



Addison Hines Music Therapy Program
AMTA National Roster Music Therapy Internship Program

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):

January 20____ June 20____ September 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

How many hours of practicum experience do you anticipate completing before beginning your internship? _____

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 Trustbridge, 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