



AMTA National Roster Music Therapy Internship Program

Internship Application Checklist

Thank you for taking the time to apply to our AMTA National Roster Internship program. We are very excited about our program, and welcome the opportunity to work with emerging music therapy clinicians. Please review the following checklist before sending your application:

1. Fill out the **attached application** in full.
2. Include or have mailed a letter of eligibility and recommendation from your AMTA University Music Therapy Director.
3. Include or have mailed an additional letter of recommendation from someone who knows you well or has worked with you.
4. Include with your application an up-to-date resume detailing all academic, professional, and relevant personal information.
5. Have **official** transcripts sent from your university directly to us.
6. Include a video recording (VHS or DVD) of yourself playing 3 hospice appropriate songs and one song of your selection on your primary instrument (if your primary instrument is one other than voice, piano, or guitar). For your hospice repertoire, include 2 songs sung with guitar accompaniment and one sung with piano. Please describe why you chose the songs and how you would or have used them with a hospice patient before playing. Along with the 3 songs, please answer the following questions on the video:
 1. Tell us about yourself
 2. Why are you interested in doing your internship at Hospice of Palm Beach County?
 3. What do you see as the role of music therapy in hospice?
 4. What is the most important aspect of a music therapy session?
7. Only **complete** applications can be reviewed – please make note of the deadline for our receipt of your materials that can be found on our website. **All materials (including letters of recommendation and transcripts) must be received by the deadline.**

Thanks again for applying. Feel free to call (561) 273-2179 with any questions you may have.

Send **complete application** to:

Alyssa Cadwalader, MA, MT-BC
Music Therapy Department
Hospice of Palm Beach County
300 Northpoint Parkway, Suite 305
West Palm Beach, FL 33407



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Internship Application

APPLICANT INFORMATION

Name: _____

Address for Correspondence:

Telephone #: _____ E-mail: _____

AMTA University: _____ Grad/Equiv Undergrad

Additional Colleges Attended: _____

Anticipated or actual date of completion of AMTA coursework: _____

Internship Opening Applied For (complete year and check one):

February-July 20__ June-November 20__ October-March 20__

Have you ever pled “guilty” or “no contest” to, or been convicted of a crime, regardless of adjudication? _____

If yes, please provide date(s) and details: _____

MUSICAL PROFICIENCY

Please complete the chart below, adding any additional instruments in which you are proficient.

Instrument	Years of Study	Skill Level (high, competent, emerging)
Voice		
Guitar		
Piano		

PRACTICUM EXPERIENCE

Please briefly describe your practicum placements/experiences

1)

Population/Setting: _____

Total # of contact hours: _____

Example of MT goals/objectives: _____

Description of primary MT interventions: _____

2)

Population/Setting: _____

Total # of contact hours: _____

Example of MT goals/objectives: _____

Description of primary MT interventions: _____

3)

Population/Setting: _____

Total # of contact hours: _____

Example of MT goals/objectives: _____

Description of primary MT interventions: _____

SHORT ESSAY QUESTIONS

Please describe any experiences you have had (music therapy or personal) relating to hospice care and/or working with patients/families facing a terminal illness.

What are your personal beliefs regarding a “hospice philosophy”?

What are your greatest strengths that you would bring to this internship and what areas do you hope to improve during your internship?

Is there any additional information you would like to share that may be relevant to your application?

SIGNATURE AND AGREEMENT

I understand that if selected for an internship position at HPBC, I will be required to undergo a criminal background check. Signing this application confirms that I am eligible for an AMTA National Roster Internship and that I have a valid driver's license. All information supplied is complete, true and correct.

X _____

Applicant Signature

Date
