Music Therapy Internship Application

Name_____Preferred Pronouns_____

Address _____

Telephone Number _____ E-mail Address _____

College/University _____

Director of Music Therapy _____

Director's Contact Information_____

Coursework Completion Date _____

Preferred start: August☐ October ☐ No preference ☐

Primary Instrument _____

Please complete the following on a separate page.

1: Please list and describe any Fieldwork/Practicum Experiences (Please include location and a brief description.)

2: Which Practicum Experience was your favorite? Why?

3: Which Practicum Experience was most challenging for you? Why?

4: List your related work/volunteer experience with children ages 1-12

5: What are your expectations of your internship program (i.e. what you hope to gain from this experience, what you hope to learn and why you have chosen this population)**?**

6: What is your current "philosophy" of music therapy?

Please provide at least 2 letters of recommendation, a letter stating you are eligible for internship, and a copy of your transcripts (unofficial is fine).

All applications are due **January 1st** of the year you intend to intern. Please email applications to: tcorso@bridgewayohio.org or mail to Bridgeway, c/o Tanya Corso, MM, LPMT, MT-BC, 1350 Alum Creek Dr., Columbus, OH 43209.

This is a 7-month internship. We will start 2-4 interns at the beginning of August and 2-4 interns in Mid-October.

Financial responsibilities of interns:

- Interns will be responsible for attaining an FBI and BCI background check (approximately $70).
- Interns will be responsible for completing a specific work physical form, signed by a doctor. (free if using an established doctor or $65+ if using a clinic)

Please be advised that some universities require a legal agreement, which may in some rare cases delay the starting date of the internship.