

# Enrollment Application

International Harp Therapy Program - USA

E-mail: [rachelabc@charter.net](mailto:rachelabc@charter.net)

Date: \_\_\_\_\_  
Name: \_\_\_\_\_  
Date of Birth: (opt) \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Province: \_\_\_\_\_  
Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Preferred Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Profession: \_\_\_\_\_

For ease of sending the recordings, photo and other application information, we prefer an electronic, email application. If this is not possible for you, please contact Rachel for other instructions. Your application will be seriously considered by a committee and is a time consuming activity. Your \$100 application fee is not refundable if you are not selected for entry to the program or in the event that you choose not to attend after acceptance.

---

## Application Questions and Applicant Responses

*(Please answer on a separate sheet.)*

1. Please begin with a brief statement of who you are and why you are applying to the IHTP?
2. Describe any non-music related professional or volunteer experience you feel would be an advantage as an IHTP Practitioner. This may include healthcare, hospice, spiritual care or complementary therapies. Include any certification(s), diplomas or unofficial transcripts from institutes of higher education, or other certification/degree granting entities.
3. Summarize your musical history and include formal/classical training you have had or if you have been mostly self-taught. Other than the harp, what instruments have you studied and played, and for how long? Do you have experience in musical improvisation and creating your own compositions?
4. How long have you played the harp? Please describe how the harp came into your life.
5. Growing musically is a lifelong activity. How do you continue to develop your musical skills? (e.g., attend in-person workshops, subscribe to online courses, engage in private learning with a teacher, etc.)
6. Summarize any professional experience you have as a healthcare professional or significant experience you have had working with healthcare professionals (e.g., as a caretaker, volunteer, outside service vendor, etc.)
7. Describe your personal journey of self-discovery. Highlight and briefly discuss significant events which have led you to the field of therapeutic music.
8. How do you envision using the skills from the IHTP to achieve your personal and professional goals?
9. Are there any health or physical limitations we should be aware of? (Any information you choose to provide will help us be more aware of any special needs you have while you are a student in the program.)

10. If you are applying as an Other Program Graduate (OPG) and are seeking IHTP certification as a graduate from another accredited therapeutic music program, please submit documentation from the program including a copy of your certificate and title.

## Required Submissions

11. Include a sample of your playing. Please attach in a MP3 format a brief recording (3 minutes or less) of your playing in the minor (Aeolian) mode. Include a tune and a brief improvisation on the tune. Also include a sample of your best playing (3 minutes or less). This can be any piece you have studied or performed, or your current favorite piece of music. Let this be whatever speaks to you and that you wish to share with us. Hint – Please don't try to play an advanced piece that you are not fully comfortable with. Sometimes the simplest tune or arrangement conveys the most beauty.
12. Include Letters of Recommendation from two non-family members who support your work in this area. This could be Volunteer Coordinators, Pastors, or family members of people you have served.
13. Please include a photo with your application.

## Optional Submissions

Applicants may also submit a Curriculum Vita/Resume, Certifications, and unofficial transcripts with their applications.

## Student Agreements

1. The information I have provided is true and correct.
2. I can accept and send email, upload documents; upload Mp3 files;
3. I understand and agree to the Refund Policy and Student Leave Policy as set forth in the IHTP Student Handbook;
3. I understand that I am responsible for meeting the deadlines of the program, and failure to do so according to scheduled times may result in my removal from the program.
4. I understand and accept that graduation is contingent upon successful completion of my curriculum track, and enrollment does not guarantee graduation or certification as a Therapeutic Harp Practitioner
5. If accepted to the IHTP, I understand that the IHTP or its affiliates may use photographs and/or videos containing my image that have been taken during IHTP workshops, conferences, and IHTP-related social functions. Images may be used in IHTP print and online media only for promotional and educational purposes.
6. I understand that the program may modify completion requirements to meet NSBTM standards and that I may be subject to revised requirements if I have not completed the program for which I am registered within three years.
7. I understand that the information presented in the program is proprietary and cannot be shared with anyone not registered in the program.
8. **I have read the IHTP Student Handbook**, understand and agree to the Terms and Conditions of the IHTP stated above and acknowledged by initialing: \_\_\_\_\_

\$100. fee is included with this application:

Date: \_\_\_\_\_ How submitted: \_\_\_\_\_

NOTE: The assessment of IHTP Admissions Committee regarding the admission of any student is made without discrimination to protected groups. This includes discrimination based upon gender, race, religious affiliation, or any protected designation. However, we work with adults only, so do require that applicants be at least 18 years old when training commences.