

MUSIC THERAPY INTERNSHIP APPLICATION

Required Materials

Please send the following information via email to the Internship Director, Allison Borden MT-BC, at aborden@childrensnational.org.

1. Applicant information page—found below
2. Cover letter with the following information:
 - Describe your interest in pediatric medical music therapy and this site in particular
 - Give a brief statement on your theoretical orientation as a music therapist
 - Describe your musical background, strengths, and opportunities for growth
 - Describe your therapeutic skills, strengths, and opportunities for growth
3. Current resume, including clinical training experiences
4. Official academic transcripts
5. A clinical writing sample that demonstrates your documentation skills
6. Audition video with the following requirements:
 - One selection on your primary instrument (with or without accompaniment)
 - Two contrasting selections from your music therapy repertoire using voice and guitar
 - One original song written for a prior music therapy session with an explanation of goals targeted through song
 - Upload the video to YouTube or similar cloud-based service
7. Letter of Verification from your Academic Director
8. Letter of Reference from one of your practicum supervisors
9. Optional letter from personal or employment reference

Application Deadline and Selection Process

Applications must be received no later than July 1, 2024, to be considered for a January 2025 start date. The Internship Director will review applications and contact applicants who will progress through the interview process. Interviews will begin on July 15, 2024. A virtual interview may replace the onsite interview if the applicant is unable to visit the hospital. All interviews will include the applicant playing music, whether virtually or in-person. For a virtual interview, the applicant will need to provide their own instruments and have them ready during the interview.

Administrative Requirements

Once selected for the music therapy internship, the applicant will be processed through the Special Category Volunteer Services department at Children's National. The incoming intern is responsible for completing administrative requirements outlined by Volunteer Services before beginning internship. Volunteer Services requires completion of the following items:

- Submission of Children's National Special Category Position Description Form. This form will be provided to the prospective intern upon accepting the internship position.
- Submission of Special Category Volunteer Medical Packet. This form will be provided to the prospective intern upon accepting the internship. The form requires the following information.
 - Medical History Form—provided in the packet
 - Evidence of tuberculosis screening
 - New volunteers must have two skin tests with the second occurring prior to their health screen in the same month
 - Immunization records
 - Influenza vaccine record required during flu season only
 - A health screen from your physician
- Submission of a completed Criminal Background Check Form. This form will be provided to the prospective intern upon accepting the internship position. Volunteer Services will provide this form and an independent agency will complete the background check.

Additionally, Children's National Hospital will require a legal affiliation agreement to be established between the hospital and the prospective intern's academic institution. This agreement must be in place before the intern can begin internship. The internship director and the prospective intern's academic supervisor will communicate with the legal department at Children's National Hospital upon accepting the internship to establish the agreement.

Please note, any expenses incurred completing these requirements are the responsibility of the intern.



111 Michigan Ave NW
Washington, DC 20010
childrensnational.org

APPLICANT INFORMATION

Name: _____

Address: _____

Permanent Address: _____

Phone Number: _____

Email: _____

Academic Program: _____

Academic Program Address: _____

Academic Director: _____

Academic Director Phone Number: _____

Academic Director Email: _____

Date of completion of academic coursework: _____

Degree(s) to be awarded:

Primary Instrument: _____