



2401 Gillham Road
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MUSIC THERAPY INTERNSHIP APPLICATION

Name_____

Address_____

Phone Number_____Email_____

School_____

Director of Music Therapy Dept._____

Address of School_____

Phone Number of Music Therapy Director_____

What is your major instrument(s)?_____

What other instruments do you play well?_____

What is your playing ability on guitar: Beginner Intermediate Advanced

What is your playing ability on keyboard: Beginner Intermediate Advanced

Answer the following questions, and please be very complete in your responses.

1. What is your philosophy of Music Therapy? (one-page essay)
2. Describe your experience in working with children and adolescents. Be as complete as possible regarding settings and diagnoses, and whether this was a clinical practicum or personal experience.
3. Describe your musical skills and background, including any skills you need to improve.
4. Describe your therapeutic skills, including any areas that you feel you need to improve.
5. Why did you choose this facility as a possible internship site, and what do you hope to gain from this internship? (minimum one-page essay)
6. What population would you most like to work with vocationally after completing your internship?
7. What questions or concerns do you have?

INCLUDE THE FOLLOWING WITH YOUR APPLICATION:

IMPORTANT: All application materials must be sent together to CMKC and can be emailed to musictherapy@cmh.edu.

1. Three letters of recommendation from the following:
 - a. Director of Music Therapy
 - b. Practicum Supervisor
 - c. Personal or Employment Reference

****Letters of recommendation may be sent via email to musictherapy@cmh.edu by the author of the letter. It is encouraged to send these with a “read receipt”.**

2. Official copy of your transcripts
3. Current resume including clinical training experience, music, and work experience, interests, and affiliations.
4. The Checklist for Evaluation of Entry Level Requirements—completed by your academic faculty.

5. An example of your best documentation skills, including assessment, goals, objectives, treatment plan, and evaluation. Please do not include any identifying information if an actual case is utilized.

ADDITIONAL REQUIREMENTS THAT MUST BE COMPLETED PRIOR TO THE START OF INTERNSHIP:

- A signed legal affiliation agreement between the university and the hospital, initiated and completed by the internship director and the school.
- Completed by the intern and at the intern's expense:
 - Completion of the health requirements of the hospital and documentation on the form provided, as well as sending all required documentation of proof of titers, all vaccinations, and TB testing.
 - A background check as specified in the affiliation agreement; and
 - Proof of liability insurance in the amounts as specified in the affiliation agreement.

June is the starting month of the internship. The application deadline is 7 months before the starting date, due November 1 of the prior year.

Note that all application materials must arrive to the hospital on or before the deadline date.

A personal interview is an additional part of the application process. You will be asked to demonstrate your clinical and musical skills during the interview. Interviews will take place via Microsoft Teams.

ACKNOWLEDGEMENT STATEMENT (MUST BE SIGNED BY THE APPLICANT):

In submitting this application, I acknowledge that the statements and information in my application are both true and accurate personal information as of the date sent. Furthermore, I acknowledge that I am fully aware of the information stated in this document and understand the above stated additional requirements that must be completed prior to beginning an internship at Children's Mercy Kansas City, should I be accepted.

Signature of Applicant:_____

Print Name:_____

Date:_____

**Children's Mercy Kansas City
Music Therapy Internship Application**

**Checklist for Evaluation of Entry Level Requirements – to be completed by
academic faculty**

Applicant:

This student is applying for an internship with Children's Mercy Kansas City. For us to fully assess their entry level skills we need your assistance. Please complete this checklist and return it to the student to be included in the application materials.

Evaluator:
Academic Position:

Date:

Y = yes N = no NI = needs improvement

Musical Skills:

- _____ Ability to play basic chord progressions (I, IV, V) on the guitar in at least 2 keys to accompany singing.
- _____ Ability to play basic chord progressions (I, IV, V) on the piano/keyboard in at least 3 keys to accompany singing.
- _____ Ability to accompany a song on guitar and/or keyboard and lead a group in singing.
- _____ Ability to play a melody on the piano/keyboard and accompany it with simple chord progressions.
- _____ Demonstrate functional use of voice, including singing in appropriate ranges, with correct pitch and appropriate rhythm and volume.
- _____ Ability to transpose a simple song into 2 different keys on 2 different instruments, one of which must be guitar or autoharp.
- _____ Ability to sight read a simple melody with written chordal accompaniment.
- _____ Ability to compose simple original songs.
- _____ Ability to improvise, using keyboard, guitar/autoharp, and/or rhythm instruments.
- _____ General functional knowledge of music theory.
- _____ Knowledge of songs appropriate for all age groups, birth to late adolescence.

Therapeutic Skills:

- _____ Ability to observe and assess a patient's response to music interventions, including the patient's mood, affect, and behavior.
- _____ Ability to accurately document progress from music therapy interventions.
- _____ Ability to express themselves verbally and in writing in a professional manner.
- _____ Ability to plan and implement age-appropriate music therapy interventions.
- _____ Demonstrate good time management skills.

Professional Qualities:

- _____ Ability to remain flexible, and value the diversity of patient populations encountered.
- _____ Ability to work independently.
- _____ Demonstrate professionalism, and ability to interact well with other disciplines.
- _____ Demonstrate ability to accept constructive feedback, and to seek assistance when needed.
- _____ Demonstrate ability to follow hospital policies and procedures, including infection control and confidentiality policies.

Comments: