

**Child Life & Creative Arts Therapies Department**

**Music Therapy Internship Application**

**General Information**

**Date:** Click here to enter a date.

**Name:** Click here to enter text.

**Home Address:** Click here to enter text. **Phone:**Click here to enter text.

**Email:**Click here to enter text.

**Academic Background**

**University/College:** Click here to enter text. **Dates Attended:** Click here to enter text.

**Minor (if applicable):** Click here to enter text.

**Student Status:** Choose an item.

**Expected Date of Graduation/Graduation Date:** Click here to enter text.

**School Address:** Click here to enter text.

**Director of Music Therapy Department/Program:** Click here to enter text.

**Director’s Phone Number:** Click here to enter text.

**Director’s Email:** Click here to enter text.

**Principal Instrument:** Click here to enter text.

**Secondary Instrument(s):** Click here to enter text.

**Number of Pre-Internship/Practicum hours completed prior to internship:** Click here to enter text.

**Please answer the following questions:**

1. **Why are you interested in an internship at Cohen Children’s Medical Center?** Click here to enter text.
2. **If selected for an internship, how will you commit to engaging with humility and awareness of the impact of your sociocultural identities? What do you feel you could contribute towards the goal of creating a more inclusive, equitable, and just environment for patients and families?** Click here to enter text.
3. **Describe your philosophy of Music Therapy.** Click here to enter text.
4. **Describe your experience working with neonates, children, and/or adolescents.** Click here to enter text.
5. **In your experience, what are the benefits of music therapy with hospitalized children?** Click here to enter text.
6. **Have you had any previous experience in a medical setting?** **If yes, please describe.** Click here to enter text.
7. **What skills make you desirable for an internship in this setting?** Click here to enter text.
8. **What are some of your strengths in regard to music therapy?** Click here to enter text.
9. **Please describe some areas that you feel need improvement in regard to your music therapy skills.** Click here to enter text.
10. **What do you hope to gain from this experience?** Click here to enter text.

**Please include with your application:**

* Current resume detailing practicum, relevant work, music and volunteer experience.
* Official transcripts of all academic training *(in a sealed envelope, or, emailed electronically to the internship director [preferred]).*
* Letter of Verification from the Academic Director, stating that you are currently enrolled in a Music Therapy program. *The letter of verification should be emailed from the recommender directly to the Internship Director as a PDF attachment.*
* Three letters of professional reference *(one must be from an academic professor, and the other two may be from practicum supervisors or someone who has observed your work musically with children. The reference letters should be emailed from the recommender directly to the Internship Director as a PDF attachment.*
  + The academic director can also serve as a recommender. If the academic director will be writing a letter of verification as well as a recommendation letter, please make sure the academic director makes this clear in their letter.
  + Recommendation letters may be emailed to the Music Therapy Internship Director directly, on official letterhead as a PDF file. Reference letters in the body of an email will **not** be accepted under any circumstances.
* Due to COVID-19, applicants will be unable to attend interviews on-site. All interviews will take place via Zoom or Microsoft Teams.
* If accepted, the intern will undergo a criminal background check and will need to complete a medical clearance including TB screening and drug testing. As of 7/15/2021, all students **must** receive their COVID-19 vaccine in order to be placed at an internship at Cohen Children’s Medical Center.
* The intern **must** have an educational affiliation with Cohen Children’s Medical Center prior to start date. The Internship Director will work with the academic institution to obtain legal documentation necessary for affiliation.

**Applications are due March 1st of each year**

If you have any questions, please email or call:

[clcateducationopportunities@northwell.edu](mailto:clcateducationopportunities@northwell.edu) | 718-470-3002

Please send completed application packet to:

**Shawna Vernisie, Music Therapy Internship Director**

[CLCATEducationOpportunities@northwell.edu](mailto:CLCATEducationOpportunities@northwell.edu)