



Music Therapy Internship Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Preferred Pronouns: _____

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Phone: _____ Email: _____

Previous level II background check? YES NO Please Specify: _____

Preferred Start Date: January: _____ June: _____ July: _____
(year) (Year) (Year)

Education

University: _____

Anticipated graduation date: _____

Program Director: _____ Email: _____

Director's Prefix: _____ Director's Pronouns: _____

Are you a graduate student? YES NO Bachelor's Degree: _____

Instrument Proficiency.

Instrument	Years Played	Primary	Proficient	Some Proficiency	Learning	Beginner
Guitar	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Piano	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Voice	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Practicum/Music Therapy Experience

Site Name: _____

Population: _____

Responsibilities: _____

Site Name: _____

Population: _____

Responsibilities: _____

Site Name: _____

Population: _____

Responsibilities: _____

Site Name: _____

Population: _____

Responsibilities: _____

Additional Required Documents

- Resume including practicum and related volunteer experience
- Three letters of recommendation
 - 1 from the Program Director stating your Internship eligibility
 - 1 from another professor
 - 1 from another mentor/supervisor that is not related to music
- Current college/university transcript
- Copy of research, capstone project, or case study: considered your best work

Disclaimer and Signature

Applications received more than 1 year prior to the start dates will not be considered.

Please email applications to Megan Hoffer MTBC (she/her) at megan@blscounseling.net

If selected for an interview, applicants will be contacted via email or phone call to schedule an interview.

The Music Therapy internship at Better Living Solutions requires that interns be professional in conduct and appearance and abide by guidelines set forth by the American Music Therapy Association, Better Living Solutions, and the CDC for working in Healthcare settings. Music therapy students at Better Living Solutions will also be required to follow recommendations set forth by AMTA and APA for providing patient centered care to our clients. **If selected as an intern, I agree to abide by this requirement.**

Signature: _____ Date: _____