



Approved Provider Guidelines for Grievance Policy and Procedure

- I. Identify where the Approved Provider (AP) Grievance Policy can be found by participants, e.g., website, hard copy at registration table.

- II. A Grievance Policy must include:
 - A. The mission and purpose of the organization specific to Continuing Music Therapy Education

 - B. Grievance Procedures
 1. Statement of participant's right to file a grievance
 2. Content of grievance, i.e., aspects of the AP's continuing education program covered by the policy
 3. Outline of procedure and timelines for participant to follow, i.e., who to contact and by what means (letter, e-mail), within how many days/weeks from completion of opportunity
 4. Outline of procedure that the AP will follow in response to a grievance, including timeline for response to occur

 - C. Appeal Procedures
 1. Statement of participant's right to appeal decisions made by AP regarding grievance
 2. Outline of procedure for participant to follow in filing an appeal, i.e., who to contact and by what means (letter, e-mail) within a defined period of time
 3. Outline of procedure the AP will follow in response to an appeal, including timeline for response to occur
 4. Statement of participant's right to have an unresolved grievance addressed by CBMT's Continuing Education Committee. (NOTE: This should occur only after the AP's Grievance Procedure has been exhausted.)



Approved Provider Promotional Materials Checklist (for quick reference)

- | | |
|------------------------------------------------------------|----------------------------------------------------------|
| Objectives | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Prerequisites | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Qualifications & Credentials | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Schedule | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Number of CMTEs Offered | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Can Correct Number of CMTEs
Be Calculated from Schedule | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Cost | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Cancellation & Refund Policy | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Statement of Relationship: | <input type="checkbox"/> Yes <input type="checkbox"/> No |

[Title of Opportunity] is approved by the Certification Board for Music Therapists (CBMT) for [# of CMTEs] Continuing Music Therapy Education credits. The [CBMT Approved Provider Name, Provider Number] maintains responsibility for program quality and adherence to CBMT policies and criteria.