



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

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### 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 complete the **application form attached** and submit the following materials:

1. A letter of eligibility from your AMTA University Music Therapy Director
2. Two letters of recommendation from someone who knows you well and has worked with you in a professional setting addressing your musical, clinical, and professional skills
3. An up-to-date resume detailing all academic, professional, and relevant personal information.
4. **Official** transcripts sent from your university
5. A video recording 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 might use them with a hospice patient before playing. Along with the 3 songs, please answer the following questions on the video:
  - a. Tell us about yourself
  - b. Why are you interested in doing your internship at Trustbridge?
  - c. What do you see as the role of music therapy in hospice?
  - d. What is the most important aspect of a music therapy session?

*Please submit all application materials via email to Josie Brown, MT-BC, NMT ([jbrown1@trustbridge.com](mailto:jbrown1@trustbridge.com)).*

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 your interest in our internship program! Feel free to reach out if you have any questions.

Josie Brown, MT-BC, NMT  
Music Therapy Manager  
Trustbridge  
550 W Cypress Creek Rd, Suite 550  
Fort Lauderdale, FL 33309  
(561) 670-5874  
[jbrown1@trustbridge.com](mailto:jbrown1@trustbridge.com)



**Addison Hines Music Therapy Program**  
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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):

January 20\_\_     April 20\_\_     July 20\_\_     October 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.

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

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

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

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**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