

APPLICATION FOR RENEWAL OF PRACTISING CERTIFICATE

Please read the instruction sheet accompanying this form before completing each section. The form should be completed electronically and sent to registrar@musictherapy.org.nz

Applicant Statement: **Current Status:** (mark with a cross "x")

Full Registration

Provisional Registration Year 1 / Year 2 (delete one)

Registration number

1. PERSONAL DETAILS	
First name or given names	
Surname	
Home address	
Postal address (if different)	
Email Address	
Telephone	
Current MThNZ member?	YES / NO (delete one)
Please list any other affiliations	

I am applying for a Practising Certificate for: (mark with a cross "x")

Provisional - Year Two

Fully Registered annual renewal

2A. MUSIC THERAPY PRACTICE SINCE ISSUING OF CURRENT PRACTISING CERTIFICATE

(See Note 2)

Insert additional rows if needed.

Position	Employer details/ Self-employed	Type of work/ Population Group	Hours/week	Date from / to

2B: To be completed by a provisionally registered music therapist applying to move to full registration.

Please answer Questions (i) (all subsections), (ii) and (iii). If fully registered move to Question 2C

i) During the time you have been provisionally registered, what areas of the Standards of Practice has been a significant part of your practice so far? Please give some short examples of how you have found these to be relevant in your practice.

- *Implementation of practice*

- *Cultural competence*

- *Ethical and legal practice*

- *Reflective practice and continuing professional development*

ii) Having reviewed the Standards of Practice, what areas have you identified that need more consideration in your practice as you move forward?

iii) How do you plan to address these areas as you move forward?

2C: To be completed by RMTs who have completed their first year as a fully registered music therapist.

Please describe how you have addressed the areas you identified as needing more consideration in your practice in your application. (This box will expand as you type.)

3. CONTINUING PROFESSIONAL DEVELOPMENT (CPD) (See Note 3)

I confirm that I have completed the CPD Record. The completed CPD Record has been peer-reviewed and signed. I have attached the completed and signed Record with this application	YES NO and I have stated the reasons on my log (delete one)
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4. SUPERVISION (See Note 4)

I confirm that I have completed the Supervision Log. The completed Log has been signed by my supervisor. I have attached the completed and signed Log with this application	YES NO and I have stated the reasons on my log (delete one)
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Complete sections 4A. and 4B. in full:

4A. Provide the name of your supervisor and the frequency of contact. 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. Ongoing Supervision

Please provide details of your plan for any additional ongoing supervision. Include frequency, type of supervision. Where this is peer supervision please include the name of the peer supervisor/group supervisor as they will different from the main supervisor named in 4A.

4C. 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 briefly here why this section is not signed by your supervisor.

This practitioner has engaged in professional supervision and I am satisfied that he/she demonstrates critical practice reflection and professional development goals appropriate to his/her role and experience.

Name	Contact details	Position held and relationship to applicant
Signature (written signature required)		Date

5. FEE (See Note 5)

The fee is a **non-refundable** appraisal fee.

I have paid the required fee by electronic bank transfer.	YES / NO (delete one)
Amount paid: \$	If NO, please state reason:

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 abide by the MThNZ Code of Ethics and continue to meet the Standards of Practice for New Zealand Music Therapists.

Signature (written signature required)	Date

Checklist for enclosures: (must be completed)	Enclosed?
1. Application form completed and signed	YES / NO (delete one)
2. Section 4C signed by main supervisor	YES / NO (delete one)
3. I have enclosed the completed and signed Supervision Log	YES / NO (delete one)
4. Fee paid \$	YES – date: NO (delete one)
5. I have enclosed the complete, peer-reviewed and signed CPD Record	YES / NO (delete one)
6. I have been selected for audit of my CPD Record . I have attached a written summary outlining the relevance of my CPD activities to my practice as a Music Therapist.	YES / NO (delete one)

INSTRUCTIONS FOR COMPLETING THE APPLICATION FORM

1. Please complete the form electronically. (If this is not possible, please complete by hand and then scan.)
2. Please mark any supporting information clearly with your name.
3. Send the completed application via email to: registrar@musictherapy.org.nz

If you are unable to send the completed form electronically please contact the Registrar and post the form to:

New Zealand Music Therapy Registration Board,
PO Box 19319, Avondale, Auckland 1746, 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 PRACTISING CERTIFICATE

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.

Section 2B **must** be completed by provisionally registered music therapists applying for full registration.

Section 2C **must** be completed as part of renewal process at the end of the first year of full registration.

3. CONTINUING PROFESSIONAL DEVELOPMENT

The CPD Log is available to download from the Registration page of the MThNZ website: www.musictherapy.org.nz/registration. Please refer to the CPD log information sheet for guidelines. Please ensure your Log is **signed** by your peer reviewer.

4. SUPERVISION

Please complete the Supervision Log. The Supervision Log is available to download from the Registration page of the MThNZ website: www.musictherapy.org.nz/registration

Please ensure your Supervision Log is signed by your supervisor. Please submit your Supervision Log with this application.

Please complete sections **4A** and **4B** in full.

It is expected that all NZRMTh attend regular ongoing supervision with an experienced Registered Music Therapist or a suitably qualified and registered person from a related discipline (such as counsellor, psychotherapist, psychologist.). It is recommended that supervision takes place at least monthly with a minimum of 10 hours supervision per year.

If you require further guidance about supervision, please contact The Registration Board.

Section 4C. This section is to be signed by your current supervisor. The Board reserves the right to contact the supervisor or referee.

5. FEE

Please refer to the MThNZ website (www.musictherapy.org.nz) for details of the fee for this application. If the application is unsuccessful, no refund will be made.

Payment can be made online to the following bank account:

Account number: 12-3140-0421783-00,

Account name: The NZ Society for Music Therapy/NZSMT.

Please state your name and renewal practising certificate as reference when making an online payment.

Additional Information

In the best interest of those people who require the services of a Registered Music Therapist, the register is an open document. The Registration Board reserves the right to confirm to a third party whether your name is on the register at any time and the expiry date of your current practising certificate.

The Registration Board will not disclose your contact details or confidential information to any third party. There may be occasions when Music Therapy NZ wishes to share information with all Registered Music Therapists and this information will be forwarded to you by the Registration Board if you are not a member of MThNZ.