

2401 Gillham Road Kansas City, MO 64108 816-234-3776 <u>musictherapy@cmh.edu</u>

# MUSIC THERAPY INTERNSHIP APPLICATION

Name		
Address		
Phone NumberEmail		
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 with regard to 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 the most improvement.

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 <u>musictherapy@cmh.edu</u>.

- 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 <u>musictherapy@cmh.edu</u> 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 hospital-required health form, including proof of required titers, flu vaccination, COVID 19 vaccination(s), TB testing (2step Mantoux test or higher), and documentation of past vaccinations,
  - A background check as specified in the affiliation agreement; and
  - Proof of liability insurance in the amounts as specified in the affiliation agreement.

**Contact the Internship Director for the starting dates of the internship.** The application deadline is 7 months before the starting date. For example, for a June 1 starting date, the application is due November 1.

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 required to demonstrate your clinical and musical skills during the interview. If you are unable to attend a personal interview due to distance from Kansas City, then a Microsoft Teams interview will be conducted, during which you will be asked to demonstrate your skills.

### <u>ACKNOWLEDGEMENT STATEMENT (MUST BE SIGNED BY THE</u> <u>APPLICANT</u>):

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**

#### **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: