



Music Therapy
Internship Application

SSM Health Cardinal Glennon Children's Hospital
1465 South Grand Blvd.
St. Louis, MO 63104
314-577-5600
CGCHmusictherapy@ssmhealth.com

Dear Applicant,

Thank you for your interest in the Music Therapy Internship program at SSM Health Cardinal Glennon Children's Hospital. We are a National Roster Internship Site through the American Music Therapy Association (AMTA). Once a year, we offer a 1,040 hour internship with a start date in January, to be determined together by student and internship staff.

Students interested in applying for internship must email the completed application requirements **no later than June 1st**. The internship director will notify each applicant once all components have been received and their application is complete. Incomplete applications will not be reviewed. The music therapy team will then review all completed applications, and if selected, the student will be contacted for an interview.

Upon acceptance to the internship, a legal affiliation agreement between the student's university and SSM Health Cardinal Glennon Children's Hospital is required.

For questions regarding the internship program and application process, please email CGCHmusictherapy@ssmhealth.com. Completed applications should also be sent to CGCHmusictherapy@ssmhealth.com with the subject line as "*Last Name Internship Application*" (ex. Iverson Internship Application).

Sincerely,

Kimberly Iverson, MM, MT-BC, NICU-MT
Music Therapy Internship Director
CGCHmusictherapy@ssmhealth.com

Applicant Information

Name: Click or tap here to enter text.

Date: Click or tap here to enter text.

Email: Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

College or University: Click or tap here to enter text.

Major: Click or tap here to enter text.

Anticipated Completion Date of Pre-Internship Course Work: Click or tap here to enter text.

Principle Instrument and Years Studied: Click or tap here to enter text.

Academic Director: Click or tap here to enter text.

Email: Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

Short Answer

1. In 100 words or less, describe why you decided to pursue music therapy as a career.

Click or tap here to enter text.

2. Elaborate on your philosophy of music therapy and your specific strengths or skills that lend to this way of practice.

Click or tap here to enter text.

3. Why do you wish to pursue medical music therapy and what traits make you a good fit for this setting?

Click or tap here to enter text.

4. Discuss 3-5 personal/professional goals for your internship experience, and how this specific internship site will assist you in reaching your goals.

Click or tap here to enter text.

5. Describe a positive and challenging situation you have been in during your academic training and discuss what you learned from each.

Click or tap here to enter text.

Additional Student Requirements

A. Each of the following documents should be attached in the same email as this application and sent at one time to the internship director.

1. Submit a comprehensive resume. Be sure to identify any clinical experience and please including the setting, supervisor, and description of the experience. Also include any related non-clinical experience, such as volunteer hours or other employment positions.
2. Attach a college transcript or copy of official grade report.

B. A total of four letters are needed. Three recommendation letters are required that address the applicant's musical, clinical, and/or professional skills. One recommendation letter needs to be from a prior clinical supervisor. The fourth letter should be a letter of eligibility from the applicant's academic director. If one of your recommendation letters is coming from your academic director, it is acceptable for their letter of eligibility to be included in their recommendation. Each of these letters should be sent from the writer directly to the above email listed: CGCHmusictherapy@ssmhealth.com. Please ask that the subject line be "*Applicant's Last Name Recommendation Letter*" (ex: Iverson Recommendation Letter).

1. Name of Person Providing Recommendation Letter #1: Click or tap here to enter text.

Relationship to Applicant: Click or tap here to enter text.

Email: Click or tap here to enter text.

2. Name of Person Providing Recommendation Letter #2: Click or tap here to enter text.

Relationship to Applicant: Click or tap here to enter text.

Email: Click or tap here to enter text.

3. Name of Person Providing Recommendation Letter #3: Click or tap here to enter text.

Relationship to Applicant: Click or tap here to enter text.

Email: Click or tap here to enter text.

4. Academic Director Providing Letter of Eligibility: Click or tap here to enter text.

Email: Click or tap here to enter text.

Will this be included in a letter of recommendation (i.e. academic director is providing a recommendation letter and a letter of eligibility in one document)? Yes No

C. Each applicant is required to submit a video performing three songs that they feel could be useful in the pediatric medical environment. One should be accompanied by guitar, the second should be accompanied by piano, and the third should be accompanied by an instrument of your choice. Please post this as an unlisted video on YouTube and put the link here: [Click or tap here to enter text.](#)

Administrative Requirements

Once an offer for internship has been made, SSM Health Cardinal Glennon Children's Hospital will reach out to the prospective intern's school to establish a legal affiliation agreement. Typically, this includes liability insurance. If not, then it is the responsibility of the student to attain liability insurance for themselves. This program also requires complete immunization records, a background check, TB test, flu shot, and CPR certification. If costs are associated with these, it is the responsibility of the student. Lastly, prospective interns will be required to read, agree to, and sign SSM Health's confidentiality agreement and standards of ethical conduct document.

Electronic Signature

I am confirming that the information provided is accurate and is my own original work. I understand that incomplete applications will not be reviewed, and I confirm meeting the entry level requirements as listed on the fact sheet. If selected as an intern, I understand that I am responsible for covering any costs associated with orientation.

Applicant's e-signature: [Click or tap here to enter text.](#)

Date: [Click or tap here to enter text.](#)