

# LEVINE CHILDREN'S HOSPITAL MUSIC THERAPY UNIVERSITY-AFFILIATED INTERNSHIP APPLICATION

Preferred Start Date:  January  April  July  October Year: 20\_\_

## PERSONAL INFORMATION

Name (Last, First, M.I.):

Cell Phone: Work Phone: Email:

Current address:

City: State: ZIP Code:

Permanent address:

City: State: ZIP Code:

## EMERGENCY CONTACT

In case of emergency, notify:

Name: Relationship:

Address: City, State:

Cell Phone: Work Phone: Home Phone:

## ACADEMIC INFORMATION

1. College/University:

City, State: Dates Attended: \_\_\_\_ TO \_\_\_\_ (mm/year) Graduation Date: (official or anticipated)

Degree type:  Bachelor's  Master's

Major: Minor: Cumulative GPA: Major GPA:

2. College/University:

City, State: Dates Attended: \_\_\_\_ TO \_\_\_\_ (mm/year) Graduation Date: (official or anticipated)

Degree type:  Bachelor's  Master's

Major: Minor: Cumulative GPA: Major GPA:

## CLINICAL EXPERIENCE

1. Institution:

Position Title: (e.g., practicum student, volunteer) Dates: \_\_\_\_ TO \_\_\_\_ (mm/year)

Hrs/Week: # of Weeks: Supervisor's Title: Supervisor Name & Credentials:

May we contact?  Yes  No Supervisor Phone:

Briefly describe population and responsibilities:

2. Institution:

Position Title: (e.g., practicum student, volunteer) Dates: \_\_\_\_ TO \_\_\_\_ (mm/year)

Hrs/Week: # of Weeks: Supervisor's Title: Supervisor Name & Credentials:

May we contact?  Yes  No Supervisor Phone:

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## CLINICAL EXPERIENCE CONT...

Briefly describe population and responsibilities:

3. Institution:

Position Title: (e.g., practicum student, volunteer)		Dates: _____ TO _____ (mm/year)
Hrs/Week: # of Weeks:	Supervisor's Title:	Supervisor Name & Credentials:
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor Phone/Email:

Briefly describe population and responsibilities:

## RELATED EXPERIENCE

1. Organization/Employer:

Position Title:		Supervisor Name & Credentials:
Dates: _____ TO _____ (mm/year)	Hrs/Week: # of Weeks:	Supervisor Title:
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor Phone/Email:

Briefly describe population and responsibilities:

2. Organization/Employer:

Position Title:		Supervisor Name & Credentials:
Dates: _____ TO _____ (mm/year)	Hrs/Week: # of Weeks:	Supervisor Title:
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor Phone/Email:

Briefly describe population and responsibilities:

## PROFESSIONAL INVOLVEMENT

Please list the names of any pre-/professional organizations of which you are a member: (e.g., AMTA, state organization, student music therapy organization, etc.)

Organization	Indicate Membership and/or Office, Position Held

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## INSTRUMENT BACKGROUND – SELF-ASSESSMENT

Primary Instrument: \_\_\_\_\_

Indicate your personal assessment for each category below:

**PIANO:**  Beginner       Intermediate       Advanced  
Number of years played/studied: 1 2 3 4 5 \_\_\_\_

**GUITAR:**  Beginner       Intermediate       Advanced  
Number of years played/studied: 1 2 3 4 5 \_\_\_\_

**VOICE:**  Beginner       Intermediate       Advanced  
Number of years played/studied: 1 2 3 4 5 \_\_\_\_

**OTHER:** \_\_\_\_\_  
 Beginner       Intermediate       Advanced  
Number of years played/studied: 1 2 3 4 5 \_\_\_\_

**OTHER:** \_\_\_\_\_  
 Beginner       Intermediate       Advanced  
Number of years played/studied: 1 2 3 4 5 \_\_\_\_

## ESSAY QUESTIONS

Please answer the following questions and attach responses separately to application (approx.200-word limit):

1. What is your philosophy of music therapy?
2. Describe your experience working with infants, children, adolescents and young adults. If applicable include information such as settings, diagnoses, and whether the experience was professional/clinical or personal.
3. How did you first become interested in medical music therapy for pediatrics? What have you done to increase your knowledge/awareness of this setting and its populations?
4. Briefly describe an area of strength that will benefit you in this setting and an area of weakness that you would like to address during your internship. (Ex: music skills, clinical skills, boundaries, ethics, self-care, etc.)

## APPLICATION CHECKLIST REVIEW

- Music Therapy Internship Application, with essay responses attached.
- Resume, including all practicum/clinical placements.
- An example of work (e.g. research paper, case study narrative, clinical documentation (assessment, treatment plan))
- All** official transcripts.
- A letter from Director of Music Therapy stating proof of required music therapy clinical hours and date of internship eligibility.
- 3 Professional References in electronic format or a sealed envelope.
- Recording(s) of candidate performing 3 songs.  
Two songs with guitar and voice, one song with piano and voice. Each song must be in a different style/genre of your choice using at least 3 chords. Youtube recordings are accepted. DO NOT include client/patient-sensitive images.

**Note:** Excluding university management/shipment of official transcripts, and professional references, items **MUST** be submitted simultaneously to be considered for internship placement. Incomplete applications will not be considered for acceptance to program.

I attest that the information in this application is true and accurate to the best of my knowledge.

Signature of applicant: \_\_\_\_\_

Date: \_\_\_\_\_