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# Text  Description automatically generated

# 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 desired start date: January [ ]  July [ ]  Please indicate desired internship facility: Joint adult/pediatric [ ]  Pediatric only [ ]   |

## 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. Please ask your references to e-mail their letter to the internship director.

1. 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. The video may be sent as an e-mail attachment (.avi file), as a private YouTube link, or as a DVD via mail.
2. Current resume.
3. Please answer the following questions:
	1. What do you hope to achieve during your internship?
	2. What are your strengths and what skills do you want to refine?
	3. Why are you applying for this internship site?

## Submission Checklist

[ ]  Complete and Signed Application Form

[ ]  College/University Transcripts (if applicable, include both undergraduate and graduate)

[ ]  Reference Letters (to be emailed to the internship director)

[ ]  Resume

[ ]  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).

**Joint pediatric/adult internship applicants:**

Ryan Tonkin, MT-BC

Integrative Medicine Department

1720 S. Orange Ave. 3rd Floor

MP 710-10

Orlando, FL 32806

Phone: 321.843.5823

ryan.tonkin@orlandohealth.com

**Pediatric only internship applicants:**

Music therapy

92 W. Miller Street, MP 309

Orlando, FL 32806

Phone: 321.841.1479

diana.buchanan@orlandohealth.com

molly.moses@orlandohealth.com