



Akron Children's

Emily Cooper Welty Expressive Therapy Center

Application for Music Therapy Internship/Practicum Experience in Expressive Therapy

Name:

Address:

Home Phone: Cell Phone:

E-mail address:

In case of emergency, please notify:

Name(s):

Address:

Phone:

Relationship to Applicant:

Current College or University Information:

Name of Institution:

Department at University:

Dates attended: to present

Current GPA:

Academic Institution Advisor Information:

Name:

Address:

Phone: Extension:

Interview:

An in-person interview is preferred, however if one if not possible, a phone or virtual interview may be arranged. Are you available for an in-person interview? Yes No

Approximate start and finish dates: to

Please list your previous clinical, internship, or practicum site experiences, including the populations you worked with.

Please list your primary instrument or preferred instruments. Include those in which you have the highest proficiency and indicate the number of years you have played each.

Do you have any special needs, accommodations, or limitations we should be aware of to support you during your internship/practicum experience?

Essay questions

Please respond to the following questions honestly and to the best of your ability. Include your essay responses when submitting this application.

1. **What inspired you to pursue a career in music therapy?**
2. **What is your personal philosophy of music therapy?** You may include your approach to practice, preferred theoretical frameworks, and how you assess client needs and goals.
3. **Why have you chosen Akron Children’s Hospital for your internship?**
4. **What do you hope to gain from this internship experience?** Consider skills you want to develop, specific hospital populations you’d like to work with, and any special project topics you’d like to explore.
5. **What qualities do you value in an internship director and supervisor(s)?** Do you prefer a high level of support or a more independent approach?
6. **Describe your experience working in a medical setting.** If you have no prior experience, what would you like to learn in this environment?
7. **Hospital work often involves challenging situations such as trauma, terminal illness, and mental health crises. How do you feel about facing these situations, and how would you cope?** You may include your current self-care practices and strategies for processing difficult experiences.
8. **Please provide a sample clinical note in SOAP format.** You may use a note from a previous practicum experience, ensuring HIPAA compliance.

Deadline: TBD

Applications received after the deadline will not be considered. Incomplete applications will not be considered.

Please include all items when submitting your application:

- Application for Music Therapy Internship/Practicum Experience in Expressive Therapy
- Essay answers (Word document preferred)
- Resume
- Official transcripts from your academic institution
- Two (2) letters of recommendation and eligibility. (One must be from your academic advisor, and the other can be from a practicum supervisor.)

The above items may be submitted electronically or by mail (together in one envelope) to:
MusicTherapyInternship@akronchildrens.org

Elizabeth Germano MM, MT-BC, LPMT, NICU-MT

Expressive Therapy Center

Akron Children's Hospital

One Perkins Square

Akron, OH 44308

EGermano@akronchildrens.org

I agree to follow all the guidelines, rules and regulations of the hospital/department/program while completing my internship at Akron Children's Hospital. I also state that I am a student in good standing at:

(Name of Academic Institution)

Student Signature:

Date:

For Office Use Only

Date Received:

Application Form _____

Cover Letter _____

Interview Date and Time:

Accept _____ Decline _____ Date letter was sent: _____