

Nordoff-Robbins Certification Candidate Application Form

The Nordoff-Robbins Certification is an advanced training for music therapists who have a Master's degree and are credentialed by the officiating body of their country. Classes and clinical work take place weekdays, evenings and Saturdays.

Name: _____

Address: _____

Telephone: (H) _____ (W) _____

Fax: (H) _____ (W) _____

E-mail: _____

If you need additional space to answer the following questions, please attach a separate sheet of paper:

Musical background (theoretical, compositional, improvisational, coursework, lessons):

Primary Instrument(s) _____

Years Played _____

Styles _____

Highest music therapy degree earned: _____ From where: _____

Music therapy credential: _____

Work experience (years, populations, settings, etc.):

Type of music therapy supervision received:

Experience in therapy /music therapy as a client (this can include experience as part of a training, a course of therapy, weekend experiential workshops). How was this beneficial to you as a therapist?

What exposure have you had to the Nordoff Robbins approach? Why are you interested in doing this advanced training?

Schedule availability (We try to accommodate schedules, but please be aware that this is not always possible and you may have to change your own schedule in order to attend classes and complete your clinical work):

Please Note: For International Candidates, please provide your Toefl Score in official written form.