



REQUEST FOR CHANGE IN STATUS CURRENT INACTIVE to CURRENT ACTIVE **MUSIC THERAPIST LICENSE**

This application is for a Music Therapist wishing to reactivate an inactive license. To reactivate an inactive license, the licensee must pay the fee, provide evidence of an active MT-BC certification in good standing from CBMT, and submit the application.

APPLICATION INSTRUCTIONS

Follow these steps to request a change in status from Current Inactive to Current Active at renewal:

1. Review the Regulations [Governing the Practice of Music Therapist](#) for detailed information on the reactivation requirements.
2. Complete the Request for Change in Status Form
3. Obtain a check or money order for \$27.50 made payable to the 'Treasurer of Virginia.' All fees are non-refundable.
4. Mail the signed form, verification of any health or mental health license you have ever held, verification of an active [MT-BC certification](#) in good standing from [CBMT](#), and the fee to:

Department of Health Professions
Attn: Board of Social Work
Perimeter Center
9960 Mayland Drive, Suite 300
Henrico, VA 23233

5. Wait for the Board to review your application and reply to any correspondence from the Board.
 - Applications that are complete, fully documented and meet the minimum requirements for the [Regulations Governing the Practice of Music Therapist](#) will be reviewed within **30 days** of receipt of a **complete** application.
 - Incomplete applications remain active for one year from the date of payment, after which incomplete application files are destroyed as outlined in the Library of Virginia records retention and disposition schedules. If your application is not completed in the one-year timeframe, you are required to re-apply by submitting a new application, fee, and documentation pursuant to the regulations at that time.



**REQUEST FOR CHANGE IN STATUS
CURRENT INACTIVE to CURRENT ACTIVE
MUSIC THERAPIST LICENSE**

Part I. Applicant Identification & Contact Information

| | | | | | | | |
|---|--|-------------|--|---|--|--|--|
| Last Name: | | First Name: | | Middle/Maiden Name: | | Suffix: | |
| Music Therapy License Number: (10-digit number) | | | | MT-BC Certification Number: (5-digit number) | | Last 4 digits of Social Security Number: | |
| _____ | | | | _____ | | XXX-XX- _____ | |
| Published Address: The address is subject to public disclosure under the Freedom of Information Act. You may provide an address other than residence, such as a Post Office Box or practice location if you wish. | | | | | | | |
| Street Address: | | | | | | | |
| City: | | | | State: | | Zip Code: | |
| Address of Record: The address information you provide below is your Address of Record with the Board. Please be advised that all notices from the Board, to include licenses and other legal documents, will be sent to the Address of Record provided. If you provided a different Published Address above, the Address of Record is <u>not</u> subject to public disclosure under the Freedom of Information Act and will not be sold or distributed for any other purpose. | | | | | | | |
| Street Address: | | | | | | | |
| City: | | | | State: | | Zip Code: | |
| Home Phone Number: | | | | Alternate Phone Number: | | | |
| Email Address: | | | | | | | |

Part II. Reactivation Requirements:

A. Request that the CBMT send verification of your MT-BC certification to the Board.

B. If you have ever held, or currently hold, a health or mental health license or certification, whether current, inactive, suspended, revoked or expired, you must submit proof of license verification. *(if applicable)*

I hereby submit a request for change of status of my Virginia Music Therapist license number referenced on this form. My signature acknowledges that I understand that providing false or misleading information on this form may lead to disciplinary action by the Virginia Board of Social Work and I understand that my fee is non-refundable.

Signature of Licensee

Date