

# Application for Music Therapy Internship



Date: \_\_\_\_\_

Internship start date for which you are applying: Winter Summer \_\_\_\_\_  
(year)

What date do you or did you complete your academic training? \_\_\_\_\_

Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Telephone #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Current Address if different from above: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

## **EDUCATION**

College: \_\_\_\_\_ Degree: \_\_\_\_\_

College: \_\_\_\_\_ Degree: \_\_\_\_\_

Graduate School: \_\_\_\_\_ Degree: \_\_\_\_\_

## **PERSONAL INFORMATION**

Are you legally authorized to work in the U.S.? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been convicted of a crime (*felony*)? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, give details: \_\_\_\_\_

List instruments played with proficiency, including primary instrument: \_\_\_\_\_

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Do you have any other skill(s) you wish to mention? \_\_\_\_\_

**REFERENCES (1 letter of verification from your academic advisor stating eligibility and 2 letters of recommendation required. There need to be 3 separate submissions from 3 different people):**

1. \_\_\_\_\_  
*Name – Academic Advisor*                      *Occupation*                      *Phone number*
2. \_\_\_\_\_  
*Name*                      *Occupation*                      *Phone number*
3. \_\_\_\_\_  
*Name*                      *Occupation*                      *Phone number*

**ADMINISTRATIVE REQUIREMENTS**

***\*\*Before a selected Intern Candidate can begin the Internship at Texas Children's Hospital (TCH) the following must be completed:***

- 1) Legal Affiliation Agreement established between TCH and the school where the Intern Candidate is enrolled. The process of establishing this document will begin as soon as an Intern Candidate has accepted an offer for Internship.
- 2) Background check and drug test (provided by TCH and completed during the first day of internship)
- 3) TB skin test (provided by the intern with documentation of results brought on the first day of internship)
- 4) Flu vaccination (if internship occurs during any time period of the Houston Flu Season as indicated by Hospital administration. Provided free of charge by TCH or documentation of vaccination can be brought from outside physician)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*\*Submitting application via email implies electronic signature by the applicant\**

**E-MAIL APPLICATION, ESSAY AND RESUME TO:**

[mabiard@texaschildrens.org](mailto:mabiard@texaschildrens.org)

**MAIL or EMAIL LETTERS OF RECOMMENDATION AND TRANSCRIPTS:**

Marial Biard MM, MT-BC, Internship Director  
Texas Children's Hospital – Child Life Department  
6621 Fannin St. WT 16227  
Houston TX 77030

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## **DESCRIPTION OF REQUIRED ATTACHMENTS \*\***

*NOTE : letters of recommendation and transcripts should be sent seperately by person completing the recommendation and may be sent via email or US post. Please have them write their signature across the sealed letter of recommendation*

1. One letter of eligibility/varification from your academic advisor
2. Two letters of recommendation
  - Including at least one from a clinical supervisor describing your clinical experiences and skills in music therapy as well as your musicianship.
3. Resume
  - Include specific information related to your practicum/clinical experiences (e.g., types of clients, sessions, facility, treatment goals, responsibilities, and number of direct therapy contact hours.
4. Copy of transcripts from all college/university coursework
5. Original narrative essay describing why you are pursuing music therapy as a career. Include the following information :
  - Reasons for choosing this particular internship experience and what your expectations are from both the internship director and this internship program
  - Describe personal and professional strengths you will bring to this experience
  - Articulate your personal style/philosophy of interaction with children/adolescents. Elaborate with any previous experiences you have had with this population in the clinical and/or non-clinical setting.
  - Communicate the primary areas you hope to cultivate during your six months of clinical training

**ONCE ALL APPLICATION MATERIALS AND ATTACHMENTS ARE RECEIVED, THE  
INTERNSHIP DIRECTOR WILL CONTACT YOU REGARDING SCHEDULING OF ONSITE  
INTERVIEW (PREFERRED) OR SKYPE INTERVIEW FOR INDIVIDUALS WHO ARE UNABLE  
TO TRAVEL TO SITE FOR INTERVIEW**