

ORLANDO HEALTH®



WINNIE PALMER
HOSPITAL
For Women & Babies

ORLANDO HEALTH®



ARNOLD PALMER
HOSPITAL
For Children

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*) _____

University: _____ City/State: _____

Major(s): _____

Dates attended (*mm/year*) From: _____ To: _____ Graduation date (*mm/year*) _____

(include anticipated 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).

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: school-age, teens, 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 mailed as a DVD or a private YouTube link may be sent with your application.
4. Current resume.
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
- Resume
- Video
 - DVD via mail*
 - YouTube link (paste here):*
- Additional questions

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

Signature: _____ **Date:** _____

Please mail all information together in one envelope.

Music Therapy Internship Coordinator
Arnold Palmer Hospital for Children
92 W. Miller St, MP 309
Orlando, FL 32806

For questions, please contact our department at 321.841.1479.