



Akron Children's

Emily Cooper Welty Expressive Therapy Center

Application for Art Therapy Internship 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:
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

Experience would fulfill (select one): Internship I Internship II

How many hours will you be required to complete?

Approximate start and finish dates: to

Please list the courses you have completed and/or are currently enrolled in. Attach additional sheets if necessary.

Why are you interested in doing your internship at Akron Children’s Hospital?

What personal strengths do you bring that will help you succeed during your internship?

What personal challenges do you anticipate when working with hospitalized children and their families?

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

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

Please include all items when submitting your application:

- Cover letter
- Application for Art Therapy Internship in Expressive Therapy

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

Laura Tetzlaff, MA, ATR-BC, LPAT, LPC, CCTP
Expressive Therapy Center
Akron Children’s Hospital
One Perkins Square
Akron, OH 44308

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: _____