

LPMT APPLICATION

_____ Licensed Professional Music Therapist

\$50 Application Fee

PRINT OR TYPE ANSWERS TO ALL QUESTIONS ON THIS FORM. IF NOT APPLICABLE, MUST PUT N/A.

=====

LAST NAME: _____ MAILING ADDRESS: _____
FIRST NAME: _____ STREET / P.O. BOX: _____
MIDDLE NAME: _____ CITY: _____
SUFFIX: _____ SSN#: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ CELL PHONE: _____ EMAIL ADDRESS: _____

=====

PRACTICE NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____ TELEPHONE NUMBER _____
FAX NUMBER _____

=====

LIST ALL OTHER NAMES USED AND PROVIDE COPIES OF DOCUMENTATION TO SUPPORT NAME CHANGE(S): (Use additional paper as needed)

=====

DATE AND PLACE OF BIRTH:

Mo. Day Yr. CITY _____ STATE _____ COUNTRY _____

=====

ETHNIC ORIGIN: CAUCASIAN ___ BLACK ___ AMERICAN INDIAN ___ HISPANIC ___ OTHER(SPECIFY) _____

SEX: (M/F) _____

=====

MILITARY SERVICE
BRANCH: _____ RANK: _____ FROM: _____ TO: _____
MO / DAY / YEAR MO / DAY / YEAR

=====

HAVE YOU EVER BEEN LICENSED IN THE STATE OF OKLAHOMA? Yes ___ No ___

(1) PROFESSION(S): _____

2) DATE(S) ISSUED: _____

LPMT APPLICATION

ANSWER THE FOLLOWING QUESTIONS. "YES" ANSWERS MUST BE EXPLAINED IN A SWORN AFFIDAVIT. NOTE: THE INFORMATION YOU ARE ABOUT TO GIVE MAY BE INCLUDED IN ADMINISTRATIVE, CIVIL OR CRIMINAL PROCEEDINGS.

**The following words and terms, when used in this section, shall have the following meaning:*

"Disciplinary Action" means any adverse action and includes but is not limited to revocation, suspension, probation, stipulations, limitations, restrictions, conditions, censure, reprimand.

"License" means any professional license and includes but is not limited to registrations, certifications, permits, temporary licenses, limited licenses, institutional licenses, and/or training licenses/permits/certificates.

A. Has your application for examination or a license ever been denied? YES____ NO____

Yes Answer Explanation:

B. Have you ever failed any part of a licensure/certification/registration examination? YES____ NO____

Yes Answer Explanation:

C. Have you ever surrendered a license or had a license revoked? YES____ NO____

Has any disciplinary action been taken on any license? YES____ NO____

Have you ever been requested to appear before a licensing or disciplinary agency? YES____ NO____

Yes Answer Explanation:

D. Have you ever been arrested, charged with, or convicted of a felony or misdemeanor, other than traffic violations? YES____ NO____

Have you been arrested, charged with, or convicted of a traffic violation involving the use of any drug or chemical substance, including alcohol? YES____ NO____

Yes Answer Explanation:

LPMT APPLICATION

E. Are you now or have you within the past two years been addicted to or used in excess any drug or chemical substance, including alcohol? YES ___ NO ___

Have you obtained an assessment or been treated for the use of any drug or chemical substance, including alcohol? YES ___ NO ___

Yes Answer Explanation:

F. Do you currently have or have you had within the past two years any mental or physical disorder or condition which, if untreated, could affect your ability to practice competently? YES ___ NO ___

Yes Answer Explanation:

G. Have you ever been denied provider participation, terminated, sanctioned, or penalized by any third party payor, to include TRICARE, MEDICARE, MEDICAID? YES ___ NO ___

Yes Answer Explanation:

H. Have you ever surrendered or had any adverse action taken against any narcotic permit (state or federal)? YES ___ NO ___

Yes Answer Explanation:

I. Have you ever been denied membership or had disciplinary action taken by a national, state or county professional organization? YES ___ NO ___

Yes Answer Explanation:

LPMT APPLICATION

J. Have you ever been denied or had removed or suspended hospital staff privileges? YES ___ NO ___

Have you ever surrendered hospital staff privileges while under investigation or to avoid investigation?
YES ___ NO ___

Yes Answer Explanation:

K. Have you ever entered into an agreement with a federal, state or local jurisdictional body to avoid formal action?
YES ___ NO ___

Yes Answer Explanation:

L. Have you ever been the subject of an investigation or disciplinary action by a hospital, clinic, practice group,
training program or professional school?
YES ___ NO ___

Yes Answer Explanation:

M. Have you had any adverse judgment, settlement, or award against you arising from a professional liability claim?
YES ___ NO ___

Yes Answer Explanation:

N. Have you ever had professional liability coverage declined, canceled, issued on special terms, or renewal refused?
YES ___ NO ___

Yes Answer Explanation:

LPMT APPLICATION

- O. Have you ever been reported to the National Practitioners Data Bank (NPDB) or to the Healthcare Integrity and Protection Data Bank (HIPDB)? (If yes, enclose a copy of the report.) YES _____ NO _____

Yes Answer Explanation:

I passed an examination for licensure/certification/recertification on _____ Certification # _____

EDUCATION

HIGH SCHOOL: _____ COLLEGE: _____

CITY: _____ CITY: _____

STATE: _____ COUNTRY: _____ STATE: _____ COUNTRY: _____

ENTERED: _____ DEPARTED: _____ ENTERED: _____ DEPARTED: _____
MO/YR MO/YR MO/YR MO/YR

TYPE DEGREE: _____

COLLEGE: _____ COLLEGE: _____

CITY: _____ CITY: _____

STATE: _____ COUNTRY: _____ STATE: _____ COUNTRY: _____

ENTERED: _____ DEPARTED: _____ ENTERED: _____ DEPARTED: _____
MO/YR MO/YR MO/YR MO/YR

TYPE DEGREE: _____ TYPE DEGREE: _____

COLLEGE: _____ COLLEGE: _____

CITY: _____ CITY: _____

STATE: _____ COUNTRY: _____ STATE: _____ COUNTRY: _____

ENTERED: _____ DEPARTED: _____ ENTERED: _____ DEPARTED: _____
MO/YR MO/YR MO/YR MO/YR

TYPE DEGREE: _____ TYPE DEGREE: _____

LPMT APPLICATION

ACCOUNT FOR ALL OTHER TIME FROM HIGH SCHOOL TO PRESENT IN CHRONOLOGICAL ORDER (INCLUDE MONTH AND YEAR)

| FROM MO/YR | TO MO/YR | CITY | STATE | EMPLOYER, PRACTICE SETTING ACTIVITY, SCOPE OF PRACTICE, ETC. |
|---------------|-------------|-------|-------|---|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

List other state licenses issued to you:

| Profession | State | Number | Date Issued |
|------------|-------|--------|-------------|
| _____ | _____ | _____ | _____ |

Print Name _____

Signature _____

Date _____