

THE CHILDREN'S HOSPITAL OF PHILADELPHIA
CHILD LIFE, EDUCATION and CREATIVE ARTS THERAPY DEPARTMENT
CREATIVE ARTS THERAPY PROGRAM
INTERNSHIP APPLICATION

Art Therapy Internship, Master's Level

Please check one:

Acute Care
 Rehabilitation

Personal Information:

Name: _____ Home Phone: _____
Current Address: _____
Email Address: _____
Permanent Address: _____
Emergency Contact Person: _____ Phone: _____
Special Concerns/Needs: _____

College Education:

Undergraduate Institution _____
Major _____ Graduation Date: _____
Graduate Institution _____
Major _____ Graduation Date: _____
University Supervisor Name and Title: _____
University Supervisor Phone Number: _____

Relevant Experience:

(Any setting; list most recent experience first)

1. Name of Institution _____ Phone: _____
Dates: _____ Total Hours: _____ Supervisor: _____
Description of experience _____

2. Name of Institution _____ Phone: _____
Dates: _____ Total Hours: _____ Supervisor: _____
Description of experience _____

(Continue on back of page if necessary)

Please write a brief answer:

1. What are your best qualities?
2. What are the qualities that you are seeking to improve in yourself?

Application requirements:

In order to be considered for placement, please submit:

1. Completed application
2. 4-5 personal/professional goals for your training experience at CHOP
3. An essay describing your personal relationship with art
4. Your CV or resume.

Kindly return the completed application and attachments to:

Creative Arts Therapy Program
Child Life, Education & Creative Arts Therapy Department
34th Street & Civic Center Boulevard
Room 8540
Philadelphia, PA 19104
(215) 590-7975

Attention: Susan Worthington-Duffy
worthington@email.chop.edu

Completed applications (and any questions) can also be directed to
creativearts@email.chop.edu.