



Key Changes Therapy Services

Internship Application

Personal Information

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

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Home Phone: _____ Alternate Phone: _____

Email _____

Desired start date? January _____ July _____

Onsite Interview?: _____ Skype Interview?: _____

Education Information

University/College: _____ GPA: _____

Academic Advisor: _____ Advisor E-mail: _____

Department _____ Telephone: _____

Coursework _____

Completion Date: _____ Degree Sought: _____

Others _____

Major Instruments: _____ Proficient: _____

Additional Information to Include

1. Resume: including all clinical experiences
 2. Copies of all transcripts
 3. Two Professional References: attesting to your communication skills, professional demeanor, therapeutic skills, and/or functional skills in addition
 4. A letter from your academic advisor: verifying your eligibility for internship placement
 5. Video tape of a mock music therapy session: please limit to a 15-20 minutes session where you demonstrate your musicianship, and how you plan, transition, and lead a session.
- On a separate sheet(s) of paper, please answer the following questions:
1. Why are you interested in completing an internship at Key Changes Therapy Services?
 2. What is your definition of music therapy?
 3. In your experience, what are the benefits of music therapy with hospitalized patients?
 4. What skills/knowledge/experience would you like to gain during your internship?
 5. What skills/knowledge/experience do you have to offer Key Changes Therapy Services?
 6. Please list your strengths and areas for improvement.
 7. What are your career objectives and future goals?
 8. Briefly describe your favorite clinical experience.
 9. List any other academic, vocation, or supplemental training including special qualifications and skills, projects, and scholarships or awards.
 10. Who has influenced you the most? How?