



**OUR MISSION AND CORE VALUES**

The mission of Bedside Harp™, LLC is to promote the therapeutic use of the harp in healthcare. Committed to making a difference in that setting, we play for patients, the worried well and staff, teach staff and members of the community how to play the therapy harp, provide harp therapy training and certification, and participate in research projects. We exist to bring relief, comfort, and joy to patients, their families and all who care for them. To achieve our mission, we are committed to:

- E** Excellence
- P** Professionalism
- I** Integrity
- C** Collaboration

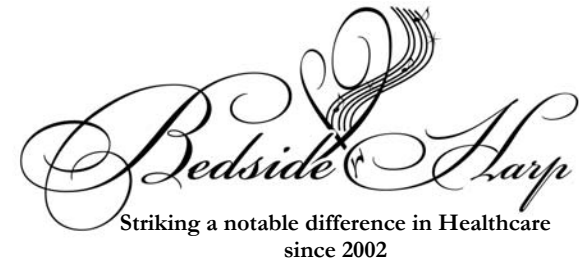


6318 Neshaminy Valley Drive

Phone: 215-752-7599

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E-mail: bedsideharp@aol.com



**CERTIFICATION PROGRAM APPLICATION**

This application is for admission to the (please add year)

Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

Certified Harp Therapist/Certified Master of Harp Therapy Program

at (please check one below)

RWJUH Hamilton \_\_\_\_\_ RWJUH Rahway \_\_\_\_\_ Valley Hospital \_\_\_\_\_

RWJUH New Brunswick \_\_\_\_\_ BCCC\* \_\_\_\_\_ Other \_\_\_\_\_

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Please print clearly.

First, Middle, and Last Names:

\_\_\_\_\_

Name you liked to be called: \_\_\_\_\_

Street Address:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone(s)

Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

**\*FOR BCCC CLASSES, YOU MUST REGISTER WITH THE COLLEGE: CALL 215-968-8409 OR VISIT THEIR WEBSITE: BUCKS.EDU/CON-ED**

## MUSICAL BACKGROUND

Do you have any music training in your background? If NO, please proceed to question #5 at the bottom of the page; if YES, please answer the following:

1. Do you read music? Which clef(s)? \_\_\_\_\_  
\_\_\_\_\_
2. What musical instruments do/did you play and what is/was your level of proficiency on each?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. What is the nature of your musical training and experience? Do you improvise? Do you write your own arrangements? Your own music? Do you take lessons? With whom have you studied? Do you teach music? Do you perform? Where?  
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4. Do you sing? What are your favorite songs to sing?  
\_\_\_\_\_  
\_\_\_\_\_
5. What is your favorite kind of music to listen to?  
\_\_\_\_\_  
\_\_\_\_\_



## REGISTRATION INFORMATION

For the Spring and Summer Intensive Semesters: Registration and tuition will be made directly to Bedside Harp. Please complete this application and send it, along with an informal tape of yourself playing ten tunes, very simply, on the harp, to our the address on the back of this application. Tuition for Modules I (classroom) and V (internship) will be due upon your formal acceptance into the program.

For the Fall Semester at Bucks County Community College (BCCC): Registration and tuition for Modules I to IV (classroom modules) must be made to Bucks County Community College. We ask that you complete this application and send it along with payment for Module V (internship module) directly to Bedside Harp at the address on the back.

**We regret that we are unable to offer refunds within thirty days of the start date of our modules.**



**EDUCATION / WORK EXPERIENCE**

Education: (Please include high school, college, graduate school, medical or law school.) List the last school you attended first and state when you attended and/or graduated.

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Work: Please summarize your professional/work experience:

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**WHERE DID YOU FIRST HEAR OF  
OUR PROGRAM?**

Mailing \_\_\_\_\_ College Catalog \_\_\_\_\_

Harp Journal Advertisement \_\_\_\_\_

Referral \_\_\_\_\_ Internet \_\_\_\_\_

Other (please specify) \_\_\_\_\_



**EXPERIENCE AND TRAINING**

Have you already had experience playing music at the bedside of the ailing? \_\_\_\_\_ In front of a group? \_\_\_\_\_ In a public area in a health-care facility? \_\_\_\_\_

Where and for how long? \_\_\_\_\_

Do you have any medical, healthcare, hospice or spiritual care experience? If so, please describe.

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Do you have any training and/or credentials in any alternative or integrative health care? If so, please describe.

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Do you have a regular practice/ritual for stress relief?

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Do you have any credentials from other healing and/or sound healing institutions? If so, please describe.

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