

Ready to start planning your care? Call us at [800-525-2225](tel:800-525-2225) to make an appointment.

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Memorial Sloan Kettering  
Cancer Center

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perform clinical assessments of cancer patients

identify appropriate therapeutic interventions based on each patient's diagnosis, clinical status, age, sex, and ethnicity

interpret clinical assessment results and communicate recommendations for continued music therapy interventions to the medical team

## Target Audience

This course is designed for certified music therapists.

## Tuition

\$295.00

## Additional Information

[Frequently Asked Questions](#)

## Registration Information

Our Integrative Medicine Service enlists [Bridge](#), a native cloud Learning Management System, to offer a unique engagement platform to host our online courses. Bridge's intuitive design and mobile platforms will allow you to complete your course on your mobile phone, tablet, or laptop.

Once your payment of the course fee is processed successfully, you will receive a receipt from MSK sent directly to the email

account you entered during registration. Within 48 hours, the Integrative Medicine Education Coordinator will upload your name, email, and course selection into Bridge. Once completed, you will receive an email from Bridge containing a link to access the Bridge app. You will be asked to create a username and password to establish your personal Bridge account. Every time you wish to watch a lecture, you will return to the Bridge app and enter the username and password you created.

For questions and assistance with the registration process, please email [integmedtraining@mskcc.org](mailto:integmedtraining@mskcc.org)

## Payment Information

Amount \*

\$

## Registrant's Information

Title \*

First Name \*

Last Name \*

What sex were you assigned at birth?

\*

- ☐ Male
- ☐ Female

## Mailing Address

Affiliation \*

Address Line 1 \*

Address Line 2

Address Line 3

City \*

**State/Province**

Country \*

Zip/Postal Code \*

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## Contact Information

Telephone \*

Fax

Email \*

Confirm email \*

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## Professional Information

### Highest Degree \*

- Select - 

### Specialty \*

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## Additional Information

### How did you learn about this program?

- ☐ Web
- ☐ Mailing
- ☐ Colleague
- ☐ Other...

### Do you wish to receive email notices of future Memorial Sloan Kettering Integrative Medicine programs? \*

- ☐ Yes
- ☐ No

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## Your Suggestions

For future CME activities, are there specific topics or issues you wish to be addressed?

Submit

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