



Music Therapy Internship Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Please indicate which start date you are applying for: January July

Academic Information

University: _____ City/State: _____

Major(s): _____

Dates attended (*mm/year*) From: _____ To: _____ Graduation date (*mm/year*) _____
(include anticipated if applicable)

University: _____ City/State: _____

Major(s): _____

Dates attended (*mm/year*) From: _____ To: _____ Graduation date (*mm/year*) _____
(include anticipated date if applicable)

Primary Instrument: _____ Other instruments: _____

Other languages and level of proficiency: _____

Other Information

Please include the following with your application:

1. Complete official transcripts from all universities attended.
2. Three letters of recommendation addressing musical, clinical, and professional skills of applicant. (One must be a letter of eligibility from Academic Director). Please ask your references to e-mail their letter to the internship director.

3. Video demonstrating applicant's piano, guitar, and voice abilities. Applicant should play three songs that could be used in a medical setting for the following age groups: children, teenagers, and adults. In addition to those three songs, applicant should also include one song of their choosing that demonstrates their musical strengths. The video may be sent as an e-mail attachment (.avi file), as a private YouTube link, or as a DVD via mail.
4. Current résumé.
5. Please answer the following questions:
 - a. What do you hope to achieve during your internship?
 - b. What areas of music therapy are particularly interesting to you?
 - c. What are your strengths and what skills do you want to refine?
 - d. Describe a positive and negative (or challenging) experience you have encountered during your academic and/or clinical training.
 - e. Describe previous experience in a medical setting or relevant clinical work.
 - f. Why are you applying for this particular internship site?

Submission Checklist

- Complete and Signed Application Form
- College/University Transcripts (if applicable, include both undergraduate and graduate)
- Reference Letters
- Résumé
- Video
 - E-mail attachment*
 - YouTube link (paste here):*
 - DVD via mail*
- Additional questions

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

Signature: _____ **Date:** _____

Please submit all information **electronically** (or via mail as applicable) to the internship director. All correspondence must be sent by October 1st for the January start date and April 1st for the July start date.

Music Therapy Internship Director
 Integrative Medicine Department
 Orlando Health
 1400 S. Orange Ave. MP 700
 Orlando, FL 32806