be completed because the licensee or applicant has been arrested or issued a citation, or has been the subject of a warrant for alleged criminal conduct, and there has been no disposition of the matter, the licensee or applicant shall:

(a) Notify the Executive Officer immediately upon the scheduling of any judicial proceeding concerning the matter; and

(b) Notify the Executive Officer immediately upon the disposition of the matter and forward to the Central Repository for Nevada Records of Criminal History evidence of the disposition of the matter as soon as it is available.

3. As used in this section, "disposition" has the meaning ascribed to it in NRS 179A.050.

(Added to NAC by Bd. of Health by R077-12, eff. 12-20-2012)

NAC 640D.080 Challenge of accuracy of information provided by Central Repository for Nevada Records of Criminal History. (NRS 640D.090, 640D.110) If a licensee or an applicant for a license to practice music therapy wishes to challenge the accuracy of the information provided by the Central Repository for Nevada Records of Criminal History, the licensee or applicant must notify the Executive Officer within 10 working days after being notified of the results of the background investigation that the licensee or applicant is challenging the accuracy of the information. Except as otherwise provided in subsection 2 of NAC 640D.090, the Executive Officer shall give the licensee or applicant not less than 30 days after the Executive Officer receives notice of the challenge to provide satisfactory evidence to the Executive Officer that the information is incorrect before suspending the license or denying the application.

(Added to NAC by Bd. of Health by R077-12, eff. 12-20-2012)

NAC 640D.090 Actions of Executive Officer upon determining that licensee or applicant has been convicted of certain crimes. (NRS 640D.090, 640D.170) The Executive Officer, upon determining that a licensee or an applicant for a license to practice music therapy has been convicted of a crime set forth in paragraph (a) of subsection 1 of NRS 449.174:

1. May revoke, suspend or refuse to renew the license or deny the application; or
2. If the licensee or applicant has notified the Executive Officer pursuant to NAC 640D.080 that the licensee or applicant is challenging the accuracy of information provided by the Central Repository for Nevada Records of Criminal History, may suspend the license or deny the application pending the resolution of the challenge.

(Added to NAC by Bd. of Health by R077-12, eff. 12-20-2012)

NAC 640D.100 Reapplication for license upon expiration. (NRS 640D.090, 640D.110) A licensee whose license expires must reapply for a license in the manner prescribed by NRS 640D.110 and NAC 640D.050.

(Added to NAC by Bd. of Health by R077-12, eff. 12-20-2012)

DISCIPLINARY ACTION

NAC 640D.200 Complaints regarding unlicensed practice. (NRS 640D.090, 640D.220)

1. Upon receipt of a complaint that a person is engaging in the practice of music therapy without a license, the Executive Officer shall send a certified letter to the person about whom the complaint was made which:
   (a) Directs the person immediately to cease and desist from the practice of music therapy; and
   (b) Requires the person to submit to the Executive Officer within 10 days an application for a license to engage in the practice of music therapy or satisfactory evidence that the person is not engaged in the practice of music therapy.
2. If the person fails to submit the application or evidence required pursuant to subsection 1 timely, the matter must be referred to the Office of the Attorney General and the district attorney of the county in which the alleged violation occurred for investigation and possible prosecution.

(Added to NAC by Bd. of Health by R077-12, eff. 12-20-2012)

NAC 640D.210 Complaints against licensee or applicant; investigation. (NRS 640D.090, 640D.160)

1. The Executive Officer shall receive a complaint against a licensee or an applicant for a license to practice music therapy from any person.
2. The Executive Officer shall forward each complaint to the Certification Board for Music Therapists or its successor organization for investigation of the complaint. If the Certification Board for Music Therapists or its successor organization refuses to investigate the complaint, the Executive Officer may conduct an investigation.
3. If, after reviewing the findings of an investigation conducted pursuant to subsection 2, the Executive Officer finds grounds for taking disciplinary action, the Executive Officer shall, after notice and hearing, issue a decision in the matter in the manner provided in NAC 640D.220.
4. The failure of a licensee to cooperate with an investigation conducted pursuant to subsection 2

constitutes grounds for disciplinary action against the licensee.

(Added to NAC by Bd. of Health by R077-12, eff. 12-20-2012)

NAC 640D.220 Suspension and revocation of licenses; administrative fines. (NRS 640D.090**,** 640D.150**,** 640D.170**,** 640D.180**)** If the Executive Officer finds grounds for taking disciplinary action against a licensee for:

1. Habitual drunkenness or addiction to the use of a controlled substance while practicing as a music therapist, the Executive Officer shall:

(a) For a first violation, issue a decision suspending the license of the licensee for a period of 30 days.

(b) For a second or subsequent violation, issue a decision revoking the license of the licensee.

2. Allowing another person to use the license of the licensee, the Executive Officer shall:

(a) For a first violation, issue a decision imposing an administrative fine of $500.

(b) For a second violation, issue a decision imposing an administrative fine of $500 and suspending the license of the licensee for a period of 30 days.

(c) For a third or subsequent violation, issue a decision imposing an administrative fine of $500 and revoking the license of the licensee.

3. A violation of any provision of this chapter or chapter 640D of NRS, the commission of any unethical act which is contrary to the public interest or a failure to comply with the Code of Professional Practice of the Certification Board for Music Therapists or its successor organization which is not likely to and does not result in harm to or have a negative effect on a client and which is not likely to and does not compromise the ability of a client to achieve his or her highest practicable physical, mental or psychosocial well-being, the Executive Officer shall:

(a) For a first or second violation, issue a decision imposing an administrative fine of $25.

(b) For a third or subsequent violation, issue a decision imposing an administrative fine of $50.

4. A violation of any provision of this chapter or chapter 640D of NRS, the commission of any unethical act which is contrary to the public interest or a failure to comply with the Code of Professional Practice of the Certification Board for Music Therapists or its successor organization which results in not more than minimal discomfort to a client or which has the potential to compromise the physical or psychological status of a client if intervention is not provided, the Executive Officer shall:

(a) For a first violation, issue a decision imposing an administrative fine of $100.

(b) For a second violation, issue a decision imposing an administrative fine of $250.

(c) For a third or subsequent violation, issue a decision imposing an administrative fine of $300.

5. A violation of any provision of this chapter or chapter 640D of NRS, the commission of any unethical act which is contrary to the public interest or a failure to comply with the Code of Professional Practice of the Certification Board for Music Therapists or its successor organization which causes actual harm to a client and results in a decline in the clinical status of the client, a physical injury that severely impacts the functional ability of the client or a psychological injury that limits substantially the major life activities of the client, or which can be predicted with substantial probability to result in the death of or serious harm to the client, the Executive Officer shall:

(a) For a first violation, issue a decision imposing an administrative fine of $500, except that if the Executive Officer determines that the harm was intentional the Executive Officer shall issue a decision imposing an administrative fine of $500 and revoking the license of the licensee.

(b) For a second violation, issue a decision imposing an administrative fine of $500 and suspending the license of the licensee for a period of 30 days, except that if the Executive Officer determines that the harm was intentional the Executive Officer shall issue a decision imposing an administrative fine of $500 and revoking the license of the licensee.

(c) For a third or subsequent violation, issue a decision imposing an administrative fine of $500 and revoking the license of the licensee.

6. Negligence, fraud or deception in connection with the music therapy services a licensee is authorized to provide, the Executive Officer shall:

(a) For a first violation, issue a decision imposing an administrative fine of $500, except that if, but for the fraud or deception of the licensee, the application for a license by the licensee would have been denied, the license of the licensee would have been suspended or revoked or the licensee would have been subject to

disciplinary action, the Executive Officer shall issue a decision imposing such denial, suspension, revocation or disciplinary action as would otherwise have been imposed.

(b) For a second violation, issue a decision imposing an administrative fine of $500 and suspending the license of the licensee for a period of 30 days, except that if, but for the fraud or deception of the licensee, the application for a license by the licensee would have been denied, the license of the licensee would have been suspended or revoked or the licensee would have been subject to disciplinary action, the Executive Officer shall issue a decision imposing such denial, suspension, revocation or disciplinary action as would otherwise have been imposed.

(c) For a third or subsequent violation, issue a decision imposing an administrative fine of $500 and revoking the license of the licensee.

(Added to NAC by Bd. of Health by R077-12, eff. 12-20-2012)

NAC 640D.230 Licensee to pay costs of disciplinary action. (NRS 640D.090**)** A licensee shall pay all costs incurred in connection with any disciplinary action taken against the licensee.

(Added to NAC by Bd. of Health by R077-12, eff. 12-20-2012)

NAC 640D.240 Terms of suspension of license; authority of Executive Officer to terminate or extend suspension, modify terms of suspension or revoke license; licensee to pay costs of complying with terms of suspension. (NRS 640D.090**,** 640D.170**,** 640D.180**)**

1. A person whose license is suspended shall comply with the terms of the suspension that are specified by the Executive Officer, including, without limitation:

(a) Informing the Executive Officer of the name and address of his or her employer or, if self-employed, the name and address of his or her business.

(b) Submitting to the Executive Officer copies of evaluations of his or her performance by his or her employer.

(c) Undergoing counseling with a qualified professional counselor.

(d) Undergoing treatment for addiction, if the suspension was related to the abuse of alcohol or a controlled substance or some other condition that may be assisted with treatment, by a qualified health care provider.

(e) Entering into a contract to obtain alcohol or drug rehabilitation services if the suspension was related to the abuse of alcohol or a controlled substance.

(f) Submitting to the Executive Officer copies of reports prepared by a qualified professional counselor or qualified health care provider.

(g) Submitting to the Executive Officer self-evaluation reports.

(h) Submitting to the Executive Officer copies of the results of random screenings for alcohol or controlled substances.

(i) Meeting with the Executive Officer or a designated representative of the Executive Officer at specified intervals.

(j) Working under supervision as approved by the Executive Officer or a designated representative of the Executive Officer.

(k) Completing successfully any educational courses required by the Executive Officer.

(l) Submitting to the Executive Officer a report from a qualified professional counselor or qualified health care provider which sets forth that, in the opinion of the professional counselor or health care provider, the music therapist presents no risk of harm to his or her clients or the general public.

(m) Completing successfully a rehabilitation program specified by the Executive Officer.

2. The Executive Officer may terminate the suspension of the license at any time.

3. If at any time the Executive Officer determines that the licensee has violated the terms of the suspension or that the progress and performance of the licensee under the suspension are unsatisfactory, the Executive Officer may extend the period of the suspension, modify the terms of the suspension or revoke the license of the licensee.

4. The licensee shall pay all costs incurred by the licensee to comply with the terms of the suspension of his or her license which are specified by the Executive Officer pursuant to this section.

(Added to NAC by Bd. of Health by R077-12, eff. 12-20-2012)

NAC 640D.250 Contents of order of revocation of license; reinstatement of license following revocation. (NRS 640D.090)

1. The Executive Officer shall, in each order of revocation, prescribe a period during which a licensee may not apply for the reinstatement of his or her license. The period must not be less than 1 year or more than 10 years.

2. An applicant for the reinstatement of a license must:

(a) Submit an application for reinstatement on a form prescribed by the Executive Officer;

(b) Satisfy all the requirements for renewal of a license;

(c) Attest that he or she has not, during the period of revocation of his or her license, violated any state or federal statute or regulation governing the practice of music therapy; and

(d) Attest that there is no disciplinary action pending against the licensee before the Certification Board for Music Therapists or its successor organization.

3. The Executive Officer may designate requirements in addition to the requirements of subsection 2 that must be satisfied before an applicant will be considered for reinstatement of his or her license, including, without limitation, completion of additional courses or programs if the applicant's license has been revoked for more than 2 years.

4. The Executive Officer:

(a) Shall review an application for the reinstatement of a license to determine whether the application satisfies the requirements of this section; and

(b) May deny an application for the reinstatement of a license which the Executive Officer determines does not satisfy those requirements.

5. In considering an application for the reinstatement of a license which has been revoked, the Executive Officer shall evaluate:

(a) The severity of the act which resulted in the revocation of the license;

(b) The conduct of the applicant after the revocation of the license;

(c) The lapse of time since the revocation of the license;

(d) The degree of compliance by the applicant with any conditions the Executive Officer specified as a prerequisite for the reinstatement of the license;

(e) The degree of rehabilitation attained by the applicant as evidenced by statements to the Executive Officer from qualified people who have professional knowledge of the applicant; and

(f) The truthfulness of the attestations made by the applicant pursuant to subsection 2.

6. After completing his or her evaluation, the Executive Officer shall deny or grant the reinstatement of the license.

7. If the Executive Officer takes any disciplinary action against a licensee after the reinstatement of his or her license, the first such disciplinary action shall be deemed to be the licensee's first offense.

(Added to NAC by Bd. of Health by R077-12, eff. 12-20-2012)

NAC 640D.260 Appeal of decision relating to disciplinary action. (NRS 640D.090)

1. If a person is aggrieved by a decision of the Executive Officer pursuant to this chapter or chapter 640D of NRS relating to the denial, suspension, refusal to renew or revocation of a license, the imposition of an administrative sanction or any other disciplinary action, the aggrieved person may file an appeal of the decision with the Board.

2. In any appeal filed with the Board pursuant to subsection 1, unless otherwise provided by the Board:

(a) The procedures set forth in NAC 439.300 to 439.395, inclusive, apply; and

(b) For the purposes of NAC 439.300 to 439.395, the decision of the Executive Officer that is the basis of the appeal shall be deemed to be the decision of the Division of Public and Behavioral Health of the Department of Health and Human Services.

3. As used in this section, "disciplinary action" has the meaning ascribed to it in NAC 439.304.

(Added to NAC by Bd. of Health by R077-12, eff. 12-20-2012)

MUSIC THERAPY ADVISORY GROUP

NAC 640D.300 Establishment; membership; meetings; authorized activities; duties. (NRS

640D.090, 640D.100)

1. The Music Therapy Advisory Group authorized pursuant to NRS 640D.100 is hereby established.
2. The Advisory Group consists of the following five members appointed by the Board:

(a) Three members who are licensees;

(b) One member who is a representative of the American Music Therapy Association or its successor organization; and

(c) One member who is a representative of the Certification Board for Music Therapists or its successor organization.

3. The term of each member of the Advisory Group is 4 years. A member may be reappointed.
4. If a vacancy occurs in the membership of the Advisory Group, the Board will appoint a qualified person to fill the vacancy.
5. The Advisory Group shall meet at least once per year or as otherwise called by the Chair or at the direction of the Board or the Executive Officer.
6. To the extent practicable and allowed by law, the Advisory Group shall conduct its meetings by telephone, videoconference or other electronic means.
7. At the first meeting each year, the members of the Advisory Group shall select a Chair from among the members. The Chair serves as the liaison to the Board and the Executive Officer.
8. The Executive Officer shall provide administrative assistance to the Advisory Group.
9. A majority of the members of the Advisory Group constitutes a quorum for the transaction of business. A member is deemed present at a meeting if the member is available to participate at the meeting by telephone, videoconference or other electronic means.
10. The Advisory Group may:

(a) Facilitate the development of materials which may be used to educate the public concerning music therapy;

(b) Facilitate the exchange of information between licensees, the American Music Therapy Organization or its successor organization, the Certification Board for Music Therapists or its successor organization, the Board and the Executive Officer; and

(c) To provide recommendations to the Board and the Executive Officer concerning regulations or practices that affect licensees, review disciplinary actions, appeals, denials or revocations of licenses and terms of the suspension or reinstatement of licenses.

11. The Advisory Group shall advise the Board and the Executive Officer on issues relating to music therapy if requested.

(Added to NAC by Bd. of Health by R077-12, eff. 12-20-2012)

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CHAPTER 640D - MUSIC THERAPISTS

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NRS 640D.120 Payment of child support: Submission of certain information by applicant; grounds for denial of license; duty of Board. [Effective until the date of the repeal of 42 U.S.C. § 666, the federal law requiring each state to establish procedures for withholding, suspending and restricting the professional, occupational and recreational licenses for child support arrearages and for noncompliance with certain processes relating to paternity or child support proceedings.]
NRS 640D.120 Payment of child support: Submission of certain information by applicant; grounds for denial of license; duty of Board. [Effective on the date of the repeal of 42 U.S.C. § 666, the federal law requiring each state to establish procedures for withholding, suspending and restricting the professional, occupational and recreational licenses for child support arrearages and for noncompliance with certain processes relating to paternity or child support proceedings and expires by limitation 2 years after that date.]
NRS 640D.130 Expiration and renewal of license; fee.
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NRS 640D.150 Authorized services.

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NRS 640D.170 Grounds for refusal to grant or for suspension or revocation of license.
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NRS 640D.190 Confidentiality of certain records of Board; exceptions.
NRS 640D.200 Suspension of license for failure to pay child support or comply with certain subpoenas or warrants; reinstatement of license. [Effective until 2 years after the date of the repeal of 42 U.S.C. § 666, the federal law requiring each state to establish procedures for withholding, suspending and restricting the professional, occupational and recreational licenses for child support arrearages and for noncompliance with certain processes relating to paternity or child support proceedings.]

PROHIBITED ACTS; PENALTIES; ENFORCEMENT

NRS 640D.210 Injunction.
NRS 640D.220 Certain acts prohibited without license; penalty.
NRS 640D.230 Delegation of certain services prohibited; penalty.

GENERAL PROVISIONS

NRS 640D.010 Legislative declaration. The practice of music therapy is hereby declared to be a learned allied health profession, affecting public health, safety and welfare and subject to regulation to protect the public from the practice of music therapy

by unqualified and unlicensed persons and from unprofessional conduct by persons who are licensed to practice music therapy.
(Added to NRS by 2011, 1085)

NRS 640D.020 Definitions. As used in this chapter, unless the context otherwise requires, the words and terms defined in NRS 640D.030 to 640D.070, inclusive, have the meanings ascribed to them in those sections.
(Added to NRS by 2011, 1085)

NRS 640D.030 "Board" defined. "Board" means the State Board of Health.
(Added to NRS by 2011, 1085)

NRS 640D.040 "Client" defined. "Client" means a person who receives music therapy services.
(Added to NRS by 2011, 1085)

NRS 640D.050 "Licensee" defined. "Licensee" means a music therapist who is licensed to practice music therapy pursuant to this chapter.
(Added to NRS by 2011, 1085)

NRS 640D.060 "Music therapy" defined. "Music therapy" means the clinical use of music interventions by a licensee to accomplish individualized goals within a therapeutic relationship by a credentialed professional who has completed a music therapy program approved by the Board. The term does not include:
1. The practice of psychology or medicine;
2. The psychological assessment or treatment of couples or families;
3. The prescribing of drugs or electroconvulsive therapy;
4. The medical treatment of physical disease, injury or deformity;
5. The diagnosis or psychological treatment of a psychotic disorder;
6. The use of projective techniques in the assessment of personality;
7. The use of psychological, neuropsychological, psychometric assessment or clinical tests designed to identify or classify abnormal or pathological human behavior or to determine intelligence, personality, aptitude, interests or addictions;
8. The use of individually administered intelligence tests, academic achievement tests or neuropsychological tests;
9. The use of psychotherapy to treat the concomitants of organic illness;
10. The diagnosis of any physical or mental disorder; or
11. The evaluation of the effects of medical and psychotropic drugs.
(Added to NRS by 2011, 1085)

NRS 640D.070 "Music therapy services" defined. "Music therapy services" means the services a licensee is authorized to provide pursuant to NRS 640D.150 in order to achieve the goals of music therapy.
(Added to NRS by 2011, 1086)

NRS 640D.080 Applicability of chapter. The provisions of this chapter do not apply to:
1. A person who is employed by this State or the Federal Government and who provides music therapy services within the scope of that employment.
2. A person performing services or participating in activities as part of a supervised course of study in an accredited or approved educational or internship program while pursuing study leading to a degree or certificate in music therapy, if the person is designated by a title which clearly indicates his or her status as a student or intern.
3. A person who holds a professional license in this State or an employee who is supervised by a person who holds a professional license in this State and whose provision of music therapy services is incidental to the practice of his or her profession if the person does not hold himself or herself out to the public as a music therapist.
(Added to NRS by 2011, 1086)

NRS 640D.090 Regulations; enforcement; duty of Board to maintain and provide certain information; Board may accept gifts, grants, donations and contributions.
1. The Board may adopt such regulations as it deems necessary to carry out the provisions of this chapter. The regulations may include, without limitation, additional:
(a) Standards of training for music therapists;
(b) Requirements for continuing education for music therapists; and
(c) Standards of practice for music therapists.
2. The Board shall:
(a) Enforce the provisions of this chapter and any regulations adopted pursuant thereto, to the extent that money is available for that purpose; and
(b) Maintain a list of:
(1) Applicants for a license;
(2) Licensees; and
(3) Persons whose licenses have been revoked or suspended by the Board.
3. The Board shall, upon request and payment of any fee, provide a copy of a list maintained pursuant to paragraph (b) of subsection 2. A fee charged for providing the copy must not exceed the actual cost incurred by the Board to make the copy.

4. The Board may accept gifts, grants, donations and contributions from any source to assist in carrying out the provisions of this chapter.

(Added to NRS by 2011, 1086)

NRS 640D.100 Board authorized to establish Music Therapy Advisory Group.

1. The Board may establish a Music Therapy Advisory Group consisting of persons familiar with the practice of music therapy to provide the Board with expertise and assistance in carrying out its duties pursuant to this chapter. If a Music Therapy Advisory Group is established, the Board must:

(a) Determine the number of members;

(b) Appoint the members;

(c) Establish the terms of the members; and

(d) Determine the duties of the Music Therapy Advisory Group.

2. Members of a Music Therapy Advisory Group established pursuant to subsection 1 serve without compensation.

(Added to NRS by 2011, 1086)

LICENSES; PRACTICE

NRS 640D.110 Qualifications of applicants; application; fee; fingerprints.

1. The Board shall issue a license to practice music therapy to an applicant who:

(a) Is at least 18 years of age;

(b) Is of good moral character; and

(c) Submits to the Board:

(1) A completed application on a form provided by the Board;

(2) Proof that the applicant has successfully completed an academic program approved by the American Music Therapy Association or its successor organization with a bachelor's degree or higher degree in music therapy;

(3) A fee in the amount of $200 or such other amount as prescribed by regulation by the Board;

(4) A complete set of fingerprints and written permission authorizing the Board to forward the fingerprints to the Central Repository for Nevada Records of Criminal History for submission to the Federal Bureau of Investigation for its report; and

(5) Proof that the applicant has passed the examination for board certification offered by the Certification Board for Music Therapists or its successor organization or is certified as a music therapist by that Board or its successor organization.

2. Any increase in the fees imposed pursuant to this section must not exceed the amount necessary for the Board to carry out the provisions of this chapter.

(Added to NRS by 2011, 1087)

NRS 640D.120 Payment of child support: Submission of certain information by applicant; grounds for denial of license; duty of Board. [Effective until the date of the repeal of 42 U.S.C. § 666, the federal law requiring each state to establish procedures for withholding, suspending and restricting the professional, occupational and recreational licenses for child support arrearages and for noncompliance with certain processes relating to paternity or child support proceedings.]

1. In addition to any other requirements set forth in this chapter, an applicant for the issuance or renewal of a license as a music therapist shall:

(a) Include the social security number of the applicant in the application submitted to the Board.

(b) Submit to the Board the statement prescribed by the Division of Welfare and Supportive Services of the Department of Health and Human Services pursuant to NRS 425.520. The statement must be completed and signed by the applicant.

2. The Board shall include the statement required pursuant to subsection 1 in:

(a) The application or any other forms that must be submitted for the issuance or renewal of the license; or

(b) A separate form prescribed by the Board.

3. A license may not be issued or renewed by the Board if the applicant:

(a) Fails to submit the statement required pursuant to subsection 1; or

(b) Indicates on the statement submitted pursuant to subsection 1 that the applicant is subject to a court order for the support of a child and is not in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

4. If an applicant indicates on the statement submitted pursuant to subsection 1 that the applicant is subject to a court order for the support of a child and is not in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order, the Board shall advise the applicant to contact the district attorney or other public agency enforcing the order to determine the actions that the applicant may take to satisfy the arrearage.

(Added to NRS by 2011, 1087; A 2013, 3806)

NRS 640D.120 Payment of child support: Submission of certain information by applicant; grounds for denial of license; duty of Board. [Effective on the date of the repeal of 42 U.S.C. § 666, the federal law requiring each state to establish procedures for withholding, suspending and restricting the professional, occupational and recreational licenses for child support arrearages and for noncompliance with certain processes relating to paternity or child support proceedings and expires by limitation 2 years after that date.]

1. In addition to any other requirements set forth in this chapter, an applicant for the issuance or renewal of a license as a music therapist shall submit to the Board the statement prescribed by the Division of Welfare and Supportive Services of the Department of Health and Human Services pursuant to NRS 425.520. The statement must be completed and signed by the applicant.

2. The Board shall include the statement required pursuant to subsection 1 in:

(a) The application or any other forms that must be submitted for the issuance or renewal of the license; or

(b) A separate form prescribed by the Board.

3. A license may not be issued or renewed by the Board if the applicant:

(a) Fails to submit the statement required pursuant to subsection 1; or

(b) Indicates on the statement submitted pursuant to subsection 1 that the applicant is subject to a court order for the support of a child and is not in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

4. If an applicant indicates on the statement submitted pursuant to subsection 1 that the applicant is subject to a court order for the support of a child and is not in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order, the Board shall advise the applicant to contact the district attorney or other public agency enforcing the order to determine the actions that the applicant may take to satisfy the arrearage.

(Added to NRS by 2011, 1087; A 2011, 1099; 2013, 3806, effective on the date of the repeal of 42 U.S.C. § 666, the federal law requiring each state to establish procedures for withholding, suspending and restricting the professional, occupational and recreational licenses for child support arrearages and for noncompliance with certain processes relating to paternity or child support proceedings)

NRS 640D.130 Expiration and renewal of license; fee.

1. Each license to practice music therapy expires 3 years after the date on which it is issued and may be renewed if, before the license expires, the licensee submits to the Board:

(a) A completed application for renewal on a form prescribed by the Board;

(b) Proof that the applicant has continuously maintained for the previous 3 years his or her certification with and is currently certified as a music therapist by the Certification Board for Music Therapists or its successor organization;

(c) Proof that the applicant has completed not less than 100 units of continuing education approved by the Certification Board for Music Therapists or its successor organization; and

(d) A fee in the amount of $200 or such other amount as prescribed by regulation by the Board.

2. Any increase in the fees imposed pursuant to this section must not exceed the amount necessary for the Board to carry out the provisions of this chapter.

(Added to NRS by 2011, 1088)

NRS 640D.140 Notice of delinquent license; renewal; expiration.

1. A license that is not renewed on or before the date on which it expires is delinquent. The Board shall, within 30 days after the license becomes delinquent, send a notice to the licensee by certified mail, return receipt requested, to the address of the licensee as indicated in the records of the Board.

2. A licensee may renew a delinquent license within 60 days after the license becomes delinquent by complying with the requirements of NRS 640D.130.

3. A license expires 60 days after it becomes delinquent if it is not renewed within that period.

(Added to NRS by 2011, 1088)

NRS 640D.150 Authorized services.

1. A licensee may:

(a) Accept referrals for music therapy services from physicians, psychologists or other medical, developmental or mental health professionals, education professionals, family members, clients or caregivers. Before providing music therapy services to a client for a medical or mental health condition, the licensee shall collaborate with the client's physician, psychologist, primary care provider or mental health professional to review the client's diagnosis, treatment needs and treatment plan.

(b) Conduct a music therapy assessment of a client to collect systematic, comprehensive and accurate information necessary to determine the appropriate type of music therapy services to provide for the client, including, without limitation, information relating to a client's emotional and physical health, social functioning, communication abilities and cognitive skills based upon the client's history and through observation and interaction of the client in music and nonmusic settings.

(c) Develop an individualized treatment plan for the client that identifies the goals, objectives and potential strategies of the music therapy services appropriate for the client using music interventions, which may include, without limitation, music improvisation, receptive music listening, song writing, lyric discussion, music and imagery, music performance, learning through music and movement to music.

(d) If applicable, carry out an individualized treatment plan that is consistent with any other medical, developmental, mental health or education services being provided to the client.

(e) Evaluate and compare the client's response to music therapy and the individualized treatment plan and suggest modifications, as appropriate.

(f) Develop a plan for determining when the provision of music therapy services is no longer needed in collaboration with the client, any physician or other provider of health care or education of the client, any appropriate member of the family of the client and any other appropriate person upon whom the client relies for support.

(g) Minimize any barriers so that the client may receive music therapy services in the least restrictive environment.

(h) Collaborate with and educate the client and the family or caregiver of the client or any other appropriate person about the needs of the client that are being addressed in music therapy and the manner in which the music therapy addresses those needs.

2. Except as otherwise provided by this chapter or a regulation adopted by the Board pursuant to this chapter, a licensee shall comply with the scope of practice of the Certification Board for Music Therapists or its successor organization.

(Added to NRS by 2011, 1089)

DISCIPLINARY AND OTHER ACTIONS

NRS 640D.160 Complaints: Filing; investigation; retention.

1. If any member of the Board or a Music Therapy Advisory Group becomes aware of any ground for initiating disciplinary action against a licensee, the member must file a written complaint with the Board.

2. As soon as practicable after receiving a complaint, the Board shall:

(a) Forward the complaint to the Certification Board for Music Therapists or its successor organization for investigation of the complaint and request a written report of the findings of such investigation; or

(b) To the extent money is available to do so, conduct an investigation of the complaint to determine whether the allegations in the complaint merit the initiation of disciplinary proceedings against the licensee.

3. The Board shall retain a copy of each complaint filed with the Board pursuant to this section for at least 10 years, including, without limitation, any complaint that is not acted upon.

(Added to NRS by 2011, 1090)

NRS 640D.170 Grounds for refusal to grant or for suspension or revocation of license. The Board may refuse to grant or may suspend or revoke a license to practice music therapy for any of the following reasons:

1. Submitting false, fraudulent or misleading information to the Board or any agency of this State, any other state, a territory or possession of the United States, the District of Columbia or the Federal Government.

2. Violating any provision of this chapter or any regulation adopted pursuant thereto.

3. Conviction of a felony relating to the practice of music therapy or of any offense involving moral turpitude, the record of conviction being conclusive evidence thereof.

4. Having an alcohol or other substance use disorder.

5. Impersonating a licensed music therapist or allowing another person to use his or her license.

6. Using fraud or deception in applying for a license to practice music therapy.

7. Failing to comply with the "Code of Professional Practice" of the Certification Board for Music Therapists or its successor organization or committing any other unethical practices contrary to the interest of the public as determined by the Board.

8. Negligence, fraud or deception in connection with the music therapy services a licensee is authorized to provide pursuant to this chapter.

(Added to NRS by 2011, 1089)

NRS 640D.180 Authorized disciplinary action; orders imposing discipline deemed public records; private reprimand prohibited.

1. If, after an investigation conducted by the Board or receiving the findings from an investigation of a complaint from the Certification Board for Music Therapists or its successor organization, and after notice and a hearing as required by law, the Board finds one or more grounds for taking disciplinary action, the Board may:

(a) Place the licensee on probation for a specified period or until further order of the Board;

(b) Administer to the applicant or licensee a public reprimand;

(c) Refuse to renew the license of the licensee;

(d) Suspend or revoke the license of the licensee;

(e) Impose an administrative fine of not more than $500 for each violation; or

(f) Take any combination of actions set forth in paragraphs (a) to (e), inclusive.

2. The order of the Board may include such other terms, provisions or conditions as the Board deems appropriate.

3. The order of the Board and the findings of fact and conclusions of law supporting that order are public records.

4. The Board shall not issue a private reprimand.

(Added to NRS by 2011, 1090)

NRS 640D.190 Confidentiality of certain records of Board; exceptions.

1. Except as otherwise provided in this section and NRS 239.0115, a complaint filed with the Board, all documents and other information filed with the complaint and all documents and other information returned from the Certification Board for Music Therapists or its successor organization as a result of an investigation conducted to determine whether to initiate disciplinary action against a person are confidential, unless the person submits a written statement to the Board requesting that such documents and information be made public records.

2. The charging documents filed with the Board to initiate disciplinary action pursuant to chapter 622A of NRS and all documents and information considered by the Board when determining whether to impose discipline are public records.

3. An order that imposes discipline and the findings of fact and conclusions of law supporting that order are public records.

4. The provisions of this section do not prohibit the Board from communicating or cooperating with or providing any documents or other information to any other licensing board or any other agency that is investigating a person, including, without limitation, a law enforcement agency.

(Added to NRS by 2011, 1091)

NRS 640D.200 Suspension of license for failure to pay child support or comply with certain subpoenas or warrants; reinstatement of license. [Effective until 2 years after the date of the repeal of 42 U.S.C. § 666, the federal law requiring each state to establish procedures for withholding, suspending and restricting the professional, occupational and recreational licenses for child support arrearages and for noncompliance with certain processes relating to paternity or child support proceedings.]

1. If the Board receives a copy of a court order issued pursuant to NRS 425.540 that provides for the suspension of all professional, occupational and recreational licenses, certificates and permits issued to a person who is the holder of a license as a music therapist, the Board shall deem the license issued to that person to be suspended at the end of the 30th day after the date on which the court order was issued unless the Board receives a letter issued to the holder of the license by the district attorney or other public agency pursuant to NRS 425.550 stating that the holder of the license has complied with the subpoena or warrant or has satisfied the arrearage pursuant to NRS 425.560.

2. The Board shall reinstate a license as a music therapist that has been suspended by a district court pursuant to NRS 425.540 if the Board receives a letter issued by the district attorney or other public agency pursuant to NRS 425.550 to the person whose license was suspended stating that the person whose license was suspended has complied with the subpoena or warrant or has satisfied the arrearage pursuant to NRS 425.560.

(Added to NRS by 2011, 1091)

PROHIBITED ACTS; PENALTIES; ENFORCEMENT

NRS 640D.210 Injunction.

1. If the Board determines that a person has violated or is about to violate any provision of this chapter or a regulation adopted pursuant thereto, the Board may bring an action in a court of competent jurisdiction to enjoin the person from engaging in or continuing the violation.

2. An injunction:

(a) May be issued without proof of actual damage sustained by any person.

(b) Does not prohibit the criminal prosecution and punishment of the person who commits the violation.

(Added to NRS by 2011, 1091)

NRS 640D.220 Certain acts prohibited without license; penalty.

1. A person who is not licensed to practice music therapy pursuant to this chapter, or a person whose license to practice music therapy has expired or has been suspended or revoked by the Board, shall not:

(a) Provide music therapy services;

(b) Use in connection with his or her name the words or letters "MT," "music therapist," "licensed, board-certified music therapist," "MT-BC," "Music Therapist - Board Certified," "MT - BC/L" or "Licensed Music Therapist - Board Certified" or any other letters, words or insignia indicating or implying that he or she is licensed to practice music therapy, or in any other way, orally, or in writing or print, or by sign, directly or by implication, use the words "music therapy" or represent himself or herself as licensed or qualified to engage in the practice of music therapy; or

(c) List or cause to have listed in any directory, including, without limitation, a telephone directory, his or her name or the name of his or her company under the heading "Music Therapy" or "Music Therapist" or any other term that indicates or implies that he or she is licensed or qualified to practice music therapy.

2. A person who violates the provisions of this section is guilty of a misdemeanor.

(Added to NRS by 2011, 1087)

NRS 640D.230 Delegation of certain services prohibited; penalty.

1. A person shall not require a licensee to delegate the provision of music therapy services to another person if, in the opinion of the licensee, such delegation would be inappropriate or create a risk of harm to the client.

2. A person who violates the provisions of this section is guilty of a misdemeanor.

(Added to NRS by 2011, 1091)

Amended: November 1, 2019

MUSIC THERAPY PRACTICE ACT
Title 59 O.S. § 889 – 889.12

BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

SECTION 1. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 889 of Title 59 unless there is created a duplication in numbering, reads as follows:

This act shall be known and may be cited as the "Music Therapy Practice Act".

SECTION 2. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 889.1 of Title 59, unless there is created a duplication in numbering, reads as follows:

As used in the Music Therapy Practice Act:

1. "Board" means the State Board of Medical Licensure and Supervision;

2. "Board-certified music therapist" means an individual who has completed the education and clinical training requirements established by the American Music Therapy Association, and who holds current board certification from the Certification Board for Music Therapists;

3. "Committee" means the Music Therapy Committee;

4. "Licensed music therapist" means a person licensed to practice music therapy in the State of Oklahoma;

5. "Music therapy" means the clinical and evidence-based use of music interventions to accomplish individualized goals for people of all ages and ability levels within a therapeutic relationship between a patient and a practitioner who is licensed pursuant to the Music Therapy Practice Act; and

6. "Practice of music therapy" includes the development of individualized music therapy treatment plans specific to the needs and strengths of the client who may be seen individually or in groups. The goals, objectives and potential strategies of the music therapy services are appropriate for the client and setting. The music therapy interventions may include music improvisation, receptive music listening, song writing, lyric discussion, music and imagery, singing, music performance, learning through music, music

combined with other arts, music-assisted relaxation, music-based patient education, electronic music technology, adapted music intervention and movement to music. The practice of music therapy does not include the diagnosis or assessment of any physical, mental or communication disorder. This term may include:

a. accepting referrals for music therapy services from medical, developmental, mental health or education professionals, family members, clients, caregivers or others involved and authorized with provision of client services. Before providing music therapy services to a client for an identified clinical or developmental need, the licensee collaborates, as applicable, with the primary care provider(s) to review the client's diagnosis, treatment needs and treatment plan. During the provision of music therapy services to a client the licensee collaborates, as applicable, with the client's treatment team,

b. conducting a music therapy assessment of a client to determine if treatment is indicated. If treatment is indicated, the licensee collects systematic, comprehensive and accurate information to determine the appropriateness and type of music therapy services to provide for the client,

c. developing an individualized music therapy treatment plan for the client that is based upon the results of the music therapy assessment. The music therapy treatment plan includes individualized goals and objectives that focus on the assessed needs and strengths of the client and specify music therapy approaches and interventions to be used to address these goals and objectives,

d. implementing an individualized music therapy treatment plan that is consistent with any other developmental, rehabilitative, habilitative, medical, mental health, preventive, wellness care or educational services being provided to the client,

e. evaluating the client's response to music therapy and the music therapy treatment plan, documenting change and progress and suggesting modifications, as appropriate,

f. developing a plan for determining when the provision of music therapy services is no longer needed in collaboration with the client, physician or other

provider of health care or education of the client, family members of the client, and any other appropriate person upon whom the client relies for support,

g. minimizing any barriers to ensure that the client receives music therapy services in the least restrictive environment,

h. collaborating with and educating the client and the family or caregiver of the client, or any other appropriate person regarding the needs of the client that are being addressed in music therapy and the manner in which the music therapy treatment addresses those needs, and

i. utilizing appropriate knowledge and skills to inform practice including use of research, reasoning and problem-solving skills to determine appropriate actions in the context of each specific clinical setting.

SECTION 3. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 889.2 of Title 59 unless there is created a duplication in numbering, reads as follows:

A. No person shall practice or hold himself or herself out as being able to practice music therapy or provide music therapy services in this state unless the person is licensed in accordance with the provisions of the Music Therapy Practice Act.

B. Nothing in the Music Therapy Practice Act shall be construed to prevent or restrict the practice, services or activities of:

1. Any person licensed, certified or regulated under the laws of this state in another profession or occupation, or personnel supervised by a licensed professional in this state from performing work, including the use of music, incidental to the practice of the person's profession or occupation, if that person does not represent himself or herself as a music therapist;

2. Any person enrolled in a course of study leading to a degree in music therapy from performing music therapy services incidental to the person's coursework when supervised by a licensed professional, if the person is designated by a title which clearly indicates the person's status as a student;

3. Any person whose training and national certification attests to the individual's preparation and ability to practice the person's

profession, if that person does not represent himself or herself as a music therapist; or

4. Any person employed by an agency, bureau or division of the federal government while in the discharge of official duties; provided, however, if such individual engages in the practice of music therapy outside the line of official duty, the individual must be licensed as herein provided.

SECTION 4. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 889.3 of Title 59, unless there is created a duplication in numbering, reads as follows:

A. There is hereby established the Music Therapy Committee to advise the State Board of Medical Licensure and Supervision on all matters pertaining to the licensure, education and continuing education of licensed music therapists and the practice of music therapy.

B. 1. The Board shall appoint five (5) members to the Music Therapy Committee as follows:

a. three members shall, upon initial appointment, be qualified persons who have been actively practicing music therapy in this state for at least three (3) years; provided, their successors shall be licensed music therapists,

b. one member shall be a licensed health care provider who is not a music therapist, and

c. one member shall be a lay person.

2. The professional members of the Committee shall be appointed for staggered terms of one (1), two (2) and three (3) years, respectively. Terms of office of each appointed member shall expire July 1 of that year in which they expire regardless of the calendar date when such appointments were made. Subsequent appointments shall be made for a term of three (3) years or until successors are appointed and qualified.

a. The lay member and licensed health care provider member shall be initially appointed to fill these two new positions created pursuant to this act and shall be appointed for staggered terms of office which will expire July 1, 2019, and July 1, 2020. Thereafter, members appointed to these positions shall serve for terms of three (3) years or until successors are appointed and qualified.

b. Vacancies shall be filled by the Board in the same manner as the original appointment.

3. Members of the Committee shall serve without compensation.

C. The Committee shall have the power and duty to:

1. Meet at least twice a year or as otherwise called by the Board;

2. Advise the Board on all matters pertaining to the licensure, education and continuing education requirements for and practice of music therapy in this state;

3. Facilitate the development of materials that the Board may utilize to educate the public concerning music therapist licensure, the benefits of music therapy, and utilization of music therapy by individuals and in facilities or institutional settings;

4. Facilitate the statewide dissemination of information between music therapists, the American Music Therapy Association or any successor organization, the Certification Board for Music Therapists or any successor organization, and the Board;

5. Assist and advise the Board in all hearings involving music therapists who are deemed to be in violation of the Music Therapy Practice Act; and

6. Provide analysis of disciplinary actions taken, appeals and denials, or revocation of licenses at least once per year.

SECTION 5. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 889.4 of Title 59, unless there is created a duplication in numbering, reads as follows:

The State Board of Medical Licensure and Supervision shall:

1. Appoint all members of the Committee. The Committee shall consist of persons familiar with the practice of music therapy to provide the Board with expertise and assistance in carrying out his or her duties pursuant to the Music Therapy Practice Act;

2. Consult with the Committee prior to setting or changing fees in this act; and

3. Seek the advice of the Committee for issues related to music therapy.

SECTION 6. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 889.5 of Title 59, unless there is created a duplication in numbering, reads as follows:

A. Except as otherwise provided by law, the State Board of Medical Licensure and Supervision shall issue a license to an applicant for a music therapy license when such applicant has completed and submitted an application upon a form and in such manner as the Board prescribes, accompanied by applicable fees, and evidence satisfactory to the Board that the applicant:

1. Is at least eighteen (18) years of age;

2. Holds a bachelor's degree or higher in music therapy, or its equivalent, from a program approved by the American Music Therapy Association or any successor organization within an accredited college or university;

3. Successfully completed a minimum of one thousand two hundred (1,200) hours of clinical training, with at least fifteen percent (15%) or one hundred eighty (180) hours in preinternship experiences, and at least seventy-five percent (75%) or nine hundred (900) hours in internship experiences. Internship programs may be approved by an academic institution, the American Music Therapy Association, or both;

4. Is in good standing based on a review of the applicant's music therapy licensure history in other jurisdictions, including a review of any alleged misconduct or neglect in the practice of music therapy on the part of the applicant; and

5. Passed the examination for board certification offered by the Certification Board for Music Therapists or any successor organization or provides proof of being transitioned into board certification, and the applicant is currently a board-certified music therapist.

B. The Board shall issue a music therapy license to an applicant when such applicant has completed and submitted an application upon a form and in such manner as the Board prescribes, accompanied by applicable fees, and evidence satisfactory to the Board that the applicant is licensed and in good standing as a music therapist in another jurisdiction where the qualifications required are equal to or greater than those required in this act at the date of application.

C. The Board shall waive the examination requirement until January 1, 2020, for an applicant who is designated as a registered music therapist, certified music therapist or advanced certified

music therapist and in good standing with the National Music Therapy Registry.

D. The State Board of Medical Licensure and Supervision may, upon notice and opportunity for a hearing, deny an application for reinstatement of a license or reinstate the license with conditions. Conditions imposed may include a requirement for continuing education, practice under the supervision of a licensed music therapy specialist, or any other conditions deemed appropriate by the Board.

SECTION 7. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 889.6 of Title 59, unless there is created a duplication in numbering, reads as follows:

A. Every license issued under the Music Therapy Practice Act shall be renewed biennially. A license shall be renewed upon payment of a renewal fee if the applicant is not in violation of any of the terms of the Music Therapy Practice Act at the time of application for renewal. Proof of maintenance of the applicant's status as a board-certified music therapist shall also be required for license renewal.

B. A licensee shall inform the Board of any changes to his or her address. Each licensee shall be responsible for timely renewal of his or her license.

C. Failure to renew a license shall result in forfeiture of the license. Licenses that have been forfeited may be restored within one (1) year of the expiration date upon payment of renewal and restoration fees. Failure to restore a forfeited license within one (1) year of the date of its expiration shall result in the automatic termination of the license, and the Board may require the individual to reapply for licensure as a new applicant.

D. Upon written request of a licensee, the Board may place an active license on an inactive status subject to an inactive status license fee established by the Board. The licensee, upon request and payment of the inactive status license fee, may continue on inactive status for a period up to two (2) years. An inactive license may be reactivated at any time by making a written request to the Board and by fulfilling requirements established by the Board.

SECTION 8. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 889.7 of Title 59, unless there is created a duplication in numbering, reads as follows:

A. A licensed professional music therapist may use the letters "LPMT" in connection with his or her name. Use of the letters "MT-

BC" is contingent upon maintenance of national certification guidelines provided by the Certification Board for Music Therapists.

B. A person or business entity, its employees, agents or representatives shall not use in conjunction with that person's name or the activity of the business the words licensed music therapist, music therapy, music therapist, the letters MT or MT-BC, or any other words, abbreviations or insignia indicating or implying directly or indirectly that music therapy is provided or supplied, including the billing of services labeled as music therapy, unless such services are provided under the direction of a licensed music therapist licensed pursuant to the Music Therapy Practice Act.

SECTION 9. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 889.8 of Title 59, unless there is created a duplication in numbering, reads as follows:

A. Consultation and evaluation by a licensed music therapist may be performed without a referral. Initiation of music therapy services to individuals with medically related conditions shall be based on a referral from any qualified health care professional who, within the scope of his or her professional license, is authorized to refer for health care services.

B. Prevention, wellness, education, adaptive, related and specialized instructional support and services shall not require a referral.

SECTION 10. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 889.9 of Title 59, unless there is created a duplication in numbering, reads as follows:

A. No person shall coerce a licensed music therapist into compromising client safety by requiring the licensed therapist to delegate activities or tasks if the licensed music therapist determines that it is inappropriate to do so.

B. A licensed music therapist shall not be subject to disciplinary action by the State Board of Medical Licensure and Supervision for refusing to delegate activities or tasks or refusing to provide the required training for delegation, if the licensed music therapist determines that the delegation may compromise client safety.

SECTION 11. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 889.10 of Title 59, unless there is created a duplication in numbering, reads as follows:

A. No person shall advertise, in any manner, or otherwise represent himself or herself as a licensed music therapist or as a

provider of music therapy services unless the person is licensed pursuant to the provisions of the Music Therapy Practice Act.

B. It shall be a misdemeanor for a person to violate any provision of the Music Therapy Practice Act and, upon conviction, such person shall be subject to one or more of the following actions which may be taken by the Board in consultation with the Music Therapy Committee:

1. Revocation of license;

2. Suspension of license not to exceed six (6) months from the date of hearing; or

3. Invocation of restrictions in the form of probation as defined by the State Board of Medical Licensure and Supervision.

SECTION 12. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 889.11 of Title 59, unless there is created a duplication in numbering, reads as follows:

A. The State Board of Medical Licensure and Supervision may refuse to issue or renew, or may suspend or revoke a license to any person, after notice and hearing in accordance with rules promulgated pursuant to the Music Therapy Practice Act and the provisions of the Administrative Procedures Act who has:

1. Treated or attempted to treat ailments or other health conditions of human beings other than by music therapy as authorized by the Music Therapy Practice Act;

2. Failed to refer patients to other health care providers if symptoms are known to be present for which music therapy treatment is inadvisable or if symptoms indicate conditions for which treatment is outside the scope of music therapy practice as specified by the American Music Therapy Association and the Certification Board for Music Therapists;

3. Used drugs, narcotics, medication or intoxicating liquors to an extent which affects the professional competency of the applicant or licensee;

4. Been convicted of a felony crime that substantially relates to the occupation of music therapy and poses a reasonable threat to public safety;

5. Obtained or attempted to obtain a license as a music therapist by fraud or deception;

6. Been grossly negligent in the practice of music therapy;

7. Been adjudged mentally incompetent by a court of competent jurisdiction and has not subsequently been lawfully declared sane;

8. Been guilty of conduct unbecoming a person licensed as a music therapist or guilty of conduct detrimental to the best interests of the public or the profession;

9. Been guilty of any act in conflict with the ethics of the profession of music therapy; or

10. Had a license suspended or revoked in another state.

B. As used in this section:

1. "Substantially relates" means the nature of criminal conduct for which the person was convicted has a direct bearing on the fitness or ability to perform one or more of the duties or responsibilities necessarily related to the occupation; and

2. "Poses a reasonable threat" means the nature of criminal conduct for which the person was convicted involved an act or threat of harm against another and has a bearing on the fitness or ability to serve the public or work with others in the occupation.

SECTION 13. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 889.12 of Title 59, unless there is created a duplication in numbering, reads as follows:

The State Board of Medical Licensure and Supervision shall prescribe and publish, in the manner established by its rules and regulations, fees in the amounts determined by the Board, but not exceeding the following maximum amount, unless cost justification is present:

Music Therapist License
and renewal thereof $50.00

SECTION 14. This act shall become effective November 1, 2016.

Music Therapy Program

OREGON ADMINISTRATIVE RULES

(UNOFFICIAL COPY)

CHAPTER 331, DIVISION 300 – 340

PERMANENT RULES EFFECTIVE DECEMBER 1, 2015

HEALTH LICENSING OFFICE
1430 Tandem Ave. NE, Suite 180
Salem, OR 97301-2192
Phone: (503) 378-8667 | Fax: (503) 370-9004
Email: hlo.info@state.or.us
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DIVISION 300

GENERAL ADMINISTRATION

331-300-0010

Definitions

The following definitions apply to OAR 331-300-0010 to OAR 331-350-0000:

(1) “CBMT” means the Certification Board for Music Therapists.

(2) “Good standing” means no unresolved or outstanding disciplinary actions.

(3) “Office” means the Health Licensing Office.

(4) “NMTR” means the National Music Therapy Registry.

331-300-0020

Fees

(1) An applicant or certificate holder is subject to the provisions of OAR 331-010-0010 and OAR 331-010-0020 regarding the payment of fees, penalties and charges.

(2) Fees established by the Health Licensing Office pursuant to ORS 676.592 are as follows:

(a) Application: $150.

(b) License: $50 – valid for one year.

(c) Renewal: $50 – valid for one year.

(e) Replacement: $25.

(f) Late fee: $40 for each year of inactive status up to three years.

(g) Affidavit of licensure, as defined in OAR 331-030-0040: $50.

(h) Administrative fee: $25.

DIVISION 310

LICENSURE OF MUSIC THERAPISTS

331-310-0020

Application requirements for initial licensure for music therapist

(1) An individual applying for initial licensure as a music therapist must:

(a) Meet the requirements of OAR 331 Division 30.

(b) Submit a completed application form prescribed by the Office, which must contain the information listed in OAR 331-030-0000 and be accompanied by payment of the required application fees.

(c) Be at least 18 years old.

(d) Arrange for official documentation to be mailed to the Office from the certifying organization proving that the applicant:

(A) Successfully passed the CBMT examination in the two years before the application date, or

(B) Possesses current CBMT certification, or

(C) Possesses the professional designation of “registered music therapist,” “certified music therapist” or “advanced certified music therapist” from the NMTR.

(e) Pay all licensing fees.

(2) If an applicant is licensed or certified in another state, they must:

(a) Be in good standing in every state in which they are licensed or certified, and

(b) Ensure that the Office receives an affidavit of licensure pursuant to OAR 331-030-0040.

331-310-0025

Application requirements for reciprocity for music therapist

An individual applying for reciprocity for music therapist licensing must:

(1) Meet the requirements of OAR 331 Division 30.

(2) Submit a completed application form prescribed by the Office, which must contain the information listed in OAR 331-030-0000 and be accompanied by payment of the required application fees.

(3) Be at least 18 years old.

(4) Submit an affidavit of licensure pursuant to OAR 331-030-0040, proving that the applicant is in good standing in every state in which they are licensed or certified.

(5) Have a registration issued by another state or territory of the United States, and the requirements must be substantially equivalent to those in Oregon Laws 2015, Chapter 632.

(6) Pay all license fees.

331-310-0030

Licensure Issuance and Renewal

(1) Licensure and renewal: A license is subject to the provisions of OAR Chapter 331, division 30 regarding the issuance and renewal of a license, provisions regarding authorization to practice, identification, and requirements for issuance of a duplicate license.

(2) License renewal: To avoid delinquency penalties, a license must be renewed before the license becomes inactive as described in section (3) of this rule. The licensee must:

(a) Submit a renewal application form;

(b) Attest to having obtained the continuing education pursuant to 331-320-0010.

(c) Pass a state criminal background check pursuant to OAR 331-030-0004, and

(d) Pay the renewal fee pursuant to OAR 331-300-0020.

(3) Inactive license renewal: A license becomes inactive if it is not renewed before its “active through” date. A license may be inactive for up to three years, but an inactive license does not authorize its holder to practice music therapy or use the title or designation of “Music Therapist.” To renew an inactive license, the licensee must:

(a) Submit a renewal application form;

(b) Attest to having obtained the continuing education pursuant to OAR 331-320-0010;

(c) Pass a state criminal background check pursuant to OAR 331-030-0004; and

(d) Pay the delinquency and renewal fees pursuant to OAR 331-300-0020.

(4) Expired license: A license that has been inactive for more than three years is expired, and the licensee must reapply for licensure and meet the requirements listed in OAR 331-310-0020 or OAR 331-310-0025.

DIVISION 320

CONTINUING EDUCATION FOR MUSIC THERAPISTS

331-320-0010

Continuing education requirements

(1) To maintain licensure, a music therapist must complete a minimum of 10 CE credits every year.

(2) CE credits obtained in excess of those required for the current one-year reporting period may be carried forward for up to four years. However, no more than 40 annual excess CE credits may be carried forward.

(3) Excess CE credits may not be used to reinstate an expired license.

(4) Each licensee shall document compliance with the CE credit requirement through attestation on the license renewal application. Licensees are subject to provisions of OAR 331-320-0020 pertaining to periodic audit of CE.

(5) Upon CE credit audit, the licensee must provide documentation supporting all credits claimed and all excess credits carried forward.

(6) CE credits must address a subject matter related to music therapy practice.

(7) CE credits will be awarded based on the following criteria:

(a) Completion and passing of academic courses taken from an accredited college or university are awarded 15 CE credits for each semester-based credit earned, 14 CE credits for each trimester-based credit earned or 10 CE credits for each quarter-based credit earned;

(b) Completion of professional courses that meet academic course requirements in content, instruction and evaluation will be assigned 15 CE credits for each semester-based credit earned, 14 CE credits for each trimester-based credit earned or 10 CE credits for each quarter-based credit earned;

(c) Courses that do not meet standards as set forth in paragraphs (a) and (b) of this subsection, such as workshops, symposiums, seminars, laboratory exercises, or any applied experience with or without formal classroom work may be assigned credit at the rate of 1.0 CE credit for each 50 minutes of attendance.

(8) Documentation supporting compliance with CE requirements must be maintained for a period of two years following renewal and be available to the Office upon request.

331-320-0020

Continuing education audit

(1) The Office will audit a percentage of licensees, as determined by the Office, to verify compliance with continuing education requirements of this rule.

(2) Licensees notified of selection for audit of continuing education attestation shall submit to the Office, within 30 calendar days of the date of issuance of the notification, satisfactory evidence of participation in required continuing education in accordance with OAR 331-150-0005.

(3) If selected for audit, the registrant must provide documentation of the required continuing education, which must include:

(a) For courses provided by an accredited college or university — a course syllabus and an official transcript from the accredited college or university;

(b) For CBMT or NMTR approved programs or courses — a certificate of completion that includes the CBMT or NMTR approval number; or

(c) For Office pre-approved programs or courses — a certificate of completion or other Office-approved documentation that includes the Office pre-approval number.

(4) If documentation of continuing education is incomplete, the registrant has an additional 30 calendar days from the date of notice of incompleteness to submit further documentation to substantiate having completed the required continuing education.

(5) Failure to meet continuing education requirements shall constitute grounds for disciplinary action, which may include, but is not limited to, assessment of a civil penalty and suspension or revocation of registration.

DIVISION 330

STANDARDS OF PRACTICE AND PROFESSIONAL RESPONSIBILITY

331-330-0010

Standards of practice and professional responsibility

(1) A licensed music therapist must:

(a) Protect the confidentiality of information obtained in the course of practice, supervision, teaching or research.

(b) Comply with all local, state and federal regulations concerning the practice of music therapy.

(c) Abide by the American Music Therapy Association (AMTA) Code of Ethics (Revised 11/14) and the AMTA Standards of Clinical Practice (revised 11/23/13).

(3) A licensed music therapist must not:

(a) Discriminate in professional relationships with colleagues and clients because of race, ethnicity, language, religion, marital status, gender, gender identity of expression, sexual orientation, age, ability, socioeconomic status or political affiliation.

(b) Use deceptive or misleading advertising or make guarantees that lead to false expectations.

(c) Accept gratuities, gifts or favors that could interfere with decisions or judgment.

(d) Take financial advantage of a client or a client's family.

(3) Failure to comply with these standards may constitute unprofessional conduct, and that is subject to discipline under ORS 676.612.

DIVISION 340

DISCIPLINE AND ENFORCEMENT

331-340-0010

Investigative authority

The Office may initiate and conduct investigations relating to the practice of music therapy pursuant to ORS 676.608, and may take appropriate disciplinary action in accordance with the provisions of 676.612 and 676.992.

Music Therapy Program

OREGON REVISED STATUTES

(UNOFFICIAL COPY)

CHAPTER 681.700 - 733

2019 EDITION

HEALTH LICENSING OFFICE

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MUSIC THERAPISTS

681.700 Definitions for ORS 681.700 to 681.730. As used in ORS 681.700 to 681.730, unless the context requires otherwise:

(1) "Music therapist" means a person licensed to practice music therapy under ORS 681.700 to 681.730.

(2)(a) "Music therapy" means the clinical and evidence-based use of specialized music techniques to accomplish individualized goals of music therapy clients by employing strategies and tools that include but are not limited to:

(A) Acceptance of clients referred for music therapy by other health care or educational professionals, family members or caregivers;

(B) Assessment of clients to determine appropriate music therapy services;

(C) Development and implementation of individualized music therapy treatment plans that identify goals, objectives and strategies of music therapy that are appropriate for clients;

(D) Use of music therapy techniques such as improvisation, performance, receptive music listening, song writing, lyric discussion, guided imagery with music, learning through music and movement to music;

(E) Evaluation of a client's response to music therapy techniques and to the client's individualized music therapy treatment plan;

(F) Any necessary modification of the client's individualized music therapy treatment plan;

(G) Any necessary collaboration with other health care professionals treating a client; and

(H) Minimizing of barriers that may restrict a client's ability to receive or fully benefit from music therapy services.

(b) "Music therapy" does not include the diagnosis of physical, mental or communication disorders. [2015 c.632 §1]

Note: 681.700 to 681.730 were enacted into law by the Legislative Assembly but were not added to or made a part of ORS chapter 681 or any series therein by legislative action. See Preface to Oregon Revised Statutes for further explanation.

681.710 License to practice music therapy; fees. The Health Licensing Office shall issue a license to practice music therapy to an applicant who:

(1) Is at least 18 years of age;

(2) Is in good standing in any other states where the applicant is licensed or certified to practice music therapy;

(3) Submits sufficient proof, as determined by the office, of:

(a) Having passed the Certification Board for Music Therapists examination;

(b) Current certification with the Certification Board for Music Therapists; or

(c) A professional designation of "registered music therapist," "certified music therapist" or "advanced certified music therapist" issued by the National Music Therapy Registry;

(4) Pays a licensure fee; and

(5) Meets other qualifications specified by the office under ORS 681.730. [2015 c.632 §2]

Note: See note under 681.700.

681.720 Unauthorized practice of music therapy, use of title "music therapist"; exemptions. (1) A person may not practice music therapy or assume or use any title, words or abbreviations, including the title or designation "music therapist," that indicate that the person is authorized to practice music therapy unless the person is licensed under ORS 681.710.

(2) Subsection (1) of this section does not prohibit:

(a) A person licensed under the laws of this state in a profession or occupation other than music therapy from using music in a manner incidental to the person's practice;

(b) The use of music therapy as an integral part of a music therapy education program; or

(c) A person whose training and national certification attest to the person's preparation and ability to practice the profession or occupation in which the person is certified, if the person does not represent that the person is a music therapist. [2015 c.632 §3]

Note: See note under 681.700.

681.730 Rules. The Health Licensing Office shall adopt rules to:

(1) Establish a process for issuance of licenses to practice music therapy;

(2) Establish licensure fees;

(3) Determine qualifications for applicants for initial licensure, licensure renewal and licensure by reciprocity;

(4) Approve:

(a) The Certification Board for Music Therapists examination;

(b) The certification issued by the Certification Board for Music Therapists; and

(c) The professional designations issued by the National Music Therapy Registry;

(5) Develop and maintain a publicly available record of music therapists; and

(6) Establish standards of practice and professional responsibility for music therapists. [2015 c.632 §4; 2019 c.456 §43]

Note: See note under 681.700.

681.733 Authority of Health Licensing Office to discipline. In the manner provided under ORS chapter 183 for contested cases, the Health Licensing Office may impose a form of discipline listed in ORS 676.612 against a person practicing music therapy for any of the grounds listed in ORS 676.612, or for any violation of ORS 681.700 to 681.730 or the rules adopted pursuant to ORS 681.700 to 681.730. [2019 c.456 §42]

Note: 681.733 was enacted into law by the Legislative Assembly but was not added to or made a part of ORS chapter 681 or any series therein by legislative action. See Preface to Oregon Revised Statutes for further explanation.

216-RICR-40-05-26

TITLE 216 – DEPARTMENT OF HEALTH

CHAPTER 40 – PROFESSIONAL LICENSING AND FACILITY REGULATION

SUBCHAPTER 05 – PROFESSIONAL LICENSING

PART 26 – Registration of Music Therapists

26.1 Authority and Purpose

These Rules and Regulations for Registration of Music Therapists are promulgated pursuant to the authority set forth in R.I. Gen. Laws Chapter 23-20.8.1-6, for the purpose of defining prevailing standards for the registration of music therapists.

26.2 Incorporated Materials

A. These regulations hereby adopt and incorporate the Certification Board for Music Therapists (CBMT) "Code of Professional Practice" (2011) by reference, not including any further editions or amendments thereof and only to the extent that the provisions therein are not inconsistent with these regulations.

B. These regulations hereby adopt and incorporate the American Music Therapy Association (AMTA) and the Certification Board for Music Therapists (CBMT) "Scope of Music Therapy Practice" (2015) by reference, not including any further editions or amendments thereof and only to the extent that the provisions therein are not inconsistent with these regulations.

26.3 Definitions

A. Whenever used in these Regulations, the following terms shall be construed as follows:

1. “Act” means R.I. Gen. Laws Chapter 23-20.8.1 entitled “Registration of Music Therapists."

2. "Board certified music therapist" means an individual who has completed the education and clinical training requirements established by the American Music Therapy Association; has passed the Certification Board for Music Therapists certification examination; or transitioned into board certification, and remains actively certified by the Certification Board for Music Therapists.

3. “Department” means the Rhode Island Department of Health.

4. "Director" means the means the Director of the Rhode Island Department of Health or his or her designee.

5. "Music therapist" means a person registered to practice music therapy pursuant to the Act and these Regulations

6. "Music therapy" means the clinical and evidence based use of music interventions to accomplish individualized goals within a therapeutic relationship through an individualized music therapy treatment plan for the client that identifies the goals, objectives, and potential strategies of the music therapy services appropriate for the client using music therapy interventions, which may include music improvisation, receptive music listening, song writing, lyric discussion, music and imagery, music performance, learning through music, and movement to music. Music therapy is a distinct and separate profession from other licensed, certified, or regulated professions, including speech-language pathology. The practice of music therapy does not include the diagnosis of any physical, mental, or communication disorder. The term music therapy may include the services defined in R.I. Gen Laws § 23-20.8.1-1(3).

7. "R.I. Gen. Laws" means the General Laws of Rhode Island, as amended.

8. “Supervision” means that a registered music therapist is at all times responsible for supportive personnel and clients. Supervision is further defined in § 26.4(C) of this Part.

9. “These Regulations” mean all parts of Rhode Island Rules and Regulations for Registration of Music Therapists.

26.4 General Registration Requirements

A. Registration Required. After January 1, 2015, the practice of music therapy is subject to the registration provision in R.I. Gen. Laws § 23-20.8.1-2

B. Exemptions. Exemptions to the requirements of the Act and these Regulations are pursuant to R.I. Gen. Laws § 23-20.8.1-2.

C. Supervision.

1. A registered music therapist is permitted to supervise the following:

a. Registered music therapists;

b. Music therapy interns and students;

c. Care extenders and other team members as appropriate; and

d. Volunteers.

2. A registered music therapist cannot delegate any of the following tasks to individuals under their supervision, who are not registered music therapists:

a. Initiation, planning, adjustment, modification, or performance of music therapy procedures requiring the skills or judgment of a registered music therapist;

b. Acting on behalf of a registered music therapist in any matter related to music therapy which requires decision making or professional judgment.

26.5 Qualification for Registration

Applicants for registration as a music therapist must meet the requirements of R.I. Gen. Laws § 23-20.8.1-3.

26.6 Application for Registration and Fee

A. Application for Registration. In order to apply for registration an applicant must submit the following on forms furnished by the Department:

1. Completed application including but not limited to name, address, date of birth, social security number, telephone number and email address;

2. Application fee as defined in the rules and regulations pertaining to the Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health (Part 10-05-2 of this Title). The fee is non-refundable and non-returnable;

3. Verification of current board certification as a Music Therapist submitted directly to the Department by the Certification Board for Music Therapists;

B. Application for Registration by Endorsement. In order to apply for registration by endorsement an applicant must submit the following on forms furnished by the Department:

1. Completed application including but not limited to name, address, date of birth, social security number, telephone number and email address;

2. Application fee as defined in rules and regulations pertaining to the Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health (Part 10-05-2 of this Title). The fee is non-refundable and non-returnable;

3. Verification of current board certification as a Music Therapist submitted directly to the Department by the Certification Board for Music Therapists;

4. Verification that the applicant is registered and in good standing as a music therapist in all states where the applicant has a current registration as a music therapist and all states where the applicant was previously registered as a music therapist.

26.7 Registration

Issuance of Registration. A registration as music therapist may be issued to an applicant who meets the relevant requirements for registration as required by the Act and these Regulations.

26.8 Expiration & Renewal of Registrations and Failure to Renew

A. Expiration. The registration of every person registered in accordance with the requirements of the Act and these Regulations will expire on the thirty-first (31st) day of January of the next odd-numbered year following the issuance of his or her registration.

B. Renewal. In order to renew a registration the registrant must file a renewal application with the Department together with a renewal fee as defined in the rules and regulations pertaining to the Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health (Part 10-05-2 of this Title) on or before the thirty-first (31st) day of January in each odd-numbered year. The renewal registration is effective on the first (1st) day of February and expires on the thirty-first (31st) day of January in each odd-numbered year.

C. Failure to Renew.

1. A registration that has not been renewed on or before the thirty-first (31st) day of January in each odd-numbered year, is subject to the provisions of R.I. Gen. Laws § 23-20.8.1-4.

2. In order to restore a forfeited registration the registrant must submit the following to the Department:

a. A renewal application together with the current renewal fee, plus an additional fee as defined in the rules and regulations pertaining to the Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health (Part 10-05-2 of this Title). The fees are non-refundable and non-returnable.

3. In order to reinstate a terminated registration the registrant must submit the following to the Department:

a. A reinstatement application together with the current renewal fee, plus an additional fee as defined in the rules and regulations pertaining to the Fee Structure for Licensing, Laboratory and Administrative Services Provided by the Department of Health (Part 10-05-2 of this Title). The fees are non-refundable and non-returnable.

b. Verification of current board certification as a Music Therapist submitted directly to the Department by the Certification Board of Music Therapists.

26.9 Maintenance of National Certification

A. Renewal Certification. Each renewal application shall contain a statement signed by the registrant attesting to his or her status as a board certified music therapist, as required pursuant to R.I. Gen. Laws § 23-20.8.1-4(a), is active and not subject to any restriction, limitation or other sanction.

B. Required Notification to the Department

1. An individual registered pursuant to these Regulations shall notify the Department, in writing, within five (5) business days of receiving notification from the Certification Board for Music Therapists that his or her status as a board certified music therapist has been revoked and/or subject to any restriction, limitation or other sanction.

2. An individual registered pursuant to these Regulations shall notify the Department, in writing, within five (5) business days of failure to renew or other lapse of his or her status as a board certified music therapist.

26.10 Standards for Responsible Professional Conduct

A. A registered music therapist must conduct his or her professional activities in accordance with the "CBMT Code of Professional Practice", incorporated above in § 26.2(A) of this Part.

B. A registered music therapist shall practice in accordance with the AMTA and CBMT "Scope of Music Therapy Practice", incorporated above in § 26.2(B) of this Part.

26.11 Denial, Suspension or Revocation of Registration - Violations

A. Due Process. Upon due notice and hearing in accordance with R.I. Gen. Laws Chapter 42-35, and the provisions of § 26.12 of this Part, any violation pursuant to the provisions of the Act and these Regulations, may be cause for denial, revocation or suspension of registration or for imposing such other penalties in accordance with the Act.

B. Grounds for Discipline without a Hearing. In accordance with R.I. Gen. Laws § 42-35-14(c), the Director may temporarily suspend the registration of a registered music therapist without a hearing if the Director finds that evidence in his or her possession indicates that a registered music therapist continuing in practice would constitute an immediate danger to the public. In the event that the Director temporarily suspends the registration of a registered music therapist without a hearing, a hearing must be held within ten (10) days after the suspension has occurred.

26.12 Rules Governing Practices and Procedures

All hearings and reviews required pursuant to provisions of the Act and these Regulations shall be held in accordance with the provisions of the Rules and Regulations Pertaining to Practices and Procedures Before the Rhode Island Department of Health.

216-RICR-40-05-26

TITLE 216 - DEPARTMENT OF HEALTH

CHAPTER 40 - PROFESSIONAL LICENSING AND FACILITY REGULATION

SUBCHAPTER 05 - PROFESSIONAL LICENSING

PART 26 - Registration of Music Therapists (216-RICR-40-05-26)

Type of Filing: Amendment
Effective Date: 04/30/2018

Editorial Note: This Part was filed with the Department of State prior to the launch of the Rhode Island Code of Regulations. As a result, this digital copy is presented solely as a reference tool. To obtain a certified copy of this Part, contact the Administrative Records Office at (401) 222-2473.

TITLE 23
Health and Safety

CHAPTER 23-20.8.1
Registration of Music Therapists

SECTION 23-20.8.1-1

§ 23-20.8.1-1. Definitions.

As used in this chapter:

(1) "Board certified music therapist" means an individual who has completed the education and clinical training requirements established by the American Music Therapy Association; has passed the certification board for music therapists certification examination; or transitioned into board certification, and remains actively certified by the certification board for music therapists.

(2) "Music therapist" means a person registered to practice music therapy pursuant to this chapter.

(3) "Music therapy" means the clinical and evidence based use of music interventions to accomplish individualized goals within a therapeutic relationship through an individualized music therapy treatment plan for the client that identifies the goals, objectives, and potential strategies of the music therapy services appropriate for the client using music therapy interventions, which may include music improvisation, receptive music listening, song writing, lyric discussion, music and imagery, music performance, learning through music, and movement to music. Music therapy is a distinct and separate profession from other licensed, certified, or regulated professions, including speech-language pathology. The practice of music therapy does not include the diagnosis of any physical, mental, or communication disorder. This term may include:

(i) Accepting referrals for music therapy services from medical, developmental, mental health, or education professionals; family members; clients; or caregivers. Before providing music therapy services to a client for a medical, developmental, or mental health condition, the registrant shall collaborate, as applicable, with the client's physician, psychologist, or mental health professional to review the client's diagnosis, treatment needs, and treatment plan. During the provision of music therapy services to a client, the registrant shall collaborate, as applicable, with the client's treatment team;

(ii) Conducting a music therapy assessment of a client to collect systematic, comprehensive, and accurate information necessary to determine the appropriate type of music therapy services to provide for the client;

(iii) Developing an individualized music therapy treatment plan for the client;

(iv) Carrying out an individualized music therapy treatment plan that is consistent with any other medical,

developmental, mental health, or educational services being provided to the client;

(v) Evaluating the client's response to music therapy and the individualized music therapy treatment plan and suggesting modifications, as appropriate;

(vi) Developing a plan for determining when the provision of music therapy services is no longer needed in collaboration with the client, any physician, or other provider of healthcare or education of the client, any appropriate member of the family of the client, and any other appropriate person upon whom the client relies for support;

(vii) Minimizing any barriers so that the client may receive music therapy services in the least restrictive environment; and

(viii) Collaborating with and educating the client and the family or caregiver of the client or any other appropriate person about the needs of the client that are being addressed in music therapy and the manner in which the music therapy addresses those needs.

(4) "Office" means the department of health.

(5) "Director" means the director of the department of health or his or her designee.

History of Section.
(P.L. 2014, ch. 189, § 1; P.L. 2014, ch. 211, § 1.)

TITLE 23
Health and Safety

CHAPTER 23-20.8.1
Registration of Music Therapists

SECTION 23-20.8.1-2

§ 23-20.8.1-2. Applicability and scope.

After January 1, 2015, a person shall not practice music therapy or represent himself or herself as being able to practice music therapy in this state unless the person is registered pursuant to this chapter. Nothing in this chapter may be construed to prohibit or restrict the practice, services, or activities of the following:

(1) Any person licensed, certified, or regulated under the laws of this state in another profession or occupation or personnel supervised by a licensed professional in this state performing work, including the use of music, incidental to the practice of his or her licensed, certified, or regulated profession or occupation, if that person does not represent himself or herself as a music therapist; or

(2) Any person whose training and national certification attests to the individual's preparation and ability to practice his or her certified profession or occupation if that person does not represent himself or herself as a music therapist.

(3) Any practice of music therapy as an integral part of a program of study for students enrolled in an accredited music therapy program if the student does not represent himself or herself as a music therapist.

(4) Any person who practices music therapy under the supervision of a registered music therapist if the person does not represent himself or herself as a music therapist.

History of Section.
(P.L. 2014, ch. 189, § 1; P.L. 2014, ch. 211, § 1.)

TITLE 23
Health and Safety

CHAPTER 23-20.8.1
Registration of Music Therapists

SECTION 23-20.8.1-3

§ 23-20.8.1-3. Issuance of registration – Minimum qualifications.

(a) The director shall issue a registration to an applicant for a music therapy registration when such applicant has completed and submitted an application, upon a form and in such manner as the director prescribes, accompanied by applicable fees, and evidence satisfactory to the director that:

(1) The applicant is at least eighteen (18) years of age;

(2) The applicant holds a bachelor's degree or higher in music therapy, or its equivalent, from a program approved by the American Music Therapy Association, or any successor organization within an accredited college or university;

(3) The applicant successfully completes a minimum of twelve hundred (1,200) hours of clinical training, with at least one hundred eighty (180) hours in pre-internship experiences and at least nine hundred (900) hours in internship experiences; provided that the internship is approved by an academic institution, the American Music Therapy Association or its successor association, or both;

(4) The applicant is in good standing based on a review of the applicant's music therapy practice history in other jurisdictions, including a review of any alleged misconduct or neglect in the practice of music therapy on the part of the applicant;

(5) The applicant provides proof of passing the examination for board certification offered by the certification board for music therapists, or any successor organization, or provides proof of being transitioned into board certification, and provides proof that the applicant is currently a board-certified music therapist.

(b) The director shall issue a registration to an applicant for a music therapy registration when such applicant has completed and submitted an application upon a form, and in such manner as the director prescribes, accompanied by applicable fees, and evidence satisfactory to the director that the applicant is registered and in good standing as a music therapist in another jurisdiction where the qualifications required are equal to, or greater than, those required in this chapter at the date of application.

History of Section.
(P.L. 2014, ch. 189, § 1; P.L. 2014, ch. 211, § 1.)

TITLE 23
Health and Safety

CHAPTER 23-20.8.1
Registration of Music Therapists

SECTION 23-20.8.1-4

§ 23-20.8.1-4. Suspension and revocation of registration.

(a) Every registration issued under this chapter shall be renewed biennially. A registration shall be renewed upon payment of a renewal fee if the applicant is not in violation of any of the terms of this chapter at the time of application for renewal. The following shall also be required for registration renewal: proof of maintenance of the applicant's status as a board certified music therapist.

(b) A registrant shall inform the director of any changes to his or her address. Each registrant shall be responsible for timely renewal of his or her registration.

(c) Failure to renew a registration shall result in forfeiture of the registration. Registrations that have been forfeited may be restored within one year of the expiration date upon payment of renewal and restoration fees. Failure to restore a forfeited registration within one year of the date of its expiration shall result in the automatic termination of the registration and the director may require the individual to reapply for registration as a new applicant.

History of Section.
(P.L. 2014, ch. 189, § 1; P.L. 2014, ch. 211, § 1.)

TITLE 23
Health and Safety

CHAPTER 23-20.8.1
Registration of Music Therapists

SECTION 23-20.8.1-5

§ 23-20.8.1-5. Waiver of examination.

The director shall waive the examination requirement for an applicant until January 1, 2015, who is:

(1) A board-certified music therapist; or

(2) Designated as a registered music therapist, certified music therapist, or advanced certified music therapist and in good standing with the national music therapy registry.

History of Section.
(P.L. 2014, ch. 189, § 1; P.L. 2014, ch. 211, § 1.)

TITLE 23
Health and Safety

CHAPTER 23-20.8.1
Registration of Music Therapists

SECTION 23-20.8.1-6

§ 23-20.8.1-6. Rules and regulations.

The director is authorized to adopt, modify, repeal, and promulgate rules and regulations in accordance with the purposes of this chapter, and only after procedures in accordance with the administrative procedures act (chapter 35 of title 42) have been followed. The director is further authorized to assess fees for registrations issued in accordance with rules and regulations promulgated pursuant to the authority conferred by this chapter, provided that those fees are assessed only after procedures in accordance with the administrative procedures act (chapter 35 of title 42) have been followed. All fees shall be deposited into the general fund as general revenue.

History of Section.
(P.L. 2014, ch. 189, § 1; P.L. 2014, ch. 211, § 1.)

Utah Office of Administrative Rules

Utah Administrative Code

The Utah Administrative Code is the body of all effective administrative rules as compiled and organized by the Division of Administrative Rules (see Subsection 63G-3-102(5); see also Sections 63G-3-701 and 702).

NOTE: For a list of rules that have been made effective since January 1, 2020, please see the codification segue page.

NOTE TO RULEFILING AGENCIES: Use the RTF version for submitting rule changes.

Download the RTF file

R156. Commerce, Occupational and Professional Licensing.

Rule R156-84. State Certification of Music Therapists Act Rule.

As in effect on January 1, 2020

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- Date of Enactment or Last Substantive Amendment
- Notice of Continuation
- Authorizing, Implemented, or Interpreted Law

R156-84-101. Title.

This rule is known as the "State Certification of Music Therapists Act Rule."

R156-84-102. Definitions.

In addition to the definitions in Title 58, Chapter 1, as used in this rule, "unprofessional conduct" is further defined, in accordance with Subsection 58-1-203(1)(e), in Section R156-84-502.

R156-84-103. Authority - Purpose.

This rule is adopted by the Division under the authority of Subsection 58-1-106(1)(a) to enable the Division to administer Title 58, Chapter 84.

R156-84-104. Organization - Relationship to Rule R156-1.

The organization of this rule and its relationship to Rule R156-1 is as described in Section R156-1-107.

R156-84-302a. Qualifications for State Certification - Application Requirements.

In accordance with Subsection 58-1-203(1)(b) and Section 58-1-301, the application requirements for licensure in Section 58-84-201 are clarified as follows:

(1) The Division has determined there are no boards equivalent to the Certification Board for Music Therapists.

(2) A board may apply for equivalency status by submitting appropriate credentials for evaluation by the Division. If determined equivalent, the board will be issued a letter of equivalency and listed herein.

R156-84-303. Renewal Cycle - Procedures.

(1) In accordance with Subsection 58-1-308(1), the renewal date for the two-year renewal cycle applicable to licensees under Title 58, Chapter 84 is established by rule in Subsection R156-1-308a(1).

(2) Renewal procedures shall be in accordance with Section R156-1-308c.

R156-84-502. Unprofessional Conduct.

"Unprofessional conduct" includes:

(1) receiving disciplinary action imposed against certification by the Certification Board for Music Therapists or an equivalent board; or

(2) failing to maintain an active and in good standing certification by the Certification Board for Music Therapists or an equivalent board.

KEY

licensing, certified music therapist

Date of Enactment or Last Substantive Amendment

December 22, 2014

Notice of Continuation

September 9, 2019

Authorizing, Implemented, or Interpreted Law

58-1-106(1)(a); 58-1-202(1)(a); 58-84-101

Additional Information

Contact

For questions regarding the *content* or *application* of rules under Title R156, please contact the promulgating agency (Commerce, Occupational and Professional Licensing). A list of agencies with links to their homepages is available at http://www.utah.gov/government/agencylist.html or from http://www.rules.utah.gov/contact/agencycontacts.htm.

Effective 5/13/2014

Chapter 84
State Certification of Music Therapists Act

Part 1
General Provisions

58-84-101 Title.

This chapter is known as the "State Certification of Music Therapists Act."

Enacted by Chapter 340, 2014 General Session

58-84-102 Definitions.

In addition to the definitions in Section 58-1-102, as used in this chapter:

(1) "Practice of music therapy" means the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship.

(2) "State certification" means a designation granted by the division on behalf of the state to an individual who has met the requirements for state certification related to an occupation or profession described in this chapter.

(3) "State certified" means, when used in conjunction with an occupation or profession described in this chapter, a title that:

(a) may be used by a person who has met the state certification requirements related to that occupation or profession described in this chapter; and

(b) may not be used by a person who has not met the state certification requirements related to that occupation or profession described in this chapter.

Enacted by Chapter 340, 2014 General Session

58-84-103 Rulemaking.

When exercising rulemaking authority under this chapter, the division shall comply with the requirements of Title 63G, Chapter 3, Utah Administrative Rulemaking Act.

Enacted by Chapter 340, 2014 General Session

Part 2
State Certification

58-84-201 Qualifications for state certification.

(1) The division shall grant state certification to a person who qualifies under this chapter to engage in the practice of music therapy as a state certified music therapist.

(2) Each applicant for state certification as a state certified music therapist shall:

(a) submit an application in a form prescribed by the division;

(b) pay a fee determined by the department under Section 63J-1-504; and

(c) provide satisfactory documentation that the applicant is board certified by, and in good standing with, the Certification Board for Music Therapists, or an equivalent board as determined by division rule.

Amended by Chapter 339, 2020 General Session

58-84-202 Term of state certification.

(1) The division shall grant state certification under this chapter in accordance with a two-year renewal cycle established by division rule.
(2) At the time of renewal, an applicant for renewal shall provide satisfactory documentation that the applicant is board certified by, and in good standing with, the Certification Board for Music Therapists, or an equivalent board as determined by division rule.
(3) If the board certification of a state certified music therapist required for obtaining or renewing state certification under this chapter is suspended, placed on probation, revoked, or has expired for any reason, the person:
  (a) shall suspend using the title state certified music therapist in connection with the person's name or business;
  (b) shall suspend representing to others that the person is a state certified music therapist; and
  (c) shall inform the division within two weeks of the suspension, probation, revocation, or expiration of the board certification.
(4) When the division learns that the board certification of a state certified music therapist required for obtaining or renewing state certification under this chapter is suspended, placed on probation, revoked, or has expired for any reason, that person's state certification shall be revoked and may not be reinstated unless the person meets the requirements and again applies for state certification as described in Section 58-84-201.

Enacted by Chapter 340, 2014 General Session

58-84-203 Limitation of state certification.

Nothing in this chapter shall be construed to prevent a person from lawfully engaging in the practice of music therapy without state certification.

Enacted by Chapter 340, 2014 General Session

Part 3
Unlawful Conduct - Penalties

58-84-301 Unlawful conduct.

(1) It is unlawful for a person who is not a state certified music therapist to use the title state certified music therapist, or represent that the person is a state certified music therapist, in connection with the person's name or business.
(2) It is unlawful for a state certified person whose board certification is suspended, placed on probation, revoked, or has expired for any reason to use the title state certified music therapist, or represent that the person is a state certified music therapist, in connection with the person's name or business.

Enacted by Chapter 340, 2014 General Session

VIRGINIA ACTS OF ASSEMBLY -- CHAPTER

An Act to amend the Code of Virginia by adding in Chapter 37 of Title 54.1 an article numbered 2, consisting of sections numbered 54.1-3709.1, 54.1-3709.2, and 54.1-3709.3, relating to music therapy; licensure.

[H 1562]

Approved

Be it enacted by the General Assembly of Virginia:

1. That the Code of Virginia is amended by adding in Chapter 37 of Title 54.1 an article numbered 2, consisting of sections numbered 54.1-3709.1, 54.1-3709.2, and 54.1-3709.3, as follows:

Article 2.
Music Therapy.

§ 54.1-3709.1. Definitions.

As used in this article, unless the context requires a different meaning:

"Music therapist" means a person who has (i) completed a bachelor's degree or higher in music therapy, or its equivalent; (ii) satisfied the requirements for licensure set forth in regulations adopted by the Board pursuant to § 54.1-3709.2; and (iii) been issued a license for the independent practice of music therapy by the Board.

"Music therapy" means the clinical and evidence-based use of music interventions to accomplish individualized goals within a therapeutic relationship through an individualized music therapy treatment plan for the client that identifies the goals, objectives, and potential strategies of the music therapy services appropriate for the client using music therapy interventions, which may include music improvisation, receptive music listening, songwriting, lyric discussion, music and imagery, music performance, learning through music, and movement to music. "Music therapy" does not include the screening, diagnosis, or assessment of any physical, mental, or communication disorder.

§ 54.1-3709.2. Music therapy; licensure.

A. The Board shall adopt regulations governing the practice of music therapy, upon consultation with the Advisory Board on Music Therapy established in § 54.1-3709.3. The regulations shall (i) set forth the educational, clinical training, and examination requirements for licensure to practice music therapy; (ii) provide for appropriate application and renewal fees; and (iii) include requirements for licensure renewal and continuing education. In developing such regulations, the Board shall consider requirements for board certification offered by the Certification Board for Music Therapists or any successor organization.

B. No person shall engage in the practice of music therapy or hold himself out or otherwise represent himself as a music therapist unless he is licensed by the Board.

C. Nothing in this section shall prohibit (i) the practice of music therapy by a student pursuing a course of study in music therapy if such practice constitutes part of the student's course of study and is adequately

supervised or (ii) a licensed health care provider, other professional registered, certified, or licensed in the Commonwealth, or any person whose training and national certification attests to his preparation and ability to practice his certified profession or occupation from engaging in the full scope of his practice, including the use of music incidental to his practice, provided that he does not represent himself as a music therapist.

§ 54.1-3709.3. Advisory Board on Music Therapy; membership; terms.

A. The Advisory Board on Music Therapy (Advisory Board) is hereby established to assist the Board in formulating regulations related to the practice of music therapy. The Advisory Board shall also assist in such other matters relating to the practice of music therapy as the Board may require.

B. The Advisory Board shall have a total membership of five nonlegislative citizen members to be appointed by the Governor as follows: three members shall be licensed music therapists, one member shall be a licensed health care provider other than a music therapist, and one member shall be a citizen at large.

C. After the initial staggering of terms, members shall be appointed for a term of four years. Appointments to fill vacancies, other than by expiration of a term, shall be for the unexpired terms. All members may be reappointed. However, no member shall serve more than two consecutive four-year terms. The remainder of any term to which a member is appointed to fill a vacancy shall not constitute a term in determining the member's eligibility for reappointment. Vacancies shall be filled in the same manner as the original appointments.

2. That the initial appointments of nonlegislative citizen members of the Advisory Board on Music Therapy, created by this act, to be appointed by the Governor shall be staggered as follows: one member, who shall be a music therapist who holds a certification issued by the Certification Board for Music Therapists, shall be appointed for a term of one year; one member, who shall be a music therapist who holds a certification issued by the Certification Board for Music Therapists, shall be appointed for a term of two years; one member, who shall be a licensed health care provider other than a music therapist, shall be appointed for a term of three years; and two members, one of whom shall be a music therapist who holds a certification issued by the Certification Board for Music Therapists and one of whom shall be a citizen at large representing the Commonwealth, shall be appointed for a term of four years.

Chapter SPS 1

PROCEDURES TO REVIEW DENIAL OF AN APPLICATION

SPS 1.01 Authority and scope.
SPS 1.03 Definitions.
SPS 1.04 Examination failure: retake and hearing, consequences of cheating on an examination or breach of examination security.
SPS 1.05 Notice of intent to deny, notice of denial and notice of cheating on an examination or breach of examination security.
SPS 1.06 Parties to a denial review proceeding.
SPS 1.07 Request for hearing.
SPS 1.08 Procedure.
SPS 1.09 Conduct of hearing.
SPS 1.10 Service.
SPS 1.11 Failure to appear.
SPS 1.12 Withdrawal of request.
SPS 1.13 Transcription fees.

Note: Chapter RL 1 was renumbered chapter SPS 1 under s. 13.92 (4) (b) 1., Stats., Register November 2011 No. 671.

SPS 1.01 Authority and scope. Rules in this chapter are adopted under authority in s. 440.03 (1), Stats., for the purpose of governing review of a decision to deny an application. Rules in this chapter do not apply to denial of an application for renewal of a credential. Rules in this chapter shall apply to applications received on or after July 1, 1996.

Note: Procedures used for denial of an application for renewal of a credential are found in Ch. SPS 2, Wis. Admin. Code and s. 227.01 (3) (b), Stats.

History: Cr. Register, October, 1985, No. 358, eff. 11–1–85; am., Register, July, 1996, No. 487, eff. 8–1–96.

SPS 1.03 Definitions. In this chapter:

(1) "Applicant" means any person who applies for a credential from the applicable credentialing authority. "Person" in this subsection includes a business entity.

(1g) "Breach of examination security" means any of the following:

(a) Removing from the examination room any examination materials without authorization.

(b) Reproducing, or assisting a person in reproducing, any portion of the credentialing examination by any means and without authorization.

(c) Paying a person to take the credentialing examination to discover the content of any portion of the credentialing examination.

(d) Obtaining examination questions or other examination materials, except by specific authorization before, during, or after an examination.

(e) Using, or purporting to use, improperly obtained examination questions or materials to instruct or prepare an applicant for the credentialing examination.

(f) Selling, distributing, buying, receiving or having unauthorized possession of any portion of a future, current, or previously administered credentialing examination.

(1r) "Cheating on an examination" includes:

(a) Communicating with other persons inside or outside of the examination room concerning examination content using any means of communication while the examination is being administered.

(b) Copying the answers of another applicant, or permitting answers to be copied by another applicant.

(c) Substituting another person to write one or more of the examination answers or papers in the place of the applicant.

(d) Referring to "notes," textbooks or other unauthorized information sources inside or outside the examination room while the examination is being administered.

(e) Disclosing the nature or content of any examination question or answer to another person prior to, during, or subsequent to the conclusion of the examination.

(f) Removing or attempting to remove any examination materials, notes or facsimiles of examination content such as photo, audiovisual, or electronic records from the examination room.

(g) Violating rules of conduct of the examination.

(2) "Credential" means a license, permit, or certificate of certification or registration that is issued under chs. 440 to 480, Stats.

(3) "Credentialing authority" means the department or an attached examining board, affiliated credentialing board or board having authority to issue or deny a credential.

(4) "Denial review proceeding" means a class 1 proceeding as defined in s. 227.01 (3) (a), Stats., in which a credentialing authority reviews either a decision to deny a completed application for a credential or a determination of cheating on an examination or breach of examination security.

(5) "Department" means the department of safety and professional services.

(6) "Division" means the division of legal services and compliance in the department.

(7) "Office of examinations" means the office of examinations in the department.

History: Cr. Register, October, 1985, No. 358, eff. 11–1–85; correction in (4) made under s. 13.93 (2m) (b) 7., Stats., Register, May, 1988, No. 389; am. (1), (4), r. (2), renum. (3) to be (5), cr. (2), (3), (6), Register, July, 1996, No. 487, eff. 8–1–96; CR 05–050: cr. (1g), (1r) and (7), am. (4) Register January 2006 No. 601, eff. 2–1–06; correction in (5) made under s. 13.92 (4) (b) 6., Stats., Register November 2011 No. 671; **CR 14–019: am. (6) Register August 2014 No. 704, eff. 9–1–14.**

SPS 1.04 Examination failure: retake and hearing, consequences of cheating on an examination or breach of examination security. (1) An applicant may request a hearing to challenge the validity, scoring or administration of an examination if the applicant has exhausted other available administrative remedies, including, but not limited to, internal examination review and regrading, and if either:

(a) The applicant is no longer eligible to retake a qualifying examination.

(b) Reexamination is not available within 6 months from the date of the applicant's last examination.

(2) A failing score on an examination does not give rise to the right to a hearing if the applicant is eligible to retake the examination and reexamination is available within 6 months from the date of the applicant's last examination.

Note: An applicant is not eligible for a license until his or her application is complete. An application is not complete until an applicant has submitted proof of having successfully passed any required qualifying examination. If an applicant fails the qualifying examination, but has the right to retake it within 6 months, the applicant is not entitled to a hearing under this chapter.

(3) (a) Consequences imposed for cheating on an examination or for committing a breach of examination security shall be related to the seriousness of the offense and may include: denial of grades; entering of a failing grade on all examinations in which cheating occurred; restrictions on reexamination; or denial of licensure. If more than one applicant are involved in a connected offense of cheating on an examination or breach of examination

security, each applicant knowingly involved is subject to the consequences in this section.

(b) Restrictions on reexamination may include denying the applicant the right to retake the examination for a specified period of time or the imposition of a permanent bar on reexamination.

(c) The department may provide information on the consequences imposed upon an applicant to other jurisdictions where the applicant may apply for credentialing or examination.

(d) If an approved or credentialed school or instructor is found to have facilitated actions constituting cheating on an examination or breach of examination security, the school or instructor may be subject to disciplinary action or revocation of approval.

History: Cr., Register, July, 1996, No. 487, eff. 8–1–96; CR 05–050: cr. (3) Register January 2006 No. 601, eff. 2–1–06.

SPS 1.05 Notice of intent to deny, notice of denial and notice of cheating on an examination or breach of examination security. (1) NOTICE OF INTENT TO DENY. (a) A notice of intent to deny may be issued upon an initial determination that the applicant does not meet the eligibility requirements for a credential. A notice of intent to deny shall contain a short statement in plain language of the basis for the anticipated denial, specify the statute, rule or other standard upon which the denial will be based and state that the application shall be denied unless, within 45 calendar days from the date of the mailing of the notice, the credentialing authority receives additional information which shows that the applicant meets the requirements for a credential. The notice shall be substantially in the form shown in Appendix I.

(b) If the credentialing authority does not receive additional information within the 45 day period, the notice of intent to deny shall operate as a notice of denial and the 45 day period for requesting a hearing described in s. SPS 1.07 shall commence on the date of mailing of the notice of intent to deny.

(c) If the credentialing authority receives additional information within the 45 day period which fails to show that the applicant meets the requirements for a credential, a notice of denial shall be issued under sub. (2).

(2) NOTICE OF DENIAL. If the credentialing authority determines that an applicant does not meet the requirements for a credential, the credentialing authority shall issue a notice of denial in the form shown in Appendix II. The notice shall contain a short statement in plain language of the basis for denial, specify the statute, rule or other standard upon which the denial is based, and be substantially in the form shown in Appendix II.

(3) NOTICE OF CHEATING ON AN EXAMINATION OR BREACH OF EXAMINATION SECURITY. If after an investigation the office of examinations determines there is probable cause to believe that an applicant has cheated on an examination or breached examination security and the office of examinations and the applicant cannot agree upon a consequence acceptable to the credentialing authority, the office of examinations shall issue a notice of cheating on an examination or breach of examination security. The notice shall:

(a) Include the name and address of the applicant, the examination involved, and a statement identifying with reasonable particularity the grounds for the conclusion that the applicant has cheated on an examination or breached examination security.

(b) Be mailed to the applicant at the address provided in the materials submitted by the applicant when applying to take the examination. Notice is effective upon mailing.

History: Cr., Register, July, 1996, eff. 8–1–96; CR 05–050: cr. (3) Register January 2006 No. 601, eff. 2–1–06; correction in (1) (b) made under s. 13.92 (4) (b) 7., Stats., Register November 2011 No. 671.

SPS 1.06 Parties to a denial review proceeding. Parties to a denial review proceeding are the applicant, the credentialing authority and any person admitted to appear under s. 227.44 (2m), Stats.

History: Cr. Register, October, 1985, No. 358, eff. 11–1–85; renum. from RL 1.04 and am., Register, July, 1996, No. 487, eff. 8–1–96.

SPS 1.07 Request for hearing. An applicant may request a hearing within 45 calendar days after the mailing of a notice of denial by the credentialing authority or notice of cheating on an examination or breach of examination security by the office of examinations. The request shall be in writing and set forth all of the following:

(1) The applicant's name and address.

(2) The type of credential for which the applicant has applied.

(3) A specific description of the mistake in fact or law which constitutes reasonable grounds for reversing the decision to deny the application for a credential or for reversing a determination of cheating on an examination or a determination of breach of examination security. If the applicant asserts that a mistake in fact was made, the request shall include a concise statement of the essential facts which the applicant intends to prove at the hearing. If the applicant asserts a mistake in law was made, the request shall include a statement of the law upon which the applicant relies.

History: Cr., Register, July, 1996, No. 487, eff. 8–1–96; CR 05–050: am. (intro.) and (3) Register January 2006 No. 601, eff. 2–1–06.

SPS 1.08 Procedure. The procedures for a denial review proceeding are:

(1) REVIEW OF REQUEST FOR HEARING. Within 45 calendar days of receipt of a request for hearing, the credentialing authority or its designee shall grant or deny the request for a hearing on a denial of a credential or on a determination of cheating on an examination or a determination of breach of examination security. A request shall be granted if requirements in s. SPS 1.07 are met, and the credentialing authority or its designee shall notify the applicant of the time, place and nature of the hearing. If the requirements in s. SPS 1.07 are not met, a hearing shall be denied, and the credentialing authority or its designee shall inform the applicant in writing of the reason for denial. For purposes of a petition for review under s. 227.52, Stats., a request is denied if a response to a request for hearing is not issued within 45 calendar days of its receipt by the credentialing authority.

(2) DESIGNATION OF PRESIDING OFFICER. An administrative law judge shall preside over denial hearings. The administrative law judge shall be employed by the department of administration.

(3) DISCOVERY. Unless the parties otherwise agree, no discovery is permitted, except for the taking and preservation of evidence as provided in ch. 804, Stats., with respect to witnesses described in s. 227.45 (7) (a) to (d), Stats. An applicant may inspect records under s. 19.35, Stats., the public records law.

(4) BURDEN OF PROOF. The applicant has the burden of proof to show by evidence satisfactory to the credentialing authority that the applicant meets the eligibility requirements set by law for the credential. The office of examinations has the burden of proof to show by a preponderance of the evidence that the applicant cheated on an examination or breached examination security.

History: Cr., Register, July, 1996, No. 487, eff. 8–1–96; CR 05–050: am. (1) and (4) Register January 2006 No. 601, eff. 2–1–06; correction in (1) made under s. 13.92 (4) (b) 7., Stats., Register November 2011 No. 671; CR 13–077: am. (2) Register April 2014 No. 700, eff. 5–1–14.

SPS 1.09 Conduct of hearing. (1) RECORD. A stenographic, electronic or other record shall be made of all hearings in which the testimony of witnesses is offered as evidence, and of other oral proceedings when requested by a party.

(2) ADJOURNMENTS. The presiding officer may, for good cause, grant continuances, adjournments and extensions of time.

(3) SUBPOENAS. (a) Subpoenas for the attendance of any witness at a hearing in the proceeding may be issued in accordance with s. 227.45 (6m), Stats.

(b) A presiding officer may issue protective orders according to the provisions of s. 805.07, Stats.

(4) MOTIONS. All motions, except those made at hearing, shall be in writing, filed with the presiding officer and a copy served upon the opposing party not later than 5 days before the time specified for hearing the motion.

(4m) SUMMARY JUDGEMENT. The parties may use the summary judgment procedure provided in s. 802.08, Stats.

(5) EVIDENCE. The credentialing authority, the office of examinations and the applicant shall have the right to appear in person or by counsel, to call, examine and cross−examine witnesses and to introduce evidence into the record. If the applicant submits evidence of eligibility for a credential which was not submitted to the credentialing authority prior to denial of the application, the presiding officer may request the credentialing authority to reconsider the application and the evidence of eligibility not previously considered.

(5m) CONFIDENTIALITY OF EXAMINATION RECORDS. The presiding officer shall take appropriate precautions to preserve examination security in conjunction with the conduct of a hearing held pursuant to this section.

(6) BRIEFS. The presiding officer may require the filing of briefs.

(7) LOCATION OF HEARING. All hearings shall be held at the offices of the department in Madison unless the presiding officer determines that the health or safety of a witness or of a party or an emergency requires that a hearing be held elsewhere.

History: Cr., Register, July, 1996, No. 487, eff. 8−1−96; CR 05−050: am. (5), cr. (5m) Register January 2006 No. 601, eff. 2−1−06; **CR 14−019: cr. (4m) Register August 2014 No. 704, eff. 9−1−14.**

SPS 1.10 Service. Service of any document on an applicant may be made by mail addressed to the applicant at the last address filed in writing by the applicant with the credentialing authority. Service by mail is complete on the date of mailing.

History: Cr. Register, October, 1985, No. 358, eff. 11−1−85; renum. from RL 1.06 and am., Register, July, 1996, No. 487, eff. 8−1−96.

SPS 1.11 Failure to appear. In the event that neither the applicant nor his or her representative appears at the time and place designated for the hearing, the credentialing authority may take action based upon the record as submitted. By failing to appear, an applicant waives any right to appeal the action taken by the credentialing authority.

History: Cr. Register, October, 1985, No. 358, eff. 11−1−85; renum. from RL 1.07 and am., Register, July, 1996, No. 487, eff. 8−1−96; CR 05−050: am. Register January 2006 No. 601, eff. 2−1−06.

SPS 1.12 Withdrawal of request. A request for hearing may be withdrawn at any time. Upon receipt of a request for withdrawal, the credentialing authority shall issue an order affirming the withdrawal of a request for hearing on the denial or on the determination of cheating on an examination or determination of breach of examination security.

History: Cr., Register, July, 1996, No. 487, eff. 8−1−96; CR 05−050: am. Register January 2006 No. 601, eff. 2−1−06.

SPS 1.13 Transcription fees. (1) The fee charged for a transcript of a proceeding under this chapter shall be computed by the person or reporting service preparing the transcript on the following basis:

(a) If the transcript is prepared by a reporting service, the fee charged for an original transcription and for copies shall be the amount identified in the state operational purchasing bulletin which identifies the reporting service and its fees.

(b) If a transcript is prepared by the department, the department shall charge a transcription fee of $1.75 per page and a copying charge of $.25 per page. If 2 or more persons request a transcript, the department shall charge each requester a copying fee of $.25 per page, but may divide the transcript fee equitably among the requesters. If the department has prepared a written transcript for its own use prior to the time a request is made, the department shall assume the transcription fee, but shall charge a copying fee of $.25 per page.

(2) A person who is without means and who requires a transcript for appeal or other reasonable purposes shall be furnished with a transcript without charge upon the filing of a petition of indigency signed under oath. For purposes of this section, a determination of indigency shall be based on the standards used for making a determination of indigency under s. 977.07, Stats.

History: Cr., Register, July, 1996, No. 487, eff. 8−1−96.

Chapter SPS 2

PROCEDURES FOR PLEADING AND HEARINGS

SPS 2.01 Authority.
SPS 2.02 Scope; kinds of proceedings.
SPS 2.03 Definitions.
SPS 2.035 Receiving informal complaints.
SPS 2.036 Procedure for settlement conferences.
SPS 2.037 Parties to a disciplinary proceeding.
SPS 2.04 Commencement of disciplinary proceedings.
SPS 2.05 Pleadings to be captioned.
SPS 2.06 Complaint.
SPS 2.07 Notice of hearing.
SPS 2.08 Service and filing of complaint, notice of hearing and other papers.
SPS 2.09 Answer.
SPS 2.10 Administrative law judge.
SPS 2.11 Prehearing conference.
SPS 2.12 Settlements.
SPS 2.13 Discovery.
SPS 2.14 Default.
SPS 2.15 Conduct of hearing.
SPS 2.16 Witness fees and costs.
SPS 2.17 Transcription fees.
SPS 2.18 Assessment of costs.
SPS 2.20 Extension of time limits in disciplinary actions against physicians.

Note: Chapter RL 2 was renumbered chapter SPS 2 under s. 13.92 (4) (b) 1., Stats., Register November 2011 No. 671.

SPS 2.01 Authority. The rules in ch. SPS 2 are adopted pursuant to authority in s. 440.03 (1), Stats., and procedures in ch. 227, Stats.

History: Cr. Register, October, 1978, No. 274, eff. 11–1–78; am. Register, May, 1982, No. 317, eff. 6–1–82; correction made under s. 13.92 (4) (b) 7., Stats., Register November 2011 No. 671.

SPS 2.02 Scope; kinds of proceedings. The rules in this chapter govern procedures in class 2 proceedings, as defined in s. 227.01 (3) (b), Stats., against licensees before the department and all disciplinary authorities attached to the department, except that s. SPS 2.17 applies also to class 1 proceedings, as defined in s. 227.01 (3) (a), Stats.

History: Cr. Register, October, 1978, No. 274, eff. 11–1–78; am. Register, May, 1982, No. 317, eff. 6–1–82; corrections made under s. 13.93 (2m) (b) 7., Stats., Register, May, 1988, No. 389; am. Register, June, 1992, No. 438, eff. 7–1–92; emerg. am. eff. 11–14–95; correction made under s. 13.92 (4) (b) 7., Stats., Register November 2011 No. 671.

SPS 2.03 Definitions. In this chapter:

(1) "Complainant" means the person who signs a complaint.

(2) "Complaint" means a document which meets the requirements of ss. SPS 2.05 and 2.06.

(3) "Department" means the department of safety and professional services.

(4) "Disciplinary authority" means the department or the attached examining board or board having authority to revoke the license of the holder whose conduct is under investigation.

(5) "Disciplinary proceeding" means a proceeding against one or more licensees in which a disciplinary authority may determine to revoke or suspend a license, to reprimand a licensee, to limit a license, to impose a forfeiture, or to refuse to renew a license because of a violation of law.

(6) "Division" means the division of legal services and compliance in the department.

(7) "Informal complaint" means any written information submitted to the division or any disciplinary authority by any person which requests that a disciplinary proceeding be commenced against a licensee or which alleges facts, which if true, warrant discipline.

(8) "Licensee" means a person, partnership, corporation or association holding any license, permit, certificate or registration granted by a disciplinary authority or having any right to renew a license, permit, certificate or registration granted by a disciplinary authority.

(9) "Respondent" means the person against whom a disciplinary proceeding has been commenced and who is named as respondent in a complaint.

(10) "Settlement conference" means a proceeding before a disciplinary authority or its designee conducted according to s. SPS 2.036, in which a conference with one or more licensee is held to attempt to reach a fair disposition of an informal complaint prior to the commencement of a disciplinary proceeding.

History: Cr. Register, October, 1978, No. 274, eff. 11–1–78; am. (1) and (6), renum. (7) and (8) to be (8) and (9), cr. (7), Register, May, 1982, No. 317, eff. 6–1–82; r. (1), renum. (2) to (4) to be (1) to (3), cr. (4) and (10), am. (5), (7) and (8), Register, June, 1992, No. 438, eff. 7–1–92; correction in (2), (3), (10) made under s. 13.92 (4) (b) 6., 7., Stats., Register November 2011 No. 671; **CR 14–019: am. (6) Register August 2014 No. 704, eff. 9–1–14.**

SPS 2.035 Receiving informal complaints. All informal complaints received shall be referred to the division for filing, screening and, if necessary, investigation. Screening shall be done by the disciplinary authority, or, if the disciplinary authority directs, by a disciplinary authority member or the division. In this section, screening is a preliminary review of complaints to determine whether an investigation is necessary. Considerations in screening include, but are not limited to:

(1) Whether the person complained against is licensed;

(2) Whether the violation alleged is a fee dispute;

(3) Whether the matter alleged, if taken as a whole, is trivial; and

(4) Whether the matter alleged is a violation of any statute, rule or standard of practice.

History: Cr. Register, May, 1982, No. 317, eff. 6–1–82; am. (intro.) and (3), Register, June, 1992, No. 438, eff. 7–1–92.

SPS 2.036 Procedure for settlement conferences. At the discretion of the disciplinary authority, a settlement conference may be held prior to the commencement of a disciplinary proceeding, pursuant to the following procedures:

(1) SELECTION OF INFORMAL COMPLAINTS. The disciplinary authority or its designee may determine that a settlement conference is appropriate during an investigation of an informal complaint if the information gathered during the investigation presents reasonable grounds to believe that a violation of the laws enforced by the disciplinary authority has occurred. Considerations in making the determination may include, but are not limited to:

(a) Whether the issues arising out of the investigation of the informal complaint are clear, discrete and sufficiently limited to allow for resolution in the informal setting of a settlement conference; and

(b) Whether the facts of the informal complaint are undisputed or clearly ascertainable from the documents received during investigation by the division.

(2) PROCEDURES. When the disciplinary authority or its designee has selected an informal complaint for a possible settlement conference, the licensee shall be contacted by the division to determine whether the licensee desires to participate in a settlement conference. A notice of settlement conference and a description of settlement conference procedures, prepared on

forms prescribed by the department, shall be sent to all participants in advance of any settlement conference. A settlement conference shall not be held without the consent of the licensee. No agreement reached between the licensee and the disciplinary authority or its designee at a settlement conference which imposes discipline upon the licensee shall be binding until the agreement is reduced to writing, signed by the licensee, and accepted by the disciplinary authority.

(3) ORAL STATEMENTS AT SETTLEMENT CONFERENCE. Oral statements made during a settlement conference shall not be introduced into or made part of the record in a disciplinary proceeding.

History: Cr. Register, June, 1992, No. 438, eff. 7–1–92.

SPS 2.037 Parties to a disciplinary proceeding. Parties to a disciplinary proceeding are the respondent, the division and the disciplinary authority before which the disciplinary proceeding is heard.

History: Cr. Register, May, 1982, No. 317, eff. 6–1–82; renum. from RL 2.036 and am., Register, June, 1992, No. 438, eff. 7–1–92.

SPS 2.04 Commencement of disciplinary proceedings. Disciplinary proceedings are commenced when a notice of hearing is filed in the disciplinary authority office or with a designated administrative law judge.

History: Cr. Register, February, 1979, No. 278, eff. 3–1–79; am. Register, June, 1992, No. 438, eff. 7–1–92.

SPS 2.05 Pleadings to be captioned. All pleadings, notices, orders, and other papers filed in disciplinary proceedings shall be captioned: "BEFORE THE _____" and shall be entitled: "IN THE MATTER OF DISCIPLINARY PROCEEDINGS AGAINST _____, RESPONDENT."

History: Cr. Register, October, 1978, No. 274, eff. 11–1–78.

SPS 2.06 Complaint. A complaint may be made on information and belief and shall contain:

(1) The name and address of the licensee complained against and the name and address of the complainant;

(2) A short statement in plain language of the cause for disciplinary action identifying with reasonable particularity the transaction, occurrence or event out of which the cause arises and specifying the statute, rule or other standard alleged to have been violated;

(3) A request in essentially the following form: "Wherefore, the complainant demands that the disciplinary authority hear evidence relevant to matters alleged in this complaint, determine and impose the discipline warranted, and assess the costs of the proceeding against the respondent;" and,

(4) The signature of the complainant.

History: Cr. Register, October, 1978, No. 274, eff. 11–1–78; am. (intro.), (3) and (4), Register, June, 1992, No. 438, eff. 7–1–92.

SPS 2.07 Notice of hearing. (1) A notice of hearing shall be sent to the respondent at least 10 days prior to the hearing, unless for good cause such notice is impossible or impractical, in which case shorter notice may be given, but in no case may the notice be provided less than 48 hours in advance of the hearing.

(2) A notice of hearing to the respondent shall be substantially in the form shown in Appendix 1 and signed by a disciplinary authority member or an attorney in the division.

History: Cr. Register, October, 1978, No. 274, eff. 11–1–78; am. (2) (intro.), Register, February, 1979, No. 278, eff. 3–1–79; r. and recr. Register, June, 1992, No. 438, eff. 7–1–92.

SPS 2.08 Service and filing of complaint, notice of hearing and other papers. (1) The complaint, notice of hearing, all orders and other papers required to be served on a respondent may be served by mailing a copy of the paper to the respondent at the last known address of the respondent or by any procedure described in s. 801.14 (2), Stats. Service by mail is complete upon mailing.

(2) Any paper required to be filed with a disciplinary authority may be mailed to the disciplinary authority office or, if an administrative law judge has been designated to preside in the matter, to the administrative law judge and shall be deemed filed on the date of the postmark. Materials submitted by personal service and by inter–departmental mail shall be considered filed on the date they are received at the disciplinary authority office or by the administrative law judge. An answer under s. SPS 2.09, motions under s. SPS 2.15, and any other documents required to be filed may be filed and served by facsimile transmission or by electronic mail. For materials transmitted by facsimile, the date received shall determine the date of filing. For materials transmitted by electronic mail, the filing date shall be the date that the electronic mail was sent.

History: Cr. Register, October, 1978, No. 274, eff. 11–1–78; am. (2), Register, June, 1992, No. 438, eff. 7–1–92; correction in (2) made under s. 13.92 (4) (b) 7., Stats., Register November 2011 No. 671; **CR 14–019: am. (2) Register August 2014 No. 704, eff. 9–1–14.**

SPS 2.09 Answer. (1) An answer to a complaint shall state in short and plain terms the defenses to each cause asserted and shall admit or deny the allegations upon which the complainant relies. If the respondent is without knowledge or information sufficient to form a belief as to the truth of the allegation, the respondent shall so state and this has the effect of a denial. Denials shall fairly meet the substance of the allegations denied. The respondent shall make denials as specific denials of designated allegations or paragraphs but if the respondent intends in good faith to deny only a part or a qualification of an allegation, the respondent shall specify so much of it as true and material and shall deny only the remainder.

(2) The respondent shall set forth affirmatively in the answer any matter constituting an affirmative defense.

(3) Allegations in a complaint are admitted when not denied in the answer.

(4) An answer to a complaint shall be filed within 20 days from the date of service of the complaint.

History: Cr. Register, October, 1978, No. 274, eff. 11–1–78; am. (4), Register, February, 1979, No. 278, eff. 3–1–79; am. (1), (3) and (4), Register, June, 1992, No. 438, eff. 7–1–92.

SPS 2.10 Administrative law judge. (1) DESIGNATION. Disciplinary hearings shall be presided over by an administrative law judge employed by the department of administration.

(2) AUTHORITY. An administrative law judge designated under this section to preside over any disciplinary proceeding has the authority described in s. 227.46 (1), Stats. Unless otherwise directed by a disciplinary authority pursuant to s. 227.46 (3), Stats., an administrative law judge presiding over a disciplinary proceeding shall prepare a proposed decision, including findings of fact, conclusions of law, order and opinion, in a form that may be adopted as the final decision in the case.

(3) SERVICE OF PROPOSED DECISION. Unless otherwise directed by a disciplinary authority, the proposed decision shall be served by the administrative law judge on all parties with a notice providing each party adversely affected by the proposed decision with an opportunity to file with the disciplinary authority objections and written argument with respect to the objections. A party adversely affected by a proposed decision shall have at least 10 days from the date of service of the proposed decision to file objections and argument.

History: Cr. Register, October, 1978, No. 274, eff. 11–1–78; r. and recr. (1), Register, November, 1986, No. 371, eff. 12–1–86; correction in (2) made under s. 13.93 (2m) (b) 7., Stats., Register, May, 1988, No. 389; am. Register, June, 1992, No. 438, eff. 7–1–92; CR 13–077: am. (1) Register April 2014 No. 700, eff. 5–1–14.

SPS 2.11 Prehearing conference. In any matter pending before the disciplinary authority the complainant and the respondent, or their attorneys, may be directed by the disciplinary authority or administrative law judge to appear at a conference or to participate in a telephone conference to consider the simplification of issues, the necessity or desirability of amendments to the

pleadings, the admission of facts or documents which will avoid unnecessary proof and such other matters as may aid in the disposition of the matter.

History: Cr. Register, October, 1978, No. 274, eff. 11–1–78; am. Register, June, 1992, No. 438, eff. 1992.

SPS 2.12 Settlements. No stipulation or settlement agreement disposing of a complaint or informal complaint shall be effective or binding in any respect until reduced to writing, signed by the respondent and approved by the disciplinary authority.

History: Cr. Register, October, 1978, No. 274, eff. 11–1–78; am. Register, June, 1992, No. 438, eff. 7–1–92.

SPS 2.13 Discovery. The person prosecuting the complaint and the respondent may, prior to the date set for hearing, obtain discovery by use of the methods described in ch. 804, Stats., for the purposes set forth therein. Protective orders, including orders to terminate or limit examinations, orders compelling discovery, sanctions provided in s. 804.12, Stats., or other remedies as are appropriate for failure to comply with such orders may be made by the presiding officer.

History: Cr. Register, October, 1978, No. 274, eff. 11–1–78.

SPS 2.14 Default. If the respondent fails to answer as required by s. SPS 2.09 or fails to appear at the hearing at the time fixed therefor, the respondent is in default and the disciplinary authority may make findings and enter an order on the basis of the complaint and other evidence. The disciplinary authority may, for good cause, relieve the respondent from the effect of such findings and permit the respondent to answer and defend at any time before the disciplinary authority enters an order or within a reasonable time thereafter.

History: Cr. Register, October, 1978, No. 274, eff. 11–1–78; am. Register, June, 1992, No. 438, eff. 7–1–92; correction made under s. 13.92 (4) (b) 7., Stats., Register November 2011 No. 671.

SPS 2.15 Conduct of hearing. (1) PRESIDING OFFICER. The hearing shall be presided over by a member of the disciplinary authority or an administrative law judge designated pursuant to s. SPS 2.10.

(2) RECORD. A stenographic, electronic or other record shall be made of all hearings in which the testimony of witnesses is offered as evidence.

(3) EVIDENCE. The complainant and the respondent shall have the right to appear in person or by counsel, to call, examine, and cross–examine witnesses and to introduce evidence into the record.

(4) BRIEFS. The presiding officer may require the filing of briefs.

(5) MOTIONS. All motions, except those made at hearing, shall be in writing, filed with the presiding officer and a copy served upon the opposing party not later than 5 days before the time specified for hearing the motion.

(5m) SUMMARY JUDGEMENT. The parties may use the summary judgment procedure provided in s. 802.08, Stats.

(6) ADJOURNMENTS. The presiding officer may, for good cause, grant continuances, adjournments and extensions of time.

(7) SUBPOENAS. (a) Subpoenas for the attendance of any witness at a hearing in the proceeding may be issued in accordance with s. 885.01, Stats. Service shall be made in the manner provided in s. 805.07 (5), Stats. A subpoena may command the person to whom it is directed to produce the books, papers, documents, or tangible things designated therein.

(b) A presiding officer may issue protective orders according to the provision the provisions of s. 805.07, Stats.

(8) LOCATION OF HEARING. All hearings shall be held at the offices of the department of safety and professional services in Madison unless the presiding officer determines that the health or safety of a witness or of a party or an emergency requires that a hearing be held elsewhere.

History: Cr. Register, October, 1978, No. 274, eff. 11–1–78; am. (1), (5) and (6), cr. (8), Register, June, 1992, No. 438, eff. 7–1–92; correction in (1), (8) made under s. 13.92 (4) (b) 6., 7., Stats., Register November 2011 No. 671; **CR 14–019: cr. (5m) Register August 2014 No. 704, eff. 9–1–14.**

SPS 2.16 Witness fees and costs. Witnesses subpoenaed at the request of the division or the disciplinary authority shall be entitled to compensation from the state for attendance and travel as provided in ch. 885, Stats.

History: Cr. Register, October, 1978, No. 274, eff. 11–1–78; am. Register, June, 1992, No. 438, eff. 7–1–92.

SPS 2.17 Transcription fees. (1) The fee charged for a transcript of a proceeding under this chapter shall be computed by the person or reporting service preparing the transcript on the following basis:

(a) If the transcript is prepared by a reporting service, the fee charged for an original transcription and for copies shall be the amount identified in the state operational purchasing bulletin which identifies the reporting service and its fees.

(b) If a transcript is prepared by the department, the department shall charge a transcription fee of $1.75 per page and a copying charge of $.25 per page. If 2 or more persons request a transcript, the department shall charge each requester a copying fee of $.25 per page, but may divide the transcript fee equitably among the requesters. If the department has prepared a written transcript for its own use prior to the time a request is made, the department shall assume the transcription fee, but shall charge a copying fee of $.25 per page.

(2) A person who is without means and who requires a transcript for appeal or other reasonable purposes shall be furnished with a transcript without charge upon the filing of a petition of indigency signed under oath.

History: Cr. Register, October, 1978, No. 274, eff. 11–1–78; am. (1) Register, May, 1982, No. 317, eff. 6–1–82; r. and recr. Register, June, 1992, No. 438, eff. 7–1–92; am. (1) (b), Register, August, 1993, No. 452, eff. 9–1–93.

SPS 2.18 Assessment of costs. (1) The proposed decision of an administrative law judge following hearing shall include a recommendation whether all or part of the costs of the proceeding shall be assessed against the respondent.

(2) If a respondent objects to the recommendation of an administrative law judge that costs be assessed, objections to the assessment of costs shall be filed, along with any other objections to the proposed decision, within the time established for filing of objections.

(3) The disciplinary authority's final decision and order imposing discipline in a disciplinary proceeding shall include a determination whether all or part of the costs of the proceeding shall be assessed against the respondent.

(4) When costs are imposed, the division and the administrative law judge shall file supporting affidavits showing costs incurred. The respondent shall file any objection to the affidavits within 15 days of the date of mailing of both affidavits from the division and administrative law judge to the respondent. The disciplinary authority shall review any objections, along with the affidavits, and issue an order fixing costs without a hearing.

History: Cr. Register, June, 1992, No. 438, eff. 7–1–92; **CR 14–019: am. (4) Register August 2014 No. 704, eff. 9–1–14.**

SPS 2.20 Extension of time limits in disciplinary actions against physicians. (1) AUTHORITY AND PURPOSE. The rules in this section are adopted under the authority of ss. 15.08 (5) (b), 227.11 (2) and 448.02 (3) (cm), Stats., to govern the extension of time limits in disciplinary actions against physicians.

(2) COMPUTING TIME LIMITS. In computing time limits under s. 448.02 (3) (cm), Stats., the date of initiating an investigation shall be the date of the decision to commence an investigation of an informal complaint following the screening of the informal complaint under s. SPS 2.035, except that if the decision to com-

mence an investigation of an informal complaint is made more than 45 days after the date of receipt of the informal complaint in the division, or if no screening of the informal complaint is conducted, the time for initiating an investigation shall commence 45 days after the date of receipt of the informal complaint in the division. The date that the medical examining board initiates a disciplinary action shall be the date that a disciplinary proceeding is commenced under s. SPS 2.04.

(3) PROCEDURE FOR REQUESTING AN EXTENSION OF TIME. The medical examining board or the division on behalf of the medical examining board shall make a written request for an extension of time under s. 448.02 (3) (cm), Stats., to the secretary of the department of safety and professional services and shall state all of the following:

(a) The nature of the investigation and the date of initiating the investigation.

(b) The number of days the medical examining board requires as an extension in order to determine whether a physician is guilty of unprofessional conduct or negligence in treatment and to initiate disciplinary action.

(c) The reasons why the medical examining board has not made a decision within the time specified under s. 448.02 (3) (cm), Stats.

(4) FACTORS TO BE CONSIDERED. In deciding whether to grant or deny a specified extension of time for the medical examining board to determine whether a physician is guilty of unprofessional conduct or negligence in treatment, the secretary of the department of safety and professional services shall consider the information set forth in the request and at least the following factors:

(a) The nature and complexity of the investigation including the cause of any delays encountered during the investigation.

(b) Whether delays encountered during the screening of the complaint or the complaint handling process were caused in whole or part by the fact that record custodians, witnesses, or persons investigated did not make a timely response to requests for records or other evidence.

(c) Whether civil or criminal litigation relating to the matter investigated caused any delay in the investigation.

(d) The quality and complexity of evidence available to the medical examining board.

(e) The extent to which the physician will be prejudiced by an extension of time.

(f) The potential harm to the public if the investigation is terminated without a determination of whether the physician complained about is guilty of unprofessional conduct or negligence in treatment.

(5) APPROVE OR DENY AN EXTENSION. The secretary of the department of safety and professional services shall approve or deny a request for an extension within 20 days of receipt. A request not approved within 20 days shall be deemed denied.

History: CR 02–103: cr. Register March 2004 No. 579, eff. 4–1–04; correction in (2), (3) (intro.), (4) (intro.), (5) made under s. 13.92 (4) (b) 6., 7., Stats., Register November 2011 No. 671.

Chapter SPS 3

ADMINISTRATIVE INJUNCTIONS

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Note: Chapter RL 3 was renumbered chapter SPS 3 under s. 13.92 (4) (b) 1., Stats., Register November 2011 No. 671.

SPS 3.01 Authority. The rules in ch. SPS 3 are adopted pursuant to authority in ss. 440.03 (1) and 440.21, Stats.

History: Cr. Register, July, 1993, No. 451, eff. 8–1–93; correction made under s. 13.92 (4) (b) 7., Stats., Register November 2011 No. 671.

SPS 3.02 Scope; kinds of proceedings. The rules in this chapter govern procedures in public hearings before the department to determine and make findings as to whether a person has engaged in a practice or used a title without a credential required under chs. 440 to 459, Stats., and for issuance of an administrative injunction.

History: Cr. Register, July, 1993, No. 451, eff. 8–1–93.

SPS 3.03 Definitions. In this chapter:

(1) "Administrative injunction" means a special order enjoining a person from the continuation of a practice or use of a title without a credential required under chs. 440 to 459, Stats.

(2) "Credential" means a license, permit, or certificate of certification or registration that is issued under chs. 440 to 459, Stats.

(3) "Department" means the department of safety and professional services.

(4) "Division" means the division of legal services and compliance in the department.

(5) "Petition" means a document which meets the requirements of s. SPS 3.05.

(6) "Respondent" means the person against whom an administrative injunction proceeding has been commenced and who is named as respondent in a petition.

History: Cr. Register, July, 1993, No. 451, eff. 8–1–93; correction in (3), (5) made under s. 13.92 (4) (b) 6., 7., Stats., Register November 2011 No. 671; **CR 14–019: am. (4) Register August 2014 No. 704, eff. 9–1–14.**

SPS 3.04 Pleadings to be captioned. All pleadings, notices, orders, and other papers filed in an administrative injunction proceeding shall be captioned: "BEFORE THE DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES" and shall be entitled: "IN THE MATTER OF A PETITION FOR AN ADMINISTRATIVE INJUNCTION INVOLVING _____, RESPONDENT."

History: Cr. Register, July, 1993, No. 451, eff. 8–1–93; correction made under s. 13.92 (4) (b) 6., Stats., Register November 2011 No. 671.

SPS 3.05 Petition for administrative injunction. A petition for an administrative injunction shall allege that a person has engaged in a practice or used a title without a credential required under chs. 440 to 459, Stats. A petition may be made on information and belief and shall contain:

(1) The name and address of the respondent and the name and address of the attorney in the division who is prosecuting the petition for the division;

(2) A short statement in plain language of the basis for the division's belief that the respondent has engaged in a practice or used a title without a credential required under chs. 440 to 459, Stats., and specifying the statute or rule alleged to have been violated;

(3) A request in essentially the following form: "Wherefore, the division demands that a public hearing be held and that the department issue a special order enjoining the person from the continuation of the practice or use of the title;" and,

(4) The signature of an attorney authorized by the division to sign the petition.

History: Cr. Register, July, 1993, No. 451, eff. 8–1–93.

SPS 3.06 Notice of hearing. (1) A notice of hearing shall be sent to the respondent by the division at least 10 days prior to the hearing, except in the case of an emergency in which shorter notice may be given, but in no case may the notice be provided less than 48 hours in advance of the hearing.

(2) A notice of hearing to the respondent shall be essentially in the form shown in Appendix I and signed by an attorney in the division.

History: Cr. Register, July, 1993, No. 451, eff. 8–1–93.

SPS 3.07 Service and filing of petition, notice of hearing and other papers. (1) The petition, notice of hearing, all orders and other papers required to be served on a respondent may be served by mailing a copy of the paper to the respondent at the last known address of the respondent or by any procedure described in s. 801.14 (2), Stats. Service by mail is complete upon mailing.

(2) Any paper required to be filed with the department may be mailed to the administrative law judge designated to preside in the matter and shall be deemed filed on receipt by the administrative law judge. An answer under s. SPS 3.08, and motions under s. SPS 3.14 may be filed and served by facsimile transmission. A document filed by facsimile transmission under this section shall also be mailed to the department. An answer or motion filed by facsimile transmission shall be deemed filed on the first business day after receipt by the department.

History: Cr. Register, July, 1993, No. 451, eff. 8–1–93; **correction in (2) made under s. 13.92 (4) (b) 7., Stats., Register November 2011 No. 671.**

SPS 3.08 Answer. (1) An answer to a petition shall state in short and plain terms the defenses to each allegation asserted and shall admit or deny the allegations upon which the division relies. If the respondent is without knowledge or information sufficient to form a belief as to the truth of the allegation, the respondent shall so state and this has the effect of a denial. Denials shall fairly meet the substance of the allegations denied. The respondent shall make denials as specific denials of designated allegations or paragraphs but if the respondent intends in good faith to deny only a part or to provide a qualification of an allegation, the respondent shall specify so much of it as true and material and shall deny only the remainder.

(2) The respondent shall set forth affirmatively in the answer any matter constituting an affirmative defense.

(3) Allegations in a petition are admitted when not denied in the answer.

(4) An answer to a petition shall be filed within 20 days from the date of service of the petition.

History: Cr. Register, July, 1993, No. 451, eff. 8–1–93.

SPS 3.09 Administrative law judge. (1) DESIGNATION. Administrative injunction proceedings shall be presided over by an administrative law judge. The administrative law judge shall be an attorney in the department designated by the department general counsel, an employee borrowed from another agency pursuant to s. 20.901, Stats., or a person employed as a special project or limited term employee by the department. The administrative law judge may not be an employee in the division.

(2) AUTHORITY. An administrative law judge designated under this section has the authority described in s. 227.46 (1), Stats. Unless otherwise directed under s. 227.46 (3), Stats., an administrative law judge shall prepare a proposed decision, including findings of fact, conclusions of law, order and opinion, in a form that may be adopted by the department as the final decision in the case.

(3) SERVICE OF PROPOSED DECISION. The proposed decision shall be served by the administrative law judge on all parties with a notice providing each party adversely affected by the proposed decision with an opportunity to file with the department objections and written argument with respect to the objections. A party adversely affected by a proposed decision shall have at least 10 days from the date of service of the proposed decision to file objections and argument.

History: Cr. Register, July, 1993, No. 451, eff. 8–1–93.

SPS 3.10 Prehearing conference. In any matter pending before the department, the division and the respondent may be directed by the administrative law judge to appear at a conference or to participate in a telephone conference to consider the simplification of issues, the necessity or desirability of amendments to the pleading, the admission of facts or documents which will avoid unnecessary proof and such other matters as may aid in the disposition of the matter.

History: Cr. Register, July, 1993, No. 451, eff. 8–1–93.

SPS 3.11 Settlements. No stipulation or settlement agreement disposing of a petition or informal petition shall be effective or binding in any respect until reduced to writing, signed by the respondent and approved by the department.

History: Cr. Register, July, 1993, No. 451, eff. 8–1–93.

SPS 3.12 Discovery. The division and the respondent may, prior to the date set for hearing, obtain discovery by use of the methods described in ch. 804, Stats., for the purposes set forth therein. Protective orders, including orders to terminate or limit examinations, orders compelling discovery, sanctions provided in s. 804.12, Stats., or other remedies as are appropriate for failure to comply with such orders may be made by the administrative law judge.

History: Cr. Register, July, 1993, No. 451, eff. 8–1–93.

SPS 3.13 Default. If the respondent fails to answer as required by s. SPS 3.08 or fails to appear at the hearing at the time fixed therefor, the respondent is in default and the department may make findings and enter an order on the basis of the petition and other evidence. The department may, for good cause, relieve the respondent from the effect of the findings and permit the respondent to answer and defend at any time before the department enters an order or within a reasonable time thereafter.

History: Cr. Register, July, 1993, No. 451, eff. 8–1–93; correction made under s. 13.92 (4) (b) 7., Stats., Register November 2011 No. 671.

SPS 3.14 Conduct of hearing. (1) ADMINISTRATIVE LAW JUDGE. The hearing shall be presided over by an administrative law judge designated pursuant to s. SPS 3.09.

(2) RECORD. A stenographic, electronic or other record shall be made of all hearings in which the testimony of witnesses is offered as evidence.

(3) EVIDENCE. The division and the respondent shall have the right to appear in person or by counsel, to call, examine, and cross–examine witnesses and to introduce evidence into the record.

(4) BRIEFS. The administrative law judge may require the filing of briefs.

(5) MOTIONS. (a) *How made.* An application to the administrative law judge for an order shall be by motion which, unless made during a hearing or prehearing conference, shall be in writing, state with particularity the grounds for the order, and set forth the relief or order sought.

(b) *Filing.* A motion shall be filed with the administrative law judge and a copy served upon the opposing party not later than 5 days before the time specified for hearing the motion.

(c) *Supporting papers.* Any briefs or other papers in support of a motion, including affidavits and documentary evidence, shall be filed with the motion.

(6) ADJOURNMENTS. The administrative law judge may, for good cause, grant continuances, adjournments and extensions of time.

(7) SUBPOENAS. (a) Subpoenas for the attendance of any witness at a hearing in the proceeding may be issued in accordance with s. 885.01, Stats. Service shall be made in the manner provided in s. 805.07 (5), Stats. A subpoena may command the person to whom it is directed to produce the books, papers, documents, or tangible things designated therein.

(b) An administrative law judge may issue protective orders according to the provisions of s. 805.07, Stats.

(8) LOCATION OF HEARING. All hearings shall be held at the offices of the department in Madison unless the administrative law judge determines that the health or safety of a witness or of a party or an emergency requires that a hearing be held elsewhere.

History: Cr. Register, July, 1993, No. 451, eff. 8–1–93; correction in (1) made under s. 13.92 (4) (b) 7., Stats., Register November 2011 No. 671.

SPS 3.15 Witness fees and costs. Witnesses subpoenaed at the request of the division shall be entitled to compensation from the state for attendance and travel as provided in ch. 885, Stats.

History: Cr. Register, July, 1993, No. 451, eff. 8–1–93.

SPS 3.16 Transcription fees. (1) The fee charged for a transcript of a proceeding under this chapter shall be computed by the person or reporting service preparing the transcript on the following basis:

(a) If the transcript is prepared by a reporting service, the fee charged for an original transcription and for copies shall be the amount identified in the state operational purchasing bulletin which identifies the reporting service and its fees.

Note: The State Operational Purchasing Bulletin may be obtained from the Department of Administration, State Bureau of Procurement, 101 E. Wilson Street, 6th Floor, P.O. Box 7867, Madison, Wisconsin 53707–7867.

(b) If a transcript is prepared by the department, the department shall charge a transcription fee of $1.75 per page and a copying charge of $.25 per page. If 2 or more persons request a transcript, the department shall charge each requester a copying fee of $.25 per page, but may divide the transcript fee equitably among the requesters. If the department has prepared a written transcript for its own use prior to the time a request is made, the department shall assume the transcription fee, but shall charge a copying fee of $.25 per page.

(2) A person who is without means and who requires a transcript for appeal or other reasonable purposes shall be furnished with a transcript without charge upon the filing of an affidavit showing that the person is indigent according to the standards adopted in rules of the state public defender under ch. 977, Stats.

History: Cr. Register, July, 1993, No. 451, eff. 8–1–93.

Chapter SPS 4

DEPARTMENT APPLICATION PROCEDURES AND APPLICATION FEE POLICIES

SPS 4.01 Authorization.
SPS 4.02 Definitions.
SPS 4.03 Time for review and determination of credential applications.
SPS 4.04 Fees for examinations, reexaminations and proctoring examinations.
SPS 4.05 Fee for test review.
SPS 4.06 Refunds.
SPS 4.07 Investigation.
SPS 4.08 Photographs and fingerprints.
SPS 4.09 Credential holder charges or convictions.
SPS 4.10 Failure to renew within 5 years of the renewal date.
SPS 4.11 Credential Reinstatement.

Note: Chapter RL 4 was renumbered chapter SPS 4 under s. 13.92 (4) (b) 1., Stats., Register November 2011 No. 671.

SPS 4.01 Authorization. The following rules are adopted by the department of safety and professional services pursuant to ss. 440.03 (13) (a) and (am), 440.05, 440.06, and 440.07, Stats.

History: Cr. Register, October, 1978, No. 274, eff. 11−1−78; am. Register, July, 1996, No. 487, eff. 8−1−96; correction made under s. 13.92 (4) (b) 6., Stats., Register November 2011 No. 671; CR 14−019: am. Register August 2014 No. 704, eff. 9−1−14.

SPS 4.02 Definitions. (1) "Applicant" means a person who applies for a license, permit, certificate or registration granted by the department or a board.

(1g) "Arrest record" means information indicating that an individual has been apprehended, taken into custody or detention, held for investigation, arrested, charged with, indicted or tried for any felony, misdemeanor or other offense pursuant to any law enforcement or military authority.

(2) "Authority" means the department or the attached examining board or board having authority to grant the credential for which an application has been filed.

(3) "Board" means the board of nursing and any examining board attached to the department.

(3e) "Conviction record" means information indicating that an individual has been convicted of any felony, misdemeanor or other offense, has been adjudicated delinquent, has been less than honorably discharged, or has been placed on probation, fined, imprisoned, placed on extended supervision or paroled pursuant to any law enforcement or military authority.

(3m) "Credential" means a license, permit, or certificate of certification or registration that is issued under chs. 440 to 480, Stats.

(3s) "Credentialing authority" means the department or an attached examining board, affiliated credentialing board or board having authority to issue or deny a credential.

(4) "Department" means the department of safety and professional services.

(5) "Examination" means the written and practical tests required of an applicant by the authority.

(5m) "Investigate" means to determine the arrest and conviction record of an applicant or holder of a credential, including but not limited to:

(a) Determining whether an applicant or holder of a credential has been charged with or convicted of a crime.

(b) Determining the facts and circumstances surrounding an arrest, criminal charge, or conviction.

(c) Determining the outcome and status of an arrest, criminal charges or conviction record, including completion of sentence imposed, probationary terms or parole.

(d) Requiring disclosure of arrest or conviction record by an applicant.

(5s) "Reinstatement" means the process by which a credential holder who has unmet disciplinary requirements and failed to renew the credential within 5 years after the renewal date or whose credential has been surrendered or revoked, shall apply to have the credential reinstated.

(6) "Service provider" means a party other than the department or board who provides examination services such as application processing, examination products or administration of examinations.

History: Cr. Register, October, 1978, No. 274, eff. 11−1−78; renum. (1) to (4) to be (4), (3), (1), (5) and am. (5), cr. (2) and (6), Register, July, 1996, No. 487, eff. 8−1−96; CR 04−097: cr. (1g), (3e), (3m), (3s) and (5m) Register May 2005 No. 593, eff. 6−1−05; correction in (4) made under s. 13.92 (4) (b) 6., Stats., Register November 2011 No. 671; **CR 14−067: cr. (5s) Register July 2015 No. 715, eff. 8−1−15.**

SPS 4.03 Time for review and determination of credential applications. (1) TIME LIMITS. An authority shall review and make a determination on an original application for a credential within 60 business days after a completed application is received by the authority unless a different period for review and determination is specified by law.

(2) COMPLETED APPLICATIONS. An application is completed when all materials necessary to make a determination on the application and all materials requested by the authority have been received by the authority.

(3) EFFECT OF DELAY. A delay by an authority in making a determination on an application within the time period specified in this section shall be reported to the permit information center under s. 227.116, Stats. Delay by an authority in making a determination on an application within the time period specified in this section does not relieve any person from the obligation to secure approval from the authority nor affect in any way the authority's responsibility to interpret requirements for approval and to grant or deny approval.

History: Cr. Register, August, 1992, No. 440, eff. 9−1−92; renum. from RL 4.06 and am., Register, July, 1996, No. 487, eff. 8−1−96.

SPS 4.04 Fees for examinations, reexaminations and proctoring examinations. (1) EXAMINATION FEE SCHEDULE. A list of all current examination fees may be obtained at no charge from the Office of Examinations, Department of Safety and Professional Services, 1400 East Washington Avenue, P. O. Box 8366, Madison, WI 53708−8366.

(3) EXPLANATION OF PROCEDURES FOR SETTING EXAMINATION FEES. (a) Fees for examinations shall be established under s. 440.05 (1) (b), Stats., at the department's best estimate of the actual cost of preparing, administering and grading the examination or obtaining and administering an approved examination from a service provider.

(b) Examinations shall be obtained from a service provider through competitive procurement procedures described in ch. Adm 7.

(c) Fees for examination services provided by the department shall be established based on an estimate of the actual cost of the examination services. Computation of fees for examination services provided by the department shall include standard component amounts for contract administration services, test develop-

ment services and written and practical test administration services.

(d) Examination fees shall be changed as needed to reflect changes in the actual costs to the department. Changes to fees shall be implemented according to par. (e).

(e) Examination fees shall be effective for examinations held 45 days or more after the date of publication of a notice in application forms. Applicants who have submitted fees in an amount less than that in the most current application form shall pay the correct amount prior to administration of the examination. Overpayments shall be refunded by the department. Initial credential fees shall become effective on the date specified by law.

(4) REEXAMINATION OF PREVIOUSLY LICENSED INDIVIDUALS. Fees for examinations ordered as part of a disciplinary proceeding or late renewal under s. 440.08 (3) (b), Stats., are equal to the fee set for reexamination in the most recent examination application form, plus $10 application processing.

(5) PROCTORING EXAMINATIONS FOR OTHER STATES. (a) Examinations administered by an authority of the state may be proctored for persons applying for credentials in another state if the person has been determined eligible in the other state and meets this state's application deadlines. Examinations not administered by an authority of the state may only be proctored for Wisconsin residents or licensees applying for credentials in another state.

(b) Department fees for proctoring examinations of persons who are applying for a credential in another state are equal to the cost of administering the examination to those persons, plus any additional cost charged to the department by the service provider.

History: Cr. Register, October, 1978, No. 274, eff. 11−1−78; r. and recr. Register, May, 1986, No. 365, eff. 6−1−86; am. Register, December, 1986, No. 372, eff. 1−1−87; am. Register, September, 1987, No. 381, eff. 10−1−87; am. (3), Register, September, 1988, No. 393, eff. 10−1−88; am. (3), Register, September, 1990, No. 417, eff. 10−1−90; r. and recr. (1) to (3), cr. (4), renum. Figure and am. Register, April, 1992, No. 436, eff. 5−1−92; am. (4) Figure, cr. (5), Register, July, 1993, No. 451, eff. 8−1−93; r. and recr. Register, November, 1993, No. 455, eff. 12−1−93; r. (2), am. (3) (a), (b), (c), (e), (4), (5), Register, July, 1996, No. 487, eff. 8−1−96; correction in (1) made under s. 13.92 (4) (b) 6., Stats., Register November 2011 No. 671; CR 14−019: am. (1) Register August 2014 No. 704, eff. 9−1−14.

SPS 4.05 Fee for test review. (1) The fee for supervised review of examination results by a failing applicant which is conducted by the department is $28.

(2) The fee for review of examination results by a service provider is the fee established by the service provider.

History: Cr. Register, April, 1992, No. 436, eff. 5−1−92; am. Register, July, 1996, No. 487, eff. 8−1−96.

SPS 4.06 Refunds. (1) A refund of all but $10 of the applicant's examination fee and initial credential fee submitted to the department shall be granted if any of the following occurs:

(a) An applicant is found to be unqualified for an examination administered by the authority.

(b) An applicant is found to be unqualified for a credential for which no examination is required.

(c) An applicant withdraws an application by written notice to the authority at least 10 days in advance of any scheduled examination.

(d) An applicant who fails to take an examination administered by the authority either provides written notice at least 10 days in advance of the examination date that the applicant is unable to take the examination, or if written notice was not provided, submits a written explanation satisfactory to the authority that the applicant's failure to take the examination resulted from extreme personal hardship.

(2) An applicant eligible for a refund may forfeit the refund and choose instead to take an examination administered by the authority within 18 months of the originally scheduled examination at no added fee.

(3) An applicant who misses an examination as a result of being called to active military duty shall receive a full refund. The applicant requesting the refund shall supply a copy of the call up orders or a letter from the commanding officer attesting to the call up.

(4) Applicants who pay fees to service providers other than the department are subject to the refund policy established by the service provider.

History: Cr. Register, October, 1978, No. 274, eff. 11−1−78; am. (2) (intro.), Register, May, 1986, No. 365, eff. 6−1−86; am. (1) and (2) (intro.), renum. (2) (c) and (3) to be (3) and (4), cr. (5), Register, September, 1987, No. 381, eff. 10−1−87; r. and recr. (1) and (4), Register, April, 1992, No. 436, eff. 5−1−92; r. (2), renum. (3) to (5) to be (2) to (4), Register, July, 1993, No. 451, eff. 8−1−93; renum. from RL 4.03 and am., Register, July, 1996, No. 487, eff. 8−1−96.

SPS 4.07 Investigation. The department shall investigate whether an applicant for any of the following credentials has been charged with or convicted of a crime:

(1) Accountant, certified public.
(2) Acupuncturist.
(3) Advanced practice nurse prescriber.
(4) Aesthetician.
(5) Aesthetics instructor.
(6) Appraiser, real estate, certified general.
(7) Appraiser, real estate, certified residential.
(8) Appraiser, real estate, licensed.
(9) Architect.
(10) Athlete agent.
(11) Athletic trainer.
(12) Auctioneer.
(13) Audiologist.
(14) Barber or cosmetologist.
(15) Barbering or cosmetology instructor.
(16) Barbering or cosmetology manager.
(17) Boxer.
(18) Cemetery preneed seller.
(19) Cemetery salesperson.
(20) Chiropractor.
(21) Dental hygienist.
(22) Dentist.
(23) Designer of engineering systems.
(24) Dietitian.
(25) Drug distributor.
(26) Drug manufacturer.
(27) Electrologist.
(28) Electrology instructor.
(29) Engineer, professional.
(31) Funeral director.
(32) Hearing instrument specialist.
(33) Home inspector.
(34) Landscape architect.
(35) Land surveyor.
(36) Manicuring instructor.
(37) Manicurist.
(38) Marriage and family therapist.
(39) Massage therapist or bodyworker.
(40) Music, art or dance therapist.
(41) Nurse, licensed practical.
(42) Nurse, registered.
(43) Nurse−midwife.
(44) Nursing home administrator.
(45) Occupational therapist.
(46) Occupational therapy assistant.
(47) Optometrist.
(48) Perfusionist.
(49) Pharmacist.
(50) Physical therapist.

(51) Physical therapist assistant.
(52) Physician.
(53) Physician assistant.
(54) Podiatrist.
(55) Private detective.
(56) Private practice school psychologist.
(57) Private security person.
(58) Professional counselor.
(60) Professional geologist.
(61) Professional hydrologist.
(62) Professional soil scientist.
(63) Psychologist.
(64) Real estate broker.
(65) Real estate salesperson.
(66) Registered interior designer.
(66m) Registered sanitarian.
(67) Respiratory care practitioner.
(68) Social worker.
(69) Social worker, advanced practice.
(70) Social worker, independent.
(71) Social worker, independent clinical.
(72) Speech–language pathologist.
(73) Time–share salesperson.
(74) Veterinarian.
(75) Veterinary technician.

History: CR 04–097: cr. Register May 2005 No. 593, eff. 6–1–05; CR 06–125: cr. (66m) Register July 2007 No. 619, eff. 8–1–07; CR 14–019: r. (30), (59) Register August 2014 No. 704, eff. 9–1–14.

SPS 4.08 Photographs and fingerprints. The department may require an applicant for any of the credentials set forth in s. SPS 4.07 and not listed in sub. (2) to be photographed and fingerprinted as a part of the credentialing process, if there exits reason to believe that the applicant has failed to accurately describe his or her conviction record. The department may refer photographs and fingerprints so obtained to the department of justice for internal analysis or submission to the federal bureau of investigation for the purpose of verifying the identity of the applicant fingerprinted and obtaining records of his or her criminal arrests and convictions.

Note: Sub. (2) was repealed by CR14–019.

History: CR 04–097: cr. Register May 2005 No. 593, eff. 6–1–05; correction made under s. 13.92 (4) (b) 7., Stats., Register November 2011 No. 671; CR 11–027: renum 4.08 to be 4.08 (1) and am., cr. (2) Register January 2012 No. 673, eff. 2–1–12; CR 14–019: renum. (1) to SPS 4.08, r. (2) Register August 2014 No. 704, eff. 9–1–14; correction in numbering made under s. 13.92 (4) (b) 1., Stats., Register August 2014 No. 704.

SPS 4.09 Credential holder charges or convictions. **(1)** Pursuant to the procedures set forth in ch. SPS 2 for the screening of informal complaints, the department may investigate whether a holder of any of the credentials set forth in s. SPS 4.07 has been arrested, charged with or convicted of a crime for the purposes of determining whether the circumstances of the arrest, charge or conviction substantially relate to the circumstances of the credentialed activity.

(2) A holder of any of the credentials set forth in s. SPS 4.07 who is convicted of a felony or misdemeanor in this state or elsewhere shall notify the department in writing of the date, place and nature of the conviction or finding within 48 hours after the entry of the judgment of conviction. Notice shall be made by mail and shall be proven by showing proof of the date of mailing the notice. Notice shall include a copy of the judgment of conviction and a copy of the complaint or other information which describes the nature of the crime and the judgment of conviction in order that the department may determine whether the circumstances of the crime of which the credential holder was convicted are substantially related to the practice of the credential holder.

(3) As a part of an investigation the department may require a holder of any of the credentials set forth in s. SPS 4.07 to be photographed and fingerprinted, if the credential holder's arrest or conviction record is relevant to the investigation and a search based solely upon the credential holder's name is unlikely to provide complete and accurate information. The department may refer photographs and fingerprints so obtained to the department of justice for internal analysis or submission of the fingerprint cards to the federal bureau of investigation for the purpose of verifying the identity of the persons fingerprinted and obtaining records of their criminal arrests and convictions.

History: CR 04–097: cr. Register May 2005 No. 593, eff. 6–1–05; correction in (1), (2), (3) made under s. 13.92 (4) (b) 7., Stats., Register November 2011 No. 671.

SPS 4.10 Failure to renew within 5 years of the renewal date. A credential holder with an expired credential may not reapply for the credential using the initial application process. A credential holder who has not renewed their credential within 5 years of the renewal date shall renew an expired credential in accordance with the applicable requirements established in rule by the credentialing authority. This section does not apply to credential holders who have unmet disciplinary requirements or whose credentials have been surrendered or revoked.

History: CR 14–067: cr. Register July 2015 No. 715, eff. 8–1–15.

SPS 4.11 Credential Reinstatement. A credential may not be reinstated through the initial application process. A credential holder who has unmet disciplinary requirements and failed to renew the credential within 5 years after the renewal date or whose credential has been surrendered or revoked, shall apply to have the credential reinstated, with or without conditions, using the reinstatement process established in rule by the credentialing authority.

History: CR 14–067: cr. Register July 2015 No. 715, eff. 8–1–15.

Chapter SPS 6

SUMMARY SUSPENSIONS AND LIMITATIONS

SPS 6.01 Authority and intent.
SPS 6.02 Scope.
SPS 6.03 Definitions.
SPS 6.04 Petition for summary suspension or limitation.
SPS 6.05 Notice of petition to respondent.
SPS 6.06 Issuance of summary suspension or limitation order.
SPS 6.07 Contents of summary suspension or limitation order.
SPS 6.08 Service of summary suspension or limitation order.
SPS 6.09 Hearing to show cause.
SPS 6.10 Commencement of disciplinary proceeding.
SPS 6.11 Delegation.

Note: Chapter RL 6 was renumbered chapter SPS 6 under s. 13.92 (4) (b) 1., Stats., Register November 2011 No. 671.

SPS 6.01 Authority and intent. (1) This chapter is adopted pursuant to authority in ss. 227.11 (2) (a) and 440.03 (1), Stats., and interprets s. 227.51 (3), Stats.

(2) The intent of the department in creating this chapter is to specify uniform procedures for summary suspension or limitation of licenses, permits, certificates or registrations issued by the department or any board attached to the department in circumstances where the public health, safety or welfare imperatively requires emergency action.

History: Cr. Register, May, 1988, No. 389, eff. 6–1–88; **CR 19–114: am. (2) Register February 2020 No. 770, eff. 3–1–20.**

SPS 6.02 Scope. This chapter governs procedures in all summary suspension or limitation proceedings against licensees before the department or any board attached to the department. To the extent that this chapter is not in conflict with s. 448.02 (4), Stats., the chapter shall also apply in proceedings brought under that section.

History: Cr. Register, May, 1988, No. 389, eff. 6–1–88; **CR 19–114: am. Register February 2020 No. 770, eff. 3–1–20.**

SPS 6.03 Definitions. In this chapter:

(1) "Board" means the bingo control board, real estate board or any examining board attached to the department.

(2) "Department" means the department of safety and professional services.

(3) "Disciplinary proceeding" means a proceeding against one or more licensees in which a licensing authority may determine to revoke or suspend a license, to reprimand a licensee, or to limit a license.

(4) "License" means any license, permit, certificate, or registration granted by a board or the department or a right to renew a license, permit, certificate or registration granted by a board or the department.

(5) "Licensee" means a person, partnership, corporation or association holding any license.

(6) "Licensing authority" means the bingo control board, real estate board or any examining board attached to the department, the department for licenses granted by the department, or one acting under a board's or the department's delegation under s. SPS 6.11.

(7) "Petitioner" means the division of legal services and compliance in the department.

(8) "Respondent" means a licensee who is named as respondent in a petition for summary suspension or limitation.

History: Cr. Register, May, 1988, No. 389, eff. 6–1–88; correction in (2), (6) made under s. 13.92 (4) (b) 6., 7., Stats., Register November 2011 No. 671; CR 14–019: am. (7) Register August 2014 No. 704, eff. 9–1–14**; CR 19–114: am. (8) Register February 2020 No. 770, eff. 3–1–20**.

SPS 6.04 Petition for summary suspension or limitation. (1) A petition for a summary suspension or limitation shall state the name and position of the person representing the petitioner, the address of the petitioner, the name and licensure status of the respondent, and an assertion of the facts establishing that the respondent has engaged in or is likely to engage in conduct such that the public health, safety or welfare imperatively requires emergency suspension or limitation of the respondent's license.

(2) A petition for a summary suspension or limitation order shall be signed upon oath by the person representing the petitioner and may be made on information and belief.

(3) The petition shall be presented to the appropriate licensing authority.

History: Cr. Register, May, 1988, No. 389, eff. 6–1–88; **CR 19–114: am. (title), (1), (2) Register February 2020 No. 770, eff. 3–1–20**.

SPS 6.05 Notice of petition to respondent. Prior to the presenting of the petition, the petitioner shall give notice to the respondent or respondent's attorney of the time and place when the petition will be presented to the licensing authority. Notice may be given by mailing a copy of the petition and notice to the last–known address of the respondent as indicated in the records of the licensing authority as provided in s. 440.11 (2), Stats., as created by 1987 Wis. Act 27. Notice by mail is complete upon mailing. Notice may also be given by any procedure described in s. 801.11, Stats.

History: Cr. Register, May, 1988, No. 389, eff. 6–1–88.

SPS 6.06 Issuance of summary suspension or limitation order. (1) If the licensing authority finds that notice has been given under s. SPS 6.05 and finds probable cause to believe that the respondent has engaged in or is likely to engage in conduct such that the public health, safety or welfare imperatively requires emergency suspension or limitation of the respondent's license, the licensing authority may issue an order for summary suspension or limitation. The order may be issued at any time prior to or subsequent to the commencement of a disciplinary proceeding under s. SPS 2.04.

(2) The petitioner may establish probable cause under sub. (1) by affidavit or other evidence.

(3) The summary suspension or limitation order shall be effective upon service under s. SPS 6.08, or upon actual notice of the summary suspension or limitation order to the respondent or respondent's attorney, whichever is sooner, and continue through the effective date of the final decision and order made in the disciplinary proceeding against the respondent, unless the license is restored or the limitation is lifted under s. SPS 6.09 prior to a formal disciplinary hearing, or the disciplinary proceeding is otherwise terminated under s. SPS 6.10 (1) or (3) (a).

History: Cr. Register, May, 1988, No. 389, eff. 6–1–88; correction in (1), (3) made under s. 13.92 (4) (b) 7., Stats., Register November 2011 No. 671; **CR 19–114: am. (title), (1), (3) Register February 2020 No. 770, eff. 3–1–20; correction in (3) made under s. 35.17, Stats., Register February 2020 No. 770.**

SPS 6.07 Contents of summary suspension or limitation order. The summary suspension or limitation order shall include all of the following:

(1) A statement that the suspension or limitation order is in effect and continues until the effective date of a final order and decision in the disciplinary proceeding against the respondent, unless otherwise ordered by the licensing authority.

(2) Notification of the respondent's right to request a hearing to show cause why the summary suspension or limitation order should not be continued.

(3) The name and address of the licensing authority with whom a request for hearing should be filed.

(4) Notification that the hearing to show cause shall be scheduled for hearing on a date within 20 days of receipt by the licensing authority of respondent's request for hearing, unless a later time is requested by or agreed to by the respondent.

(5) The identification of all witnesses providing evidence at the time the petition for summary suspension or limitation was presented and identification of the evidence used as a basis for the decision to issue the summary suspension or limitation order.

(6) The manner in which the respondent or the respondent's attorney was notified of the petition for summary suspension or limitation.

(7) A finding that the public health, safety or welfare imperatively requires emergency suspension or limitation of the respondent's license.

History: Cr. Register, May, 1988, No. 389, eff. 6–1–88; **CR 19–114: am. (title), (intro.), (1), (2), (5), (6), (7) Register February 2020 No. 770, eff. 3–1–20; correction in (intro.), (3), (4), (6) made under s. 35.17, Stats., Register February 2020.**

SPS 6.08 Service of summary suspension or limitation order. An order of summary suspension or limitation shall be served upon the respondent by mail.

History: Cr. Register, May, 1988, No. 389, eff. 6–1–88; CR 14–019: am. Register August 2014 No. 704, eff. 9–1–14; **CR 19–114: am. Register February 2020 No. 770, eff. 3–1–20**.

SPS 6.09 Hearing to show cause. (1) The respondent shall have the right to request a hearing to show cause why the summary suspension or limitation order should not be continued until the effective date of the final decision and order in the disciplinary action against the respondent.

(2) The request for hearing to show cause shall be filed with the licensing authority which issued the summary suspension or limitation order. The hearing shall be scheduled and heard promptly by the licensing authority or its delegate, but no later than 20 days after the filing of the request for hearing with the licensing authority, unless a later time is requested by or agreed to by the respondent.

(3) At the hearing to show cause the petitioner and the respondent may testify, call, examine and cross–examine witnesses, and offer other evidence. Unless the parties otherwise agree, no discovery is permitted, except for the taking and preservation of evidence as provided in ch. 804, Stats., with respect to witnesses described in s. 227.45 (7) (a) to (d), Stats. A respondent may inspect records under s. 19.35, Stats., the public records law.

(4) At the hearing to show cause the petitioner has the burden to show by a preponderance of the evidence why the summary suspension or limitation order should be continued.

(5) Immediately upon conclusion of the hearing to show cause the licensing authority or its delegate shall make findings and an order on the record. If it is determined that the summary suspension or limitation order should not be continued, the suspended license shall be immediately restored, and any limitation shall be lifted.

History: Cr. Register, May, 1988, No. 389, eff. 6–1–88; CR 14–019: am. (2), (3), (5) Register August 2014 No. 704, eff. 9–1–14; **CR 19–114: am. (1), (2), (4), (5) Register February 2020 No. 770, eff. 3–1–20.**

SPS 6.10 Commencement of disciplinary proceeding. (1) A notice of hearing commencing a disciplinary proceeding under s. SPS 2.06 against the respondent shall be issued no later than 10 days following the issuance of the summary suspension or limitation order or the suspension or limitation shall lapse on the tenth day following issuance of the summary suspension or limitation order. The formal disciplinary proceeding shall be determined promptly.

(2) If at any time the disciplinary proceeding is not advancing with reasonable promptness, the respondent may make a motion to the hearing officer or may directly petition the appropriate board, or the department, for an order granting relief.

(3) If it is found that the disciplinary proceeding is not advancing with reasonable promptness, and the delay is not as a result of the conduct of respondent or respondent's counsel, a remedy, as would be just, shall be granted including:

(a) An order immediately terminating the summary suspension or limitation.

(b) An order compelling that the disciplinary proceeding be held and determined by a specific date.

History: Cr. Register, May, 1988, No. 389, eff. 6–1–88; correction in (1) made under s. 13.92 (4) (b) 7., Stats., Register November 2011 No. 671; **CR 19–114: am. (1), (3) (a) Register February 2020 No. 770, eff. 3–1–20.**

SPS 6.11 Delegation. (1) A board may by two–thirds vote delegate authority to rule on a petition for summary suspension or limitation, to issue a summary suspension or limitation order, and to preside over and rule in a hearing provided for in s. SPS 6.09 through one of the following methods:

(a) Designate under s. 227.46 (1), Stats., a member of the board or an employee of the department.

(b) Appoint a panel of no less than two–thirds of the membership of the board.

(c) Designate under s. 227.46 (1), Stats., an administrative law judge employed by the department of administration.

(2) In matters in which the department is the licensing authority, an administrative law judge employed by the department of administration shall rule on a petition for summary suspension or limitation, issue a summary suspension or limitation order, and preside over and rule in a hearing provided for in s. SPS 6.09.

(3) Except as provided in s. 227.46 (3), Stats., a delegation of authority under subs. (1) and (2) may be continuing.

History: Cr. Register, May, 1988, No. 389, eff. 6–1–88; correction in (1) (a), (b), (2) made under s. 13.92 (4) (b) 7., Stats., Register November 2011 No. 671; CR 14–019: am. (1) (intro.), (a), (b), cr. (1) (c), am. (2) Register August 2014 No. 704, eff. 9–1–14; **CR 19–114: am. (1) (intro.), (2) Register February 2020 No. 770, eff. 3–1–20.**

Chapter SPS 7

PROFESSIONAL ASSISTANCE PROCEDURE

SPS 7.01 Authority and intent.
SPS 7.02 Definitions.
SPS 7.03 Referral to and eligibility for the procedure.
SPS 7.04 Requirements for participation.
SPS 7.05 Agreement for participation.
SPS 7.06 Standards for approval of treatment facilities or individual therapists.
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SPS 7.09 Report.
SPS 7.10 Applicability of procedures to direct licensing by the department.
SPS 7.11 Approval of drug testing programs.

Note: Chapter RL 7 was renumbered chapter SPS 7 under s. 13.92 (4) (b) 1., Stats., Register November 2011 No. 671

SPS 7.01 Authority and intent. (1) The rules in this chapter are adopted pursuant to authority in ss. 15.08 (5) (b), 51.30, 146.82, 227.11 and 440.03, Stats.

(2) The intent of the department in adopting rules in this chapter is to protect the public from credential holders who are impaired by reason of their abuse of alcohol or other drugs by promoting early identification of chemically dependent professionals and encouraging rehabilitation. This goal will be advanced by providing an option that may be used in conjunction with the formal disciplinary process for qualified credential holders committed to their own recovery. This procedure is intended to apply when allegations are made that a credential holder has practiced a profession while impaired by alcohol or other drugs or whose ability to practice is impaired by alcohol or other drugs or when a credential holder contacts the department and requests to participate in the procedure. It may be used in conjunction with the formal disciplinary process in situations where allegations exist that a credential holder has committed misconduct, negligence or violations of law, other than practice while impaired by alcohol or other drugs. The procedure may then be utilized to promote early identification of chemically dependent professionals and encourage their rehabilitation. Finally, the department's procedure does not seek to diminish the prosecution of serious violations but rather it attempts to address the problem of alcohol and other drug abuse within the enforcement jurisdiction of the department.

(3) In administering this program, the department intends to encourage board members to share professional expertise so that all boards in the department have access to a range of professional expertise to handle problems involving impaired professionals.

History: Cr. Register, January, 1991, No. 421, eff. 2–1–91; am. (2), Register, July, 1996, No. 487, eff. 8–1–96; CR 10–081: am. (2) Register December 2010 No. 660, eff. 1–1–11.

SPS 7.02 Definitions. In this chapter:

(1) "Board" means any board, examining board or affiliated credentialing board attached to the department.

(2) "Board liaison" means the board member designated by the board or the secretary or the secretary's designee as responsible for approving credential holders for the professional assistance procedure under s. SPS 7.03, for monitoring compliance with the requirements for participation under s. SPS 7.04, and for performing other responsibilities delegated to the board liaison under these rules.

(2a) "Coordinator" means a department employee who coordinates the professional assistance procedure.

(2b) "Credential holder" means a person holding any license, permit, certificate or registration granted by the department or any board. For purposes of this chapter, "credential holder" includes a person with a pending application for a credential for a period not to exceed one year from the date the application for the credential was submitted to the department.

(3) "Department" means the department of safety and professional services.

(4) "Division" means the division of legal services and compliance in the department.

(5) "Informal complaint" means any written information submitted by any person to the division, department or any board which requests that a disciplinary proceeding be commenced against a credential holder or which alleges facts, which if true, warrant discipline. "Informal complaint" includes requests for disciplinary proceedings under s. 440.20, Stats.

(6) "Medical review officer" means a medical doctor or doctor of osteopathy who is a licensed physician and who has knowledge of substance abuse disorders and has appropriate medical training to interpret and evaluate an individual's confirmed positive test result together with an individual's medical history and any other relevant biomedical information.

(7) "Procedure" means the professional assistance procedure.

(8) "Program" means any entity approved by the department to provide the full scope of drug testing services for the department.

History: Cr. Register, January, 1991, No. 421, eff. 2–1–91; am. (1), (2), (5), cr. (2a), (2b), r. (6), Register, July, 1996, No. 487, eff. 8–1–96; cr. (6) and (8), Register, January, 2001, No. 541, eff. 2–1–01; CR 10–081: am. (1) to (2b), (7) Register December 2010 No. 660, eff. 1–1–11; correction in (2), (3) made under s. 13.92 (4) (b) 6., 7., Register November 2011 No. 671; **CR 14–019: am. (4) Register August 2014 No. 704, eff. 9–1–14.**

SPS 7.03 Referral to and eligibility for the procedure. (1) A credential holder who contacts the department and requests to participate in the procedure shall be referred to the board liaison and the coordinator for determination of acceptance into the procedure.

(2) A credential holder who has been referred to the procedure and considered for eligibility shall be provided with an application for participation.

(3) All informal complaints involving allegations of impairment due to alcohol or chemical dependency shall be screened and investigated pursuant to s. SPS 2.035. After investigation, informal complaints involving impairment may be referred to the procedure along with a summary of the investigative results in the form of a draft statement of conduct to be used as a basis for the statement of conduct under s. SPS 7.05 (1) (a) and considered for eligibility for the procedure or for formal disciplinary proceedings under ch. SPS 2. The credential holder shall be provided with a written explanation of the credential holder's options for resolution of the matter through participation in the procedure and of the formal disciplinary process pursuant to ch. SPS 2.

(4) Eligibility for the procedure shall be determined by the board liaison and coordinator who shall review all relevant materials including investigative results and the credential holder's application for participation. Eligibility shall be determined upon criteria developed by the coordinator in consultation with the disciplinary authority. The decision on eligibility shall be consistent with the purposes of these procedures as described in s. SPS 7.01 (2). Credential holders who have committed violations of law may be eligible for the procedure. The board liaison shall have responsibility to make the determination of eligibility for the procedure.

(5) The credential holder shall obtain a comprehensive assessment for chemical dependency from a treatment facility or individual therapist approved under s. SPS 7.06. The credential holder shall arrange for the treatment facility or individual therapist to file a copy of its assessment with the board liaison or coordinator. The board liaison and the credential holder may agree to waive this requirement. The obtaining of the assessment shall not delay admission into the procedure.

(6) If a credential holder is determined to be ineligible for the procedure, the credential holder may be referred to the division for prosecution.

(7) A credential holder determined to be ineligible for the procedure by the board liaison or the department may, within 10 days of notice of the determination, request the credentialing authority to review the adverse determination.

History: Cr. Register, January, 1991, No. 421, eff. 2–1–91; am. (2) to (6), Register, July, 1996, No. 487, eff. 8–1–96; CR 10–081: renum. (1) and (3) to (6) to be (3) to (7) and am. (3) to (6), cr. (1), am. (2) Register December 2010 No. 660, eff. 1–1–11; correction in (3), (4), (5) made under s. 13.92 (4) (b) 7., Stats., Register November 2011 No. 671.

SPS 7.04 Requirements for participation. (1) A credential holder who participates in the procedure shall:

(a) Sign an agreement for participation under s. SPS 7.05.

(b) Remain free of alcohol, controlled substances, and prescription drugs, unless prescribed for a valid medical purpose.

(c) Timely enroll and participate in a program for the treatment of chemical dependency conducted by a facility or individual therapist approved pursuant to s. SPS 7.06.

(d) Comply with any treatment recommendations and work restrictions or conditions deemed necessary by the board liaison or department.

(e) Submit random monitored physiological specimens for the purpose of screening for alcohol or controlled substances provided by a drug testing program approved by the department under s. SPS 7.11, as required.

(f) Execute releases valid under state and federal law to allow access to the credential holder's counseling, treatment and monitoring records.

(g) Have the credential holder's supervising therapist and work supervisors file quarterly reports with the coordinator.

(h) Notify the coordinator of any changes in the credential holder's employer within 5 days.

(i) File quarterly reports documenting the credential holder's attendance at meetings of self–help groups such as alcoholics anonymous or narcotics anonymous.

(2) If the board liaison or department determines, based on consultation with the person authorized to provide treatment to the credential holder or monitor the credential holder's enrollment or participation in the procedure, or monitor any drug screening requirements or restrictions on employment under sub. (1), that a credential holder participating in the procedure has failed to meet any of the requirements set under sub. (1), the board liaison may refer the credential holder to the division. A failure to maintain abstinence is considered a relapse and shall be reviewed by the board liaison to determine whether the credential holder should be referred to the division. The board liaison may review the complete record in making this determination.

(3) If a credential holder violates the agreement and no referral to the division occurs, then a new admission under s. SPS 7.05 (1) (a) shall be obtained for relapses and for misconduct, negligence or violations of law which are substantial. If a new admission is not obtained, then a referral to the division by the coordinator shall occur.

History: Cr. Register, January, 1991, No. 421, eff. 2–1–91; am. Register, July, 1996, No. 487, eff. 8–1–96; am. (1) (e), Register, January, 2001, No. 541, eff. 2–1–01; CR 10–081: am. (1) (e), (f), (2), (3) Register December 2010 No. 660, eff. 1–1–11; correction in (1) (a), (c), (e), (3) made under s. 13.92 (4) (b) 7., Stats., Register November 2011 No. 671.

SPS 7.05 Agreement for participation. (1) The agreement for participation in the procedure shall at a minimum include:

(a) A statement describing conduct the credential holder agrees occurred relating to participation in the procedure and an agreement that the statement may be used as evidence in any disciplinary proceeding under ch. SPS 2.

(b) An acknowledgement by the credential holder of the need for treatment for chemical dependency;

(c) An agreement to participate at the credential holder's expense in an approved treatment regimen.

(d) An agreement to submit to random monitored drug screens provided by a drug testing program approved by the department under s. SPS 7.11 at the credential holder's expense, if deemed necessary by the board liaison.

(e) An agreement to submit to practice restrictions at any time during the treatment regimen as deemed necessary by the board liaison.

(f) An agreement to furnish the coordinator with signed consents for release of information from treatment providers and employers authorizing the release of information to the coordinator and board liaison for the purpose of monitoring the credential holder's participation in the procedure.

(g) An agreement to authorize the board liaison or coordinator to release information described in pars. (a), (c) and (e), the fact that a credential holder has been dismissed under s. SPS 7.07 (3) (a) or violated terms of the agreement in s. SPS 7.04 (1) (b) to (e) and (h) concerning the credential holder's participation in the procedure to the employer, therapist or treatment facility identified by the credential holder and an agreement to authorize the coordinator to release the results of random monitored drug screens under par. (d) to the therapist identified by the credential holder.

(h) An agreement to participate in the procedure for a period of time as established by the board.

(2) The board liaison may include additional requirements for an individual credential holder, if the circumstances of the informal complaint or the credential holder's condition warrant additional safeguards.

(3) The board or board liaison may include a promise of confidentiality that all or certain records shall remain closed and not available for public inspection and copying. Any promise is subject to s. SPS 7.08 and ends upon a referral to the division. Information and records may be made available to staff within the department on an as–needed basis, to be determined by the coordinator.

History: Cr. Register, January, 1991, No. 421, eff. 2–1–91; am. (1) (a) to (g) and (2), Register, July, 1996, No. 487, eff. 8–1–96; am. (1) (d), Register, January, 2001, No. 541, eff. 2–1–011; CR 10–081: am. (3) Register December 2010 No. 660, eff. 1–1–11; correction in (1) (a), (d), (g), (3) made under s. 13.92 (4) (b) 7., Stats., Register November 2011 No. 671.

SPS 7.06 Standards for approval of treatment facilities or individual therapists. (1) The board or board liaison shall approve a treatment facility designated by a credential holder for the purpose of participation in the procedure if:

(a) The facility is certified by appropriate national or state certification agencies.

(b) The treatment program focus at the facility is on the individual with drug and alcohol abuse problems.

(c) Facility treatment plans and protocols are available to the board liaison and coordinator.

(d) The facility, through the credential holder's supervising therapist, agrees to file reports as required, including quarterly progress reports and immediate reports if a credential holder withdraws from therapy, relapses, or is believed to be in an unsafe condition to practice.

(2) As an alternative to participation by means of a treatment facility, a credential holder may designate an individual therapist

for the purpose of participation in the procedure. The board liaison shall approve an individual therapist who:

(a) Has credentials and experience determined by the board liaison to be in the credential holder's area of need.

(b) Agrees to perform an appropriate assessment of the credential holder's therapeutic needs and to establish and implement a comprehensive treatment regimen for the credential holder.

(c) Forwards copies of the therapist's treatment regimen and office protocols to the coordinator.

(d) Agrees to file reports as required to the coordinator, including quarterly progress reports and immediate reports if a credential holder withdraws from therapy, relapses, or is believed to be in an unsafe condition to practice.

(3) If a board liaison does not approve a treatment facility or therapist as requested by the credential holder, the credential holder may, within 10 days of notice of the determination, request the board to review the board liaison's adverse determination.

History: Cr. Register, January, 1991, No. 421, eff. 2–1–91; am. Register, July, 1996, No. 487, eff. 8–1–96; r. (1) (d) and (2) (d), renum. (1) (e) and (2) (e) to be (1) (d) and (2) (d) and am., Register, January, 2001, No. 541, eff. 2–1–01.

SPS 7.07 Intradepartmental referral. (2) The division may refer individuals named in informal complaints to the board liaison for acceptance into the procedure.

(3) The board liaison may refer cases involving the following to the division for investigation or prosecution:

(a) Credential holders participating in the procedure who fail to meet the requirements of their rehabilitation program.

(b) Credential holders who apply and who are determined to be ineligible for the procedure where the board liaison is in possession of information indicating misconduct, negligence or a violation of law.

(c) Credential holders who do not complete an agreement for participation where the board liaison is in possession of information indicating misconduct, negligence or a violation of law.

(d) Credential holders initially referred by the division to the board liaison who fail to complete an agreement for participation.

(e) Credential holders who request early termination of an agreement for participation. In making the decision if a referral should occur, the board liaison shall consider whether the credential holder's therapist approves the early termination and whether this opinion is supported by a second therapist selected by the department who shall always be consulted and shall concur.

(4) The board liaison shall refer credential holders who relapse in the context of the work setting to the division for investigation and prosecution. A credential holder referred under this subsection who has not been dismissed from the procedure may continue to participate in the procedure.

History: Cr. Register, January, 1991, No. 421, eff. 2–1–91; am. (1), (3) (a) to (d), Register, July, 1996, No. 487, eff. 8–1–96; CR 10–081: r. (1), am. (3) (a), (b), (c), cr. (3) (e), (4) Register December 2010 No. 660, eff. 1–1–11.

SPS 7.08 Records. (1) CUSTODIAN. All records relating to the procedure including applications for participation, agreements for participation and reports of participation shall be maintained in the custody of the department secretary or the secretary's designee.

(2) AVAILABILITY OF PROCEDURE RECORDS FOR PUBLIC INSPECTION. Any requests to inspect procedure records shall be made to the custodian. The custodian shall evaluate each request on a case by case basis using the applicable law relating to open records and giving appropriate weight to relevant factors in order to determine whether public interest in nondisclosure outweighs the public interest in access to the records, including the reputational interests of the credential holder, the importance of confidentiality to the functional integrity of the procedure, the existence of any promise of confidentiality, statutory or common law rules which accord a status of confidentiality to the records and the likelihood that release of the records will impede an investigation. The fact of a credential holder's participation in the procedure and the status of that participation may be disclosed to credentialing authorities of other jurisdictions.

(3) TREATMENT RECORDS. Treatment records concerning individuals who are receiving or who at any time have received services for mental illness, developmental disabilities, alcoholism, or drug dependence which are maintained by the department, by county departments under s. 51.42 or 51.437, Stats., and their staffs and by treatment facilities are confidential under s. 51.30, Stats., and shall not be made available for public inspection.

(4) PATIENT HEALTH CARE RECORDS. Patient health care records are confidential under s. 146.82, Stats., and shall not be made available to the public without the informed consent of the patient or of a person authorized by the patient or as provided under s. 146.82 (2), Stats.

History: Cr. Register, January, 1991, No. 421, eff. 2–1–91; am. (2), Register, July, 1996, No. 487, eff. 8–1–96; CR 10–081: am. (2) Register December 2010 No. 660, eff. 1–1–11.

SPS 7.09 Report. The board liaison or coordinator shall report on the procedure to the board at least twice a year and if requested to do so by a board.

History: Cr. Register, January, 1991, No. 421, eff. 2–1–91; am. Register, July, 1996, No. 487, eff. 8–1–96.

SPS 7.10 Applicability of procedures to direct licensing by the department. This procedure may be used by the department in resolving complaints against persons licensed directly by the department if the department has authority to discipline the credential holder. In such cases, the department secretary shall have the authority and responsibility of the "board" as the term is used in the procedure and shall designate an employee to perform the responsibilities of the "board liaison."

History: Cr. Register, January, 1991, No. 421, eff. 2–1–91; am. Register, July, 1996, No. 487, eff. 8–1–96.

SPS 7.11 Approval of drug testing programs. The department shall approve drug testing programs for use by credential holders who participate in drug and alcohol monitoring programs pursuant to agreements between the department or boards and credential holders, or pursuant to disciplinary orders. To be approved as a drug testing program for the department, programs shall satisfactorily meet all of the following standards in the areas of program administration, collection site administration, laboratory requirements and reporting requirements:

(1) Program administration requirements are:

(a) The program shall enroll participants by setting up an account, establishing a method of payment and supplying preprinted chain–of–custody forms.

(b) The program shall provide the participant with the address and phone number of the nearest collection sites and shall assist in locating a qualified collection site when traveling outside the local area.

(c) Random selection of days when participants shall provide specimens shall begin upon enrollment and the program shall notify designated department staff that selection has begun.

(d) The program shall maintain a nationwide toll–free access or an internet website that is operational 24 hours per day, 7 days per week to inform participants of when to provide specimens and is able to document the date and time of contacts by credential holders.

(e) The program shall maintain and make available to the department and treatment providers through an internet website data that are updated on a daily basis verifying the date and time each participant was notified after random selection to provide a specimen, the date, time and location each specimen was collected, the results of drug screen and whether or not the participant complied as directed.

(f) The program shall maintain internal and external quality of test results and other services.

(g) The program shall maintain the confidentiality of participants in accordance with s. 146.82, Stats.

(h) The program shall inform participants of the total cost for each drug screen including the cost for program administration, collection, transportation, analysis, reporting and confirmation. Total cost shall not include the services of a medical review officer.

(i) The program shall immediately report to the department if the program, laboratory or any collection site fails to comply with this section. The department may remove a program from the approved list if the program fails to comply with this section.

(j) The program shall make available to the department experts to support a test result for 5 years after the test results are released to the department.

(k) The program shall not sell or otherwise transfer or transmit names and other personal identification information of the participants to other persons or entities without permission from the department. The program shall not solicit from participants presently or formerly in the monitoring program or otherwise contact participants except for purposes consistent with administering the program and only with permission from the department.

(L) The program and laboratory shall not disclose to the participant or the public the specific drugs tested.

(2) Collection site administration requirements are:

(a) The program shall locate, train and monitor collection sites for compliance with the U.S. department of transportation collection protocol under 49 CFR 40.

(b) The program shall require delivery of specimens to the laboratory within 24 hours of collection.

(3) Laboratory requirements are:

(a) The program shall utilize a laboratory that is certified by the U.S. department of health and human services, substance abuse and mental health services administration under 49 CFR 40. If the laboratory has had adverse or corrective action, the department shall evaluate the laboratory's compliance on a case by case basis.

(b) The program shall utilize a laboratory capable of analyzing specimens for drugs specified by the department.

(c) Testing of specimens shall be initiated within 48 hours of pickup by courier.

(d) All positive drug screens shall be confirmed utilizing gas chromatography in combination with mass spectrometry, mass spectrometry, or another approved method.

(e) The laboratory shall allow department personnel to tour facilities where participant specimens are tested.

(4) The requirements for reporting of results are:

(a) The program shall provide results of each specimen to designated department personnel within 24 hours of processing.

(b) The program shall inform designated department personnel of confirmed positive test results on the same day the test results are confirmed or by the next business day if the results are confirmed after hours, on the weekend or on a state or federal holiday.

(c) The program shall fax, e−mail or electronically transmit laboratory copies of drug test results at the request of the department.

(d) The program shall provide a medical review officer upon request and at the expense of the participant, to review disputed positive test results.

(e) The program shall provide chain−of−custody transfer of disputed specimens to an approved independent laboratory for retesting at the request of the participant or the department.

History: Cr. Register, January, 2001, No. 541, eff. 2−1−01; CR 10−081: am. (1) (d), (e) Register December 2010 No. 660, eff. 1−1−11.

Chapter SPS 8

ADMINISTRATIVE WARNINGS

SPS 8.01 Authority and scope.
SPS 8.02 Definitions.
SPS 8.03 Findings before issuance of an administrative warning.
SPS 8.04 Issuance of an administrative warning.
SPS 8.05 Request for a review of an administrative warning.
SPS 8.06 Procedures.
SPS 8.07 Transcription fees.

Note: Chapter RL 8 was renumbered chapter SPS 8 under s. 13.92 (4) (b) 1., Stats., Register November 2011 No. 671.

SPS 8.01 Authority and scope. Rules in this chapter are adopted under the authority of s. 440.205, Stats., to establish uniform procedures for the issuance and use of administrative warnings.

History: Cr. Register, January, 1999, No. 517, eff. 2–1–99.

SPS 8.02 Definitions. As used in s. 440.205, Stats., and in this chapter:

(1) "Credential" means a license, permit, or certificate of certification or registration that is issued under chs. 440 to 480, Stats.

(2) "Department" means the department of safety and professional services.

(3) "Disciplinary authority" means the department or an attached examining board, affiliated credentialing board or board having authority to reprimand a credential holder.

(4) "Division" means the division of legal services and compliance in the department.

(6) "Minor violation" means all of the following:

(a) No significant harm was caused by misconduct of the credential holder.

(b) Continued practice by the credential holder presents no immediate danger to the public.

(c) If prosecuted, the likely result of prosecution would be a reprimand or a limitation requiring the credential holder to obtain additional education.

(d) The complaint does not warrant use of prosecutorial resources.

(7) "Misconduct" means a violation of a statute or rule related to the profession or other conduct for which discipline may be imposed under chs. 440 to 480, Stats.

History: Cr. Register, January, 1999, No. 517, eff. 2–1–99; correction in (2), (5) (a) made under s. 13.92 (4) (b) 6., 7., Stats., Register November 2011 No. 671; CR 14–019: am. (4), renum. (5) (intro.) to (5) and am., r. (5) (a) to (c) Register August 2014 No. 704, eff. 9–1–14; **CR 19–114: r. (5), (6) (e) Register February 2020 No. 770, eff. 3–1–20.**

SPS 8.03 Findings before issuance of an administrative warning. Before issuance of an administrative warning, a disciplinary authority shall make all of the following findings:

(1) That there is specific evidence of misconduct by the credential holder.

(3) That the misconduct is a minor violation of a statute or rule related to the profession or other conduct for which discipline may be imposed.

(4) That issuance of an administrative warning will adequately protect the public.

History: Cr. Register, January, 1999, No. 517, eff. 2–1–99; CR 13–077: am. (3) Register April 2014 No. 700, eff. 5–1–14; **CR 19–114: r. (2) Register February 2020 No. 770, eff. 3–1–20.**

SPS 8.04 Issuance of an administrative warning. **(1)** An administrative warning shall be substantially in the form shown in Appendix I.

(2) An administrative warning may be issued to a credential holder by mailing the administrative warning to the last address provided by the credential holder to the department. Service by mail is complete on the date of mailing.

History: Cr. Register, January, 1999, No. 517, eff. 2–1–99.

SPS 8.05 Request for a review of an administrative warning. A credential holder who has been issued an administrative warning may request the disciplinary authority to review the issuance of the administrative warning by filing a written request with the disciplinary authority within 20 days after the mailing of the administrative warning. The request shall be in writing and set forth:

(1) The credential holder's name and address.

(2) The reason for requesting a review.

History: Cr. Register, January, 1999, No. 517, eff. 2–1–99.

SPS 8.06 Procedures. The procedures for an administrative warning review are:

(1) Within 45 calendar days of receipt of a request for review, the disciplinary authority shall notify the credential holder of the time and place of the review.

(2) No discovery is permitted. A credential holder may inspect records under s. 19.35, Stats., the public records law.

(3) The disciplinary authority or its designee shall preside over the review. The review shall be recorded by audio tape unless otherwise specified by the disciplinary authority.

(4) The disciplinary authority shall provide the credential holder with an opportunity to make a personal appearance before the disciplinary authority and present a statement. The disciplinary authority may request the division to appear and present a statement on issues raised by the credential holder. The disciplinary authority may establish a time limit for making a presentation. Unless otherwise determined by the disciplinary authority, the time for making a personal appearance shall be 20 minutes.

(5) If the credential holder fails to appear for a review, or withdraws the request for a review, the disciplinary authority may note the failure to appear in the minutes and leave the administrative warning in effect without further action.

History: Cr. Register, January, 1999, No. 517, eff. 2–1–99.

SPS 8.07 Transcription fees. **(1)** The fee charged for a transcript of a review under this chapter shall be computed by the person or reporting service preparing the transcript on the following basis:

(a) If the transcript is prepared by a reporting service, the fee charged for an original transcription and for copies shall be the amount identified in the state operational purchasing bulletin which identifies the reporting service and its fees.

(b) If a transcript is prepared by the department, the department shall charge a transcription fee of $1.75 per page and a copying charge of $.25 per page. If 2 or more persons request a transcript, the department shall charge each requester a copying fee of $.25 per page, but may divide the transcript fee equitably among the requesters. If the department has prepared a written transcript for its own use prior to the time a request is made, the department shall

assume the transcription fee, but shall charge a copying fee of $.25 per page.

(2) A person who is without means and who requires a transcript for appeal or other reasonable purposes shall be furnished with a transcript without charge upon the filing of a petition of indigence signed under oath.

History: Cr. Register, January, 1999, No. 517, eff. 2–1–99.

Chapter SPS 9

DENIAL OF RENEWAL APPLICATION BECAUSE APPLICANT IS LIABLE FOR DELINQUENT TAXES

SPS 9.01 Authority.
SPS 9.02 Scope; nature of proceedings.
SPS 9.03 Definitions.
SPS 9.04 Procedures for requesting the department of revenue to certify whether an applicant for renewal is liable for delinquent taxes.
SPS 9.05 Denial of renewal.

Note: Chapter RL 9 was renumbered chapter SPS 9 under s. 13.92 (4) (b) 1., Stats., Register November 2011 No. 671.

SPS 9.01 Authority. The rules in ch. SPS 9 are adopted under the authority in s. 440.03, Stats.

History: Emerg. cr. eff. 11−14−96; cr. Register, August, 1996, No. 488, eff. 9−1−96; **correction made under s. 13.92 (4) (b) 7., Stats., Register November 2011 No. 671.**

SPS 9.02 Scope; nature of proceedings. The rules in this chapter govern the procedures for requesting the Wisconsin department of revenue to certify whether an applicant is liable for delinquent taxes owed to this state under s. 440.08 (4) (b), Stats., as created by 1995 Wis. Act 27 and amended by 1995 Wis. Act 233, to review denial of an application for renewal because the applicant is liable for delinquent taxes.

History: Emerg. cr. eff. 11−14−96; cr. Register, August, 1996, No. 488, eff. 9−1−96.

SPS 9.03 Definitions. In this chapter:

(1) "Applicant" means a person who applies for renewal of a credential. "Person" in this subsection includes a business entity.

(2) "Credential" has the meaning in s. 440.01 (2) (a), Stats.

(3) "Department" means the department of safety and professional services.

(4) "Liable for any delinquent taxes owed to this state" has the meaning set forth in s. 73.0301 (1) (c), Stats.

History: Emerg. cr. eff. 11−14−96; Cr. Register, August, 1996, No. 488, eff. 9−1−96; correction in (4) made under s. 13.93 (2m) (b) 7., Stats., Register November 2007 No. 623; **correction in (3) made under s. 13.92 (4) (b) 6., Stats., Register November 2011 No. 671.**

SPS 9.04 Procedures for requesting the department of revenue to certify whether an applicant for renewal is liable for delinquent taxes. (1) RENEWAL APPLICATION FORM. If the department receives a renewal application that does not include the information required by s. 440.08 (2g) (b), Stats., the application shall be denied unless the applicant provides the missing information within 20 days after the department first received the application.

Note: 1997 Wis. Act 191 repealed s. 440.08 (2g) (b), Stats., and created s. 440.03 (11m), Stats. Section SPS 9.04 (1), Wis. Adm. Code, was affected by the statutory changes in 1997 Wis. Act 191, is no longer necessary, and will be removed in future rule−making by the department.

(2) SCREENING FOR LIABILITY FOR DELINQUENT TAXES. The name and social security number or federal employer identification number of an applicant shall be compared with information at the Wisconsin department of revenue that identifies individuals and organizations who are liable for delinquent taxes owed to this state.

(3) NOTICE OF INTENT TO DENY BECAUSE OF TAX DELINQUENCY. If an applicant is identified as being liable for any delinquent taxes owed to this state in the screening process under sub. (2), the Wisconsin department of revenue shall mail a notice to the applicant at the last known address of the applicant according to s. 440.11, Stats., or to the address identified in the applicant's renewal application, if different from the address on file in the department. The notice shall state that the application for renewal submitted by the applicant shall be denied unless, within 10 days from the date of the mailing of the notice, the department of safety and professional services receives a copy of a certificate of tax clearance issued by the Wisconsin department of revenue which shows that the applicant is not liable for delinquent state taxes or unless the Wisconsin department of revenue provides documentation to the department showing that the applicant is not liable for delinquent state taxes.

(4) OTHER REASONS FOR DENIAL. If the department determines that grounds for denial of an application for renewal may exist other than the fact that the applicant is liable for any delinquent taxes owed to this state, the department shall make a determination on the issue of tax delinquency before investigating other issues of renewal eligibility.

History: Emerg. cr. eff. 11−14−96; cr. Register, August, 1996, No. 488, eff. 9−1−96; **correction in (3) made under s. 13.92 (4) (b) 6., Stats., Register November 2011 No. 671.**

SPS 9.05 Denial of renewal. The department shall deny an application for credential renewal if the applicant fails to complete the information on the application form under s. SPS 9.04 or if the Wisconsin department of revenue certifies or affirms its certification under s. 440.08 (4) (b) 3., Stats., that the applicant is liable for delinquent taxes and the department does not receive a current certificate of tax clearance or the Wisconsin department of revenue does not provide documentation showing that the applicant is not liable for delinquent taxes within the time required under s. SPS 9.04 (2) and (3). The department shall mail a notice of denial to the applicant that includes a statement of the facts that warrant the denial under s. 440.08 (4) (b), Stats., and a notice that the applicant may file a written request with the department to have the denial reviewed at a hearing before the Wisconsin department of revenue.

Note: 1997 Wis. Act 237 repealed s. 440.08 (4) (b), Stats. 19997 Wis. Act 237 also created s. 440.12, Stats.; both statutory references in s. SPS 9.05, Wis. Admin. Code, should be to s. 440.12, Stats. Future rule−making by the department will correct these references.

History: Emerg. cr. eff. 11−14−96; cr. Register, August, 1996, No. 488, eff. 9−1−96; **correction made under s. 13.92 (4) (b) 7., Stats., Register November 2011 No. 671.**

Chapter SPS 140

AUTHORITY, PURPOSE AND DEFINITIONS

SPS 140.01 Authority.

SPS 140.02 Definitions.

Note: Chapter RL 140 was created as an emergency rule effective December 1, 1998. **Chapter RL 140 was renumbered chapter SPS 140 under s. 13.92 (4) (b) 1., Stats., Register November 2011 No. 671.**

SPS 140.01 Authority. The rules in chs. SPS 140 to 142 are adopted by the department pursuant to ss. 227.11 (2) and 440.03 (14) (am) and (d), Stats., to govern the registration of music, art and dance therapists and the issuance of licenses to practice psychotherapy to registrants.

History: Cr. Register, April, 1999, No. 520, eff. 5–1–99; CR 02–125: am. Register July 2003 No. 571, eff. 8–1–03; **correction made under s. 13.92 (4) (b) 7., Stats., Register November 2011 No. 671.**

SPS 140.02 Definitions. As used in chs. SPS 140 to 142, unless the context otherwise requires:

(1) "ADTR" means the Academy of Dance Therapists Registered, as well as a member of the Academy of Dance Therapists Registered.

(2) "ATR" means art therapist registered.

(3) "Art therapy" means the specialized, professional and psychotherapeutic use of art media, images, the creative art process, and client responses to the created art productions as reflections of an individual's development, abilities, personality, interests, concerns, and conflicts. "Art therapy" is based on knowledge of human development and theories which are implemented in the full spectrum of models of assessment and treatment including educational, cognitive, transpersonal, and other therapeutic means of reconciling emotional conflicts, fostering self–awareness, developing social skills, managing behavior, solving problems, reducing anxiety, aiding reality orientation, and increasing self–esteem. Art therapists serve individuals, couples, families and groups. "Art therapy" may include the use of elements of other art forms.

(4) "ATR–BC" means art therapist registered–board certified.

(5) "DTR" means dance therapist registered.

(6) "Dance therapy" means the specialized, professional and psychotherapeutic use of movement and dance. This is a process which furthers the emotional, cognitive, social and physical integration of the individual. It uses psychotherapeutic models for assessment and intervention and is practiced in a wide variety of settings. "Dance therapy" may be appropriate for groups and individuals of all ages and conditions of need. "Dance therapy" may include the use of elements of other art forms.

(7) "Department" means the department of safety and professional services.

(8) "License to practice psychotherapy" or "psychotherapy license" means a credential issued by the department to a registrant that authorizes the registrant to practice psychotherapy within the registrant's competence, education, training and experience.

(9) "Licensee" means a person registered as a music therapist who is granted a license to practice psychotherapy (MTRL), a person registered as an art therapist who is granted a license to practice psychotherapy (ATRL), or a person registered as a dance therapist who is granted a license to practice psychotherapy (DTRL), as provided by s. 440.03 (14) (am), Stats.

(10) "Music therapy" means the specialized, professional, therapeutic use of music in the service to individuals with needs in mental health, physical health, habilitation, rehabilitation, special education, self–care or personal growth. The purpose of music therapy is to assist and empower individuals to attain or maintain their maximum level of functioning and highest quality of life. "Music therapy" may include the use of elements of other art forms.

(11) "Psychotherapy" has the meaning specified in s. 457.01 (8m), Stats.

(13) "Registrant" means a person who is granted a registration as a music therapist (WMTR), an art therapist (WATR), or a dance therapist (WDTR) by the department.

History: Cr. Register, April, 1999, No. 520, eff. 5–1–99; CR 02–125: renum. (1) to be (3), (2) to be (6), (3) to be (7) and (4) to be (10), renum. (5) to be (13) and am., cr. (1), (2), (4), (5), (8), (9) and (11), Register July 2003 No. 571, eff. 8–1–03; **correction in (intro.), (7) made under s. 13.92 (4) (b) 6., 7., Stats., Register November 2011 No. 671.**

Chapter SPS 141

APPLICATION

SPS 141.01 Application for registration.
SPS 141.02 Renewal of registration.
SPS 141.03 Accommodations relating to a disability.
SPS 141.04 Application for license to practice psychotherapy.
SPS 141.05 Renewal of registration with psychotherapy license.
SPS 141.06 Application for license to practice psychotherapy by reciprocity.
SPS 141.07 Licensure for persons registered before January 1, 2003.

Note: Chapter RL 141 was created as an emergency rule effective December 1, 1998. Chapter RL 141 was renumbered chapter SPS 141 under s. 13.92 (4) (b) 1., Stats., Register November 2011 No. 671.

SPS 141.01 Application for registration. An individual applying for registration as a music, art or dance therapist shall submit all of the following to the department:

(1) An application on a form provided by the department.

Note: Application forms are available upon request to the department at 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin 53708−8935.

(2) The fee required under s. 440.05 (1), Stats.

(3) Information necessary for the department to determine all of the following:

(a) Whether the applicant has been convicted of, or at the time of application charged with, a crime or a traffic offense which did or could result in the suspension or revocation of the applicant's driver's license.

(b) Whether the circumstances of any pending charge or conviction are substantially related to the duties of practice under the registration as described in ss. 111.321, 111.322 and 111.335, Stats.

(4) Written verification transmitted directly to the department by the appropriate organization stating that the applicant:

(a) If applying for registration as a music therapist, is certified, registered or accredited as a music therapist by the certification board for music therapists, national music therapy registry, American music therapy association or by another national organization that certifies, registers or accredits music therapists.

(b) If applying for registration as an art therapist, is certified, registered or accredited as an art therapist by the art therapy credentials board or by another national organization that certifies, registers or accredits art therapists.

(c) If applying for registration as a dance therapist, is certified, registered or accredited as a dance therapist by the American dance therapy association or by another national organization that certifies, registers or accredits dance therapists.

History: Cr. Register, April, 1999, No. 520, eff. 5−1−99; CR 02−125: r. and recr. (3) Register July 2003 No. 571, eff. 8−1−03.

SPS 141.02 Renewal of registration. (1) Registrations for music, art and dance therapists expire on October 1 of each odd−numbered year. In order to renew a registration the registrant shall submit on or before the renewal date all of the following to the department:

(a) A renewal application on a form provided by the department.

(b) The renewal fee required under s. 440.08 (2) (a), Stats.

(c) A signed statement contained on the renewal application verifying that the certification, registration or accreditation as a music, art or dance therapist, as appropriate, granted to him or her by the appropriate organization identified under s. SPS 141.01 (4), has not been revoked.

(2) A registrant who fails to renew his or her registration by the renewal date may renew the registration by satisfying the requirements under sub. (1) and paying the late renewal fee required under s. 440.08 (3), Stats.

(3) A registrant who pays the fee required to renew his or her license to practice psychotherapy as a music, art or dance therapist shall not pay a separate fee for renewal of the registration.

History: Cr. Register, April, 1999, No. 520, eff. 5−1−99; CR 02−125: am (1) (c), cr. (3) Register July 2003 No. 571, eff. 8−1−03; correction in (1) (c) made under s. 13.92 (4) (b) 7., Stats., Register November 2011 No. 671.

SPS 141.03 Accommodations relating to a disability. A qualified applicant with a disability shall be provided with reasonable accommodations requested in connection with the completion of an application for registration or renewal of a registration as a music, art or dance therapist.

History: Cr. Register, April, 1999, No. 520, eff. 5−1−99.

SPS 141.04 Application for license to practice psychotherapy. (1) Every registrant who applies for a license to practice psychotherapy shall submit all of the following to the department:

(a) An application on a form provided by the department.

Note: Application forms are available upon request to the department at 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin 53708−8935.

(b) The fee required under s. 440.05 (1), Stats.

(c) Information necessary for the department to determine all of the following:

1. Whether the applicant has been convicted of, or at the time of application charged with, a crime or a traffic offense which did or could result in the suspension or revocation of the applicant's driver's license.

2. Whether the circumstances of any pending charge or conviction are substantially related to the duties of practice under the registration as required by ss. 111.321, 111.322 and 111.335, Stats.

(2) Every registrant who applies for a license to practice psychotherapy shall pass an examination on the Wisconsin statutes and rules that relate to the profession.

(3) If the applicant is a registered music therapist under s. 440.03 (14) (a) 1., Stats., the applicant shall do all of the following:

(a) Provide proof that the applicant holds a master's or doctorate degree in music therapy from a program approved by the American Music Therapy Association, or a master's or doctorate degree in a related field recognized and accepted by the American Music Therapy Association and the Certification Board for Music Therapists.

(b) Submit proof in the form of affidavits signed by the applicant and the applicant's supervisor that the applicant has completed 3,000 hours of music therapy practiced as psychotherapy, supervised by a person licensed to practice psychotherapy, designated the primary supervisor, and that the primary supervisor met with the applicant an average of one hour per week during the supervised practice period. If the primary supervisor is not a registered music therapist, the applicant must receive supervision from a registered music therapist as a secondary supervisor for at least 1,500 hours. The supervision by primary and secondary supervisors may occur simultaneously. If the supervision

by the primary supervisor occurred prior to November 1, 2002, the primary supervisor must have been qualified and authorized to practice psychotherapy at the time.

(c) Pass the examination required for certification by the Certification Board for Music Therapists, or hold registry from the National Music Therapy Registry.

(4) If the applicant is a registered art therapist under s. 440.03 (14) (a) 2., Stats., the applicant shall do all of the following:

(a) Provide proof that the applicant holds a master's or doctorate degree in art therapy from a program accredited or approved by the American Art Therapy Association, or a program recognized as equivalent by the Art Therapy Credentials Board.

(b) Submit proof in the form of affidavits signed by the applicant and the applicant's supervisor that the applicant has completed 3,000 hours of art therapy practiced as psychotherapy, supervised by a person licensed to practice psychotherapy, designated the primary supervisor, and that the primary supervisor met with the applicant an average of one hour per week during the supervised practice period. If the primary supervisor is not a registered art therapist, the applicant must receive supervision from a registered art therapist as a secondary supervisor for at least 1,500 hours. The supervision by primary and secondary supervisors may occur simultaneously. If the supervision by the primary supervisor occurred prior to November 1, 2002, the primary supervisor must have been qualified and authorized to practice psychotherapy at the time.

(c) Pass the examination required for certification by the Art Therapy Credentials Board.

(5) If the applicant is a registered dance therapist under s. 440.03 (14) (a) 3., Stats., the applicant shall do all of the following:

(a) Provide proof that the applicant holds a master's or doctorate degree in dance therapy or dance/movement therapy approved by the American Dance Therapy Association, or has fulfilled the requirements of a program recognized by the American Dance Therapy Association as equivalent to a master's or doctorate degree in dance therapy or dance/movement therapy.

(b) Submit proof in the form of affidavits signed by the applicant and the applicant's supervisor that the applicant has completed 3,000 hours of dance therapy practiced as psychotherapy, supervised by a person licensed to practice psychotherapy, designated the primary supervisor, and that the primary supervisor met with the applicant an average of one hour per week during the supervised practice period. If the primary supervisor is not an ADTR, the applicant must receive supervision from an ADTR as a secondary supervisor for at least 1,500 hours. The supervision by the primary and secondary supervisors may occur simultaneously. If the supervision by the primary supervisor occurred prior to November 1, 2002, the primary supervisor must have [been] qualified and authorized to practice psychotherapy at the time.

(c) Pass the National Board for Certified Counselors examination or other certification examination approved by the American Dance Therapy Association.

History: CR 02–125: cr. Register July 2003 No. 571, eff. 8–1–03.

SPS 141.05 Renewal of registration with psychotherapy license. (1) Registrations for registered music therapists with psychotherapy license, registered art therapists with psychotherapy license, and registered dance therapists with psychotherapy license expire on October 1 of each odd–numbered year. In order to renew a registration, the registrant shall submit all of the following to the department on or before the renewal date:

(a) A renewal application on a form provided by the department.

Note: Application forms are available upon request to the department at 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin 53708–8935.

(b) The renewal fee for registered music, art or dance therapist with psychotherapy license required under s. 440.08 (2) (a), Stats.

(c) A signed statement contained on the renewal application verifying that the certification, registration or accreditation as a music, art or dance therapist, as appropriate, granted by the appropriate organization identified under s. SPS 141.01 (4), has not been revoked.

(2) A registrant who fails to renew the registration with license to practice psychotherapy by the renewal date may renew the registration with license to practice psychotherapy by satisfying the requirements under sub. (1) and paying the late renewal fee required under s. 440.08 (3), Stats.

History: CR 02–125: cr. Register July 2003 No. 571, eff. 8–1–03; correction in (1) (c) made under s. 13.92 (4) (b) 7., Stats., Register November 2011 No. 671.

SPS 141.06 Application for license to practice psychotherapy by reciprocity. An applicant who holds a license to practice psychotherapy in the practice of music, art or dance therapy in another state shall be granted licensure by reciprocity if the department determines that the requirements for licensure in the other state are substantially equivalent to the requirements in s. SPS 141.04, and if the applicant does all of the following:

(1) Completes an application on a form provided by the department and registers as a music, art or dance therapist under s. 440.03 (14) (a) 1., 2. or 3., Stats.

Note: Application forms are available upon request to the department at 1400 East Washington Avenue, P.O. Box 8935, Madison, Wisconsin 53708–8935.

(2) Pays the fee required under s. 440.05 (1), Stats.

(3) Provides all information necessary for the department to determine the following:

(a) Whether the applicant has been convicted of, or at the time of application charged with, a crime or a traffic offense which did or could result in the suspension or revocation of the applicant's driver's license.

(b) Whether the circumstances of any pending charge or conviction are substantially related to the duties of practice under the registration as required by ss. 111.321, 111.322 and 111.335, Stats.

(4) Passes an examination on the Wisconsin statutes and rules that relate to the profession.

History: CR 02–125: cr. Register July 2003 No. 571, eff. 8–1–03; correction in (intro.) made under s. 13.92 (4) (b) 7., Stats., Register November 2011 No. 671.

SPS 141.07 Licensure for persons registered before January 1, 2003. (1) If an individual was registered as a music therapist under s. 440.03 (14) (a) 1. a., Stats., prior to January 1, 2003, the registrant shall be granted a license to practice psychotherapy if the registrant applies before July 1, 2003, satisfies the requirements in s. SPS 141.04 (1) and (2), and submits proof of all of the following:

(a) The registrant holds a master's or doctorate degree in music therapy from a program approved by the American Music Therapy Association, or a master's or doctorate degree in a related field recognized and accepted by the American Music Therapy Association and the Certification Board for Music Therapists.

(b) The registrant has engaged in at least 3,000 hours of the supervised practice of psychotherapy, either in a certified outpatient mental health clinic or in another supervised setting, supervised by a person qualified and authorized to practice psychotherapy at the time, which may be documented by a provider status letter from the bureau of quality assurance of the department of health services.

(2) If an individual was registered as an art therapist under s. 440.03 (14) (a) 2., Stats., prior to January 1, 2003:

(a) The registrant shall be granted a license to practice psychotherapy if the registrant applies before July 1, 2003, satisfies the requirements in s. SPS 141.04 (1) and (2) and submits proof of all of the following:

1. The individual is an ATR–BC.

2. The individual has engaged in at least 3,000 hours of the supervised practice of psychotherapy, either in a certified outpatient mental health clinic or in another supervised setting, supervised by a person qualified and authorized to practice psychotherapy at the time, which may be documented by a provider status letter from the bureau of quality assurance of the department of health services.

(b) The individual shall be granted a license to practice psychotherapy if the individual applies before July 1, 2003, satisfies the requirements in s. SPS 141.04 (1) and (2) and submits proof of all of the following:

1. The individual is an ATR.

2. The individual engaged in at least 3,000 hours of the supervised practice of psychotherapy, either in a certified outpatient mental health clinic or in another supervised setting, supervised by a person qualified and authorized to practice psychotherapy at the time, which may be documented by a provider status letter from the bureau of quality assurance of the department of health services.

3. Prior to January 1, 2003, he or she has passed either the National Counselor examination, the Certified Rehabilitation Counselor examination, the Association of Marital and Family Therapy Regulatory Boards examination, or the Association of Social Work Boards clinical social worker examination.

(c) The individual shall be granted a license to practice psychotherapy that may be renewed only once if the individual applies before July 1, 2003, satisfies the requirements in s. SPS 141.04 (1) and (2) and submits proof of all of the following:

1. The individual is a registered ADTR.

2. The individual has engaged in at least 3,000 hours of the supervised practice of psychotherapy, either in a certified outpatient mental health clinic or in another supervised setting, supervised by a person qualified and authorized to practice psychotherapy at the time.

(3) A registrant granted a once–renewable license under sub. (2) (c), may be granted a license to practice psychotherapy if prior to the expiration of the once–renewable license, he or she submits proof that he or she is an ATR–BC, or that he or she has passed either the National Counselor examination, the Certified Rehabilitation Counselor examination, the Association of Marital and Family Therapy Regulatory Boards examination, or the Association of Social Work Boards clinical social worker examination.

(4) If an individual was registered as a dance therapist under s. 440.03 (14) (a) 3., Stats., prior to January 1, 2003, the individual:

(a) Shall be granted a license to practice psychotherapy if the individual applies before July 1, 2003, satisfies the requirements in s. SPS 141.04 (1) and (2) and submits proof that the individual is registered as an ADTR.

(b) Shall be granted a license to practice psychotherapy that may be renewed only once if the individual applies before July 1, 2003, satisfies the requirements in s. SPS 141.04 (1) and (2) and submits proof that the individual is registered as a DTR.

(5) A registrant granted a once–renewable license under sub. (4) (b), may be granted a license to practice psychotherapy if prior to the expiration of the once–renewable license, he or she submits proof that he or she is registered as an ADTR.

History: CR 02–125: cr. Register July 2003 No. 571, eff. 8–1–03; correction in (1) (intro.), (b), (2) (a) (intro.), 2., (b) (intro.), 2., (c) (intro.), (4) (a), (b) made under s. 13.92 (4) (b) 6., 7., Stats., Register November 2011 No. 671.

Chapter SPS 142

SCOPE OF PRACTICE

SPS 142.01 Music therapy.
SPS 142.02 Art therapy.
SPS 142.03 Dance therapy.
SPS 142.04 General procedures.
SPS 142.05 Prohibited practices.
SPS 142.06 Required reporting.
SPS 142.07 Professional liability insurance.

Note: Chapter RL 142 was created as an emergency rule effective December 1, 1998. **Chapter RL 142 was renumbered chapter SPS 142 under s. 13.92 (4) (b) 1., Stats., Register November 2011 No. 671.**

SPS 142.01 Music therapy. Music therapy practice shall be performed in accordance with the generally accepted standards recognized by the profession including, but not limited to, the following:

(1) OBJECTIVES. Music therapy is the specialized use of music and the materials of music to restore, maintain, and improve the following areas of functioning:

(a) Cognitive.

(b) Psychological.

(c) Social or emotional.

(d) Affective.

(e) Physical.

(f) Sensory or sensorimotor.

(g) Motor.

(h) Communicative.

(i) Physiological functioning.

(2) TECHNIQUES. Techniques used in the practice of music therapy include, but are not limited to, the following:

(a) The use of music to provide participatory individual and group experiences.

(b) Musical improvisation.

(c) Therapeutic development of verbal skills and nonverbal behavior.

(d) Receptive music learning.

(e) Lyric discussions.

(f) Memory recall.

(g) Music and imagery.

(h) Self–expression through composition and song writing.

(i) Socialization and enhancement of self–esteem through music performance.

(j) Relaxation to music, including stress and pain management.

(k) Learning through music.

(L) Cultural and spiritual expression.

(m) Development of fine and gross motor skills through responses to rhythm.

(n) Respiratory and speech improvements through sound production.

(o) Sensory integration and stimulation.

(p) Increased awareness of music for development of recreation and leisure interests.

(q) Interactive verbal techniques to help facilitate, elicit or summarize the above techniques and build the therapeutic relationship.

(3) SCOPE OF PRACTICE. Any music therapist who has attained registration pursuant to s. SPS 141.01 and who limits his or her practice to the specific techniques in sub. (2) shall be deemed not to be practicing psychotherapy.

History: Cr. Register, April, 1999, No. 520, eff. 5–1–99; CR 02–125: r. and recr. Register July 2003 No. 571, eff. 8–1–03; **correction in (3) made under s. 13.92 (4) (b) 7., Stats., Register November 2011 No. 671.**

SPS 142.02 Art therapy. Art therapy practice shall be performed in accordance with the generally accepted standards recognized by the profession including, but not limited to, the following:

(1) OBJECTIVES. Art therapy alleviates distress and reduces physical, emotional, behavioral, and social impairment while supporting and promoting positive development through the use of art media.

(2) TECHNIQUE. The practice of art therapy includes, but is not limited to, the use of art media to assess, treat and rehabilitate patients with mental, emotional, physical, or developmental disorders.

History: Cr. Register, April, 1999, No. 520, eff. 5–1–99.

SPS 142.03 Dance therapy. Dance therapy practice shall be performed in accordance with the generally accepted standards recognized by the profession including, but not limited to, the following:

(1) OBJECTIVES. The goal of dance therapy includes, but is not limited to, the therapeutic use of dance and movement in order to enhance and promote psychological growth, contribute to assessment information, and aid creative, cognitive, emotional and motor development.

(2) TECHNIQUES. The practice of dance therapy includes, but is not limited to, the use of movement, nonverbal, and verbal modalities.

Note: Dance therapy is also known as dance/movement therapy.

History: Cr. Register, April, 1999, No. 520, eff. 5–1–99; CR 02–125: am. (1), Register July 2003 No. 571, eff. 8–1–03.

SPS 142.04 General procedures. In the delivery of music, art and dance therapy services, registrants shall follow general procedures that include all of the following:

(1) Referral and acceptance.

(2) Assessment.

(3) Development of treatment plans.

(4) Therapeutic intervention and treatment.

(5) Documentation.

(6) Termination of services.

History: Cr. Register, April, 1999, No. 520, eff. 5–1–99.

SPS 142.05 Prohibited practices. In the practice of music, art and dance therapy, prohibited practices include, but are not limited to, the following:

(1) Practicing beyond the scope of practice of music, art or dance therapy as provided in this chapter.

(2) Failing to practice music, art or dance therapy within the scope of the registrant's competence, education, training or experience.

(3) Knowingly permitting any professional staff to provide music, art or dance therapy that exceeds that person's competence, education, training or experience.

(4) Failing when indicated to refer a client to a health care practitioner for treatment beyond the qualifications or scope of practice of the music, art or dance therapist.

(5) Misrepresenting the scope of practice of music, art or dance therapy to a client or to the public.

(6) Misrepresenting qualifications, education, credentials or professional affiliations to a client or to the public.

(7) Failing to inform a client, or the client's authorized representative, about contraindications of music, art or dance therapy.

(8) Providing music, art or dance therapy when benefits cannot reasonably be expected.

(9) Guaranteeing the results of services offered, except that reasonable statements relating to prognosis and progress may be made.

(10) Failing to inform a client, or the client's authorized representative, of the purpose, nature and effects of assessment and treatment.

(11) Failing to avoid dual relationships, sexual misconduct and relationships with clients that may impair one's objectivity or create a conflict of interest. Dual relationships include, but are not limited to, treating employees, supervisees, students, friends or relatives.

(12) Using an individual in research or as the subject of a teaching demonstration without obtaining the individual's informed consent.

(13) Failing to assign credit to an individual who contributed to clinical services, publications, or presentations in proportion to the individual's contribution.

(14) Engaging in conduct likely to deceive, defraud, or harm an individual or the public in the course of the practice of music, art or dance therapy.

(15) Advertising in a manner which is false, deceptive or misleading.

(16) Subject to ss. 111.321, 111.322 and 111.34, Stats., practicing music, art or dance therapy while the registrant's ability to practice is impaired by a mental or physical disorder, alcohol or drugs.

(17) Subject to ss. 111.321, 111.322 and 111.335, Stats., being convicted of an offense the circumstances of which substantially relate to the practice of music, art or dance therapy.

(18) Failing to maintain the confidentiality of all client information, unless consent is given by the client or disclosure is required by law or court order.

(19) Knowingly placing false information in a client's records.

(20) Failing to provide appropriate access to client records when requested by the department or its representative.

(21) Knowingly providing false information to the department.

(22) Knowingly making a material misstatement on an application for registration or for renewal of a registration.

(23) Violating any rule adopted by the department relating to the practice of music, art or dance therapy.

(24) Violating any term, provision or condition of any order issued by the department relating to the practice of music, art or dance therapy.

(25) After a request by the department, failing to cooperate in a timely manner with the department's investigation of complaints filed against the applicant or registrant. There is a rebuttable presumption that a registrant or applicant who takes longer than 30 days to respond to a request made by the department has not acted in a timely manner under this paragraph.

(26) Practicing psychotherapy, unless the registrant has been granted a license to practice psychotherapy.

History: Cr. Register, April, 1999, No. 520, eff. 5–1–99; CR 02–125: cr. (26) Register July 2003 No. 571, eff. 8–1–03.

SPS 142.06 Required reporting. Any person registered as a music therapist, art therapist, dance therapist, registered music therapist with psychotherapy license, registered art therapist with psychotherapy license, or registered dance therapist with psychotherapy license shall notify the department in writing within 30 days if an organization specified in s. 440.03 (14) (a) 1. a., 2. a., or 3. a., Stats., revokes the registrant's certification, registration or accreditation. Upon receiving a verified report of the revocation, the department shall revoke any registration, certificate of registration, or registration with psychotherapy license issued to the person.

History: CR 02–125: cr. Register July 2003 No. 571, eff. 8–1–03.

SPS 142.07 Professional liability insurance. (1) Except as provided in sub. (2), a person registered as a music, art or dance therapist with a license to practice psychotherapy may not practice psychotherapy unless the person has in effect professional liability insurance in the amount of at least $1,000,000 for each occurrence and $3,000,000 for all occurrences in one year.

(2) Subsection (1) does not apply to a person practicing psychotherapy as an employee of a federal, state or local governmental agency, if the practice is part of the duties for which the person is employed and is solely within the confines of or under the jurisdiction of the agency by which the person is employed.

History: CR 02–125: cr. Register July 2003 No. 571, eff. 8–1–03.