



OUR MISSION AND CORE VALUES

The mission of Bedside Harp®, Inc. 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 hope 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



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CERTIFICATION PROGRAM APPLICATION

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

Fall _____ Winter _____ Spring _____ Summer _____

If you know at this time which hospital at which you would like to play your internship hours, please check below:

RWJUH Hamilton _____ RWJUH Rahway _____ Valley Hospital _____

St. Clare's _____ CTCA _____ St. Joseph's _____

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?

4. Do you sing? What are your favorite songs to sing?

5. What is your favorite kind of music to listen to?



REGISTRATION INFORMATION

Registration and tuition for Modules I to IV (classroom modules) must be made to Bucks County Community College. Tuition for Module V (internship) and materials fee will be made directly to Bedside Harp. Please complete this application and send it, along with an informal recording of yourself playing ten tunes, very simply, on the harp, to the address on the back of this application, or e-mail them as attachments to edie@bedsideharp.com. Tuition for Modules I (classroom) and V (internship) and materials fee will be due upon your formal acceptance into the program.

Bedside Harp regrets 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.

Work: Please summarize your professional/work experience:

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.

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

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

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



