**Instructions:** This application may be submitted via US Mail or electronically (send all documents in .pdf format). Please make every effort to submit all application pieces in one mailing (whether digital or hard-copy). If you must submit some materials separately, please note this in your cover letter.

Internship start date will be no earlier than May 1, no later than July 1—start date will be contingent on completion of legal affiliation agreement between SUNY Upstate and the intern’s academic program, as well as completion of the intern’s individualized internship agreement. Applications are due January 15, with applicant notification by March 1.

**Personal Information**

Name (First and Last): Click here to enter text.

Mailing Address: Click here to enter text.

Permanent Address (if different from mailing): Click here to enter text.

Email: Click here to enter text. Phone: Click here to enter text.

Preferred Internship Start Date: Click here to enter a date.

**Academic Program Information**

Institution Name: Click here to enter text.

Name of Academic Program Director: Click here to enter text.

Program Director’s Email: Click here to enter text. Program Director’s Phone: Click here to enter text.

**Application Checklist:**

**Cover Letter (1 page)**

Your cover letter should serve as an introduction. Please explain why you are applying for a music therapy internship at Upstate Golisano Children’s Hospital, what you hope to gain from your internship experience, and why you would be a good internship candidate. You may also use your cover letter to highlight any experiences from your resume that you feel are especially pertinent to your internship application.

**Resume**

Please be sure your resume includes your anticipated program completion date, practicum experiences, major instrument, and any related work experiences/skills.

**Philosophy of Music Therapy Essay**

Please submit a short essay (1-2 pages) explaining your personal philosophy of music therapy. The essay should elucidate your understanding of the use of music as a therapeutic tool and may include a vignette or two about your experiences utilizing music with clients to illustrate your points. However, please be mindful of client privacy and be sure to omit any identifying information.

**Music Therapy Application Examples**

Choose two different patient types that you may expect to encounter in a pediatric medical setting (not NICU) and provide an example application for each. Consider patient age, developmental level, diagnosis, and length of stay as you develop your applications. Be sure your outline includes all materials needed for the application, patient population for the application, as well as the goal(s) of the application. If you are using a precomposed song, please cite appropriate copyright holders (or credit the original artist), and if you are adapting an application from a practicum experience, please note this. Again, please be mindful of client privacy and be sure to omit any identifying information.

**Recording(s) of 3 Musical Examples**

Please provide a recording (or separate recordings) of three music examples that highlight your skills as a musician. These examples may be video or audio recordings, but ***you*** *must be the* ***sole musician*** *in all examples*. You may submit these on a CD/DVD, USB Drive, via private video sharing link (e.g. YouTube, Vimeo) or via DropBox/GoogleDrive File. Please include at least one example of a sung pop song with guitar or piano accompaniment. On the lines below, please indicate titles, artists, and your role in the example [e.g. “Golden” (Ruth B), sung with guitar accompaniment; “Self-titled”(original composition), sung with piano accompaniment; “Clair de Lune” (Debussy), piano]

* + - Example 1:Click here to enter text.
    - Example 2:Click here to enter text.
    - Example 3:Click here to enter text.

**Official Transcript**

**3 Letters of Recommendation**

Academic Program Director, which also verifies eligibility for Internship

Name: Click here to enter text.

Practicum Supervisor who has knowledge of your music therapy clinical skills

Name: Click here to enter text.

An additional letter from someone who has direct knowledge of your interpersonal/professional skills and character—may be from another supervisor, employer, etc.

Name: Click here to enter text. Relationship: Click here to enter text.

**Statement of Original Work**

By signing below, I verify that the information included in this application is my original work, unless otherwise cited, and is true and accurate to the best of my knowledge.

**Signature:** Click here to enter text. **Date:** Click here to enter a date.

(Submitting an application via email with typed name implies electronic signature by the applicant.)

**Statement of Understanding—Legal/Administrative Requirements**

*Students’ academic programs must enter into a contract with our legal department.* Contracts include a requirement for liability insurance; if a student’s academic program does not provide liability insurance for the student, the student will need to purchase their own, as specified in the contract. Once a contract is complete, the intern will be responsible for completing a health assessment including vaccination titers (for Rubella, Rubeola, and Varicella) and 2-step TB test (see <http://www.upstate.edu/health/forms.php>). An intern’s physician or health care provider must sign the Certificate of Health, but the TB test and titers may be completed at SUNY Upstate’s Employee/Student Health office at no cost to the intern. A tetanus/diphtheria vaccine is recommended within 10 years, but not required—this can also be obtained at no cost on-site. Per NYS Health Department, interns must receive the flu vaccination (provided free of charge by the hospital) or wear an isolation mask for the duration of flu season. Interns will also be required to complete training modules in EPIC (electronic medical record), Vocera (communication device), and HIPAA (confidentiality) during their internship hours. A $3000 stipend is available for music therapy interns to help offset costs; the stipend will be paid in two equal increments, once at 3 months and once at completion of the internship.

By signing below, I verify that I have read and understand the administrative and legal requirements of an internship at Upstate Golisano Children’s Hospital.

**Signature:** Click here to enter text. **Date:** Click here to enter a date.

(Submitting an application via email with typed name implies electronic signature by the applicant.)

**Completed Application, including Checklist and Signatures (this document)**