

## **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 review the following checklist before sending your application:

1. Fill out the attached application in full.
2. Include or have mailed a letter of eligibility and recommendation from your AMTA University Music Therapy Director.
3. Include or have mailed an additional letter of recommendation from someone who knows you well or has worked with you.
4. Include with your application an up-to-date resume detailing all academic, professional, and relevant personal information.
5. Have **official** transcripts sent from your university directly to us.
6. Include a video (DVD or link to web version) of yourself playing and singing three songs: 2 songs for use with an older adult population and one current or children's song. Video must include at least one song on your major instrument and one on guitar
7. 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.

Thanks again for applying. Feel free to call 229-200-7637 with any questions you may have.

**Send complete application to:**

**Melissa Violette, MT-BC**  
**Music Therapy Program Director**  
Birch Bay Village  
**25 Village Inn Road**  
**Bar Harbor, ME 04609**

## 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):

June-Dec 201\_\_\_\_  Sept-March 201\_\_\_\_  Jan-June 201\_\_\_\_  March-Sept 201\_\_\_\_

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		
Other		

**PRACTICUM EXPERIENCE**

**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) with persons who have Dementia or memory loss**

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**What is your philosophy/approach to working with older adults with memory loss?**

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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, I will be required to undergo a criminal background check and physical examination. 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**

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