

Date

**APPLICATION FOR RENEWAL OF A MUSIC THERAPIST'S PRACTISING CERTIFICATE**

Please read the instruction sheet accompanying this form before completing each section.  
 This application should be sent, with the required fee to: The Registration Board, Music Therapy New Zealand, PO Box 10352, The Terrace, Wellington 6143, New Zealand.

**1. PERSONAL DETAILS** (See Note 1.) **Current Practising Certificate Number**

First or Given Names

Surname/Family name

Address

Telephone

Email

**2. MUSIC THERAPY PRACTICE SINCE ISSUING OF CURRENT PC** (See Note 2.)

| Position | Employer details / self employed | Type of work/client group | Hours p/wk | Dates from / to |
|----------|----------------------------------|---------------------------|------------|-----------------|
|          |                                  |                           |            |                 |
|          |                                  |                           |            |                 |
|          |                                  |                           |            |                 |
|          |                                  |                           |            |                 |

**3. CONTINUING MUSIC THERAPY EDUCATION AND PROFESSIONAL ACTIVITIES** (See Note 3.)

Please attach your completed 'Continuing Professional Development and Supervision log'.  
 If you do not have a log, then please write a brief summary on a separate sheet of paper, of your continuing professional development.

**4. SUPERVISION**

(See Note 4.)

**Complete sections 4A. and 4B. in full:** (Use an extra page if necessary)

**4A.** Provide the name of your supervisor and how many times you have had contact with her/him in the last **THREE** years; (NB. The Registration Board may wish to contact her/him) If you have had more than one supervisor, please include details on a separate sheet.

| Supervisor Name   | Contact Address & Phone | Frequency of contact e.g. monthly, fortnightly. |
|---|-------------------------|---|
|   |                         |   |
| Supervisor occupation and details of professional registration if applicable: |                         |   |

**4B.** Please use the box below to provide details of your plan for ongoing supervision.

**4C. optional** This box can be used to provide details of other supervision you may have received during this time that is not included in your CPD log. For example: peer supervision, group supervision.

**4D. Supervisor declaration. To be completed by your supervisor.**

If your supervisor is unable to sign this section, please ask someone else with whom you have had sufficient professional contact for them to comment on your competence. Please explain on a separate sheet of paper, why the section is not signed by your supervisor.

*I have had sufficient professional contact with the above applicant to consider that she/he is a satisfactory music therapist practitioner*

| Name   | Signature | Date |
|--|-----------|------|
|  |           |      |
| Position held and relationship to applicant: |           |      |

**5. FEE** (See Note 5.)

|  |
|--|
| I enclose the required fee (This is a non-refundable appraisal fee.) |
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**6. SIGNATURE OF APPLICANT**

*I declare that the information given on this form is correct to the best of my knowledge and I continue to observe the MThNZ Code of Ethics.*

|            |       |
|------------|-------|
| Signature: | Date: |
|------------|-------|

Checklist of enclosures:

1. Application form complete and signed.
2. Section 4D. signed by supervisor.
3. Fee enclosed.
4. Copy of CPD and supervision log.

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## APPLICATION FOR RENEWAL OF PRACTISING CERTIFICATE.

### **INSTRUCTIONS FOR COMPLETING THE APPLICATION FORM**

1. Please print clearly.
2. Please mark any supporting information clearly with your name. Do not staple.

3. Post application form, fee and attachments to:



**The Registration Board  
Music Therapy New Zealand  
PO Box 10352  
The Terrace  
Wellington 6143  
New Zealand.**

4. Please check the MThNZ website for details of the current fee.

### **NOTES**

#### **1. PERSONAL DETAILS**

Ensure the address is where returned documents and notifications will reach you.  
The name given here will be printed on your certificate.

#### **2. MUSIC THERAPY PRACTICE SINCE ISSUING OF CURRENT PC**

Include details of all music therapy work undertaken since issue of current practising certificate. This may include provision of music therapy, supervision practice, teaching and music therapy research. Continue on separate sheet if necessary.

As a guideline, the Board would expect a RMTh to have completed 450 hours of supervised practice over the previous 3 years. These hours include supporting work (i.e. note keeping, report writing) not just direct client contact. The Board aims to be as inclusive as possible. Therefore, if you have not been able to complete this number of hours over the 3 years, or you have been engaged mainly in teaching or supervision, please write a covering letter explaining your circumstances.

#### **3. CONTINUING MUSIC THERAPY EDUCATION AND PROFESSIONAL ACTIVITIES**

Please ensure your 'CPD and Supervision log' is signed by your peer reviewer.  
If you do not have a log, please write a brief summary on a separate sheet of paper, of your continuing professional development. This may include: attendance at workshops or courses, conference presentation and participation, workplace training, professional reading, undertaking research, maintaining and developing musical skills.  
Please refer to the CPD and Supervision log information sheet for guidelines.

#### **4. SUPERVISION**

Please complete sections **4A.** and **4B.** in full.  
It is expected that all RMThs attend regular ongoing supervision with an experienced Registered Music Therapist or a suitably qualified and registered person from a related discipline (e.g. counsellor, psychotherapist, psychologist.) It is recommended that supervision takes place at least monthly.  
If you require further guidance about supervision, please contact The Registration Board.

**Section 4D.** This section is to be signed by your current supervisor.

#### **5. FEE**

Please refer to the MThNZ website ([www.musictherapy.org.nz](http://www.musictherapy.org.nz)) for details of the current fee to accompany this application.

In the event of the application being unsuccessful, no refund will be made.