

University of Iowa Hospitals and Clinics
DEPARTMENT OF REHABILITATION THERAPIES

MUSIC THERAPY INTERNSHIP APPLICATION

Date: _____

Name _____
Last First Middle

Permanent Home Address _____ Phone () _____

Mailing Address _____ Phone () _____
(if different)

Person to contact in case of emergency _____

COLLEGES/UNIVERSITIES ATTENDED:

Name Location Dates G.P.A. Degree/Major

CLINICAL EXPERIENCES AND VOLUNTEER WORK

Dates Job Title/Duties Age Group Agency Location

WORK EXPERIENCE - PAID

<u>Dates</u>	<u>Job Title/Duties</u>	<u>Age Group</u>	<u>Agency</u>	<u>Location</u>

1. Please list the Music Therapy and Psychology/Counseling courses you have taken:

2. a) List main areas of your music skills b) In what areas would you like to become more proficient during internship?

3. Why did you choose Music Therapy as a major or profession?

4. At this time, what area of Music Therapy are you most interested in pursuing professionally?

5. Are there reasons why you are specifically interested in interning at this institution?

6. What are your leisure interests/hobbies?

7. Your work will be within a multidisciplinary setting. How do you see Music Therapy fitting into such an environment?

8. Describe yourself as a person. Include personal strengths and weaknesses as you see them.

9. Describe yourself as a prospective therapist. Include clinical strengths and weaknesses as you see them.

10. Would you be available for a personal interview?

MUSIC THERAPY PROGRAM

Intern applications should be filed no more than one year in advance

(Signature of Applicant)

The above student will have completed Music Therapy coursework and will be ready to begin a 6-month internship by the date applied for.

Signature of Music Therapy University Advisor

Phone

Date

Please list two references:

Name

Cinical supervisor

Address

Phone

Name

Relationship to you

Address

Phone