MUSIC THERAPY INTERNSHIP APPLICATION FORM

NOTE: WE ACCEPT OUR APPLICATIONS ALL YEAR LONG BUT START MONTHS ARE EITHER JUNE (APPLICATIONS RECEIVED BY 3/1) AND JANUARY (APPLICATIONS RECEIVED BY 9/1)
IF ACCEPTED TO OUR PROGRAM WE WILL REQUIRE A LEGAL AFFILIATION AGREEMENT BY YOUR COLLEGE/UNIVERSITY PROGRAM

I. GENERAL INFORMATION

Name	School/Institution Name	Academic Director
Current Phone Number	Current Address	Date Eligible For Internship

III. EDUCATION *(please indicate highest level completed)*

Note: if you attended under name different than current name, please indicate name used ____________________________

	Yrs Attended (From / To)	Diploma / Degree Y	Diploma / Degree N	Major	Name of Institution City/State
☐ Technical School		☐	☐		
☐ Community College		☐	☐		
☐ 4-Year Institution		☐	☐		
☐ Masters		☐	☐		
☐ Other		☐	☐		
☐ Certifications		☐	☐		

IV. CAREER DIRECTION / PERSONAL COMMENTS (Up to 2 paragraphs for each question)

Please describe (below) why this internship interests you and how it fits into your career plans.

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Please describe (below) why you are interested in an internship in hospice

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Please describe (below) what you hope to gain from an internship in hospice.

Please describe (below) your philosophy of music therapy.

Please describe (below) your strengths and areas of competence as a clinician at this point of your training.

Please describe (below) the areas you would like to continue to grow as a clinician at this point of your training.

Is there any additional information that is pertinent to your application? (Accommodations, change in start date, etc?)

Please submit this application along with a resume, transcript, letter of verification from your academic program director, and 2 letters of recommendation (at least one must be from an individual familiar with your clinical work). Completed applications should be submitted to Rachael Lawrence-Lupton, Internship Director at rlawrence-lupton@arborhospice.org

Your signature here acknowledges that all the above information is true to the best of your ability. Your signature indicates that you have spoken to your immediate program director regarding your intention to apply for the internship position listed above.

Intern Signature ____ ***Date*** ______________________________

FOR HR USE ONLY: Date Rec: ______________ - Interview: ☐ YES ☐ NO - Date Notified of Results