

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

CREATIVE ARTS THERAPY PROGRAM
INTERNSHIP APPLICATION

Please check one:

Music Therapy Internship, Master's Level

_____ *The Children's Hospital of Philadelphia (Main hospital)*
_____ *Children's Seashore House (Rehabilitation setting)*

Personal Information:

Name: _____ Home Phone: _____

E-mail Address: _____

Current Address: _____

Permanent Address: _____

Contact Person: _____ Phone: _____

Special Concerns/Needs: _____

College Education:

Name of Institution _____

Major _____ Graduation Date: _____

Name of 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 checklist:

In order to be considered for placement, please submit:

1. Completed application
2. 4-5 personal/professional goals for your training experience at The Children's Hospital of Philadelphia/Seashore House
3. An essay describing your personal relationship with music

Kindly return the completed application and attachments to:

Creative Arts Therapy Program

Child Life and Education Department
The Children's Hospital of Philadelphia
34th Street and Civic Center Boulevard
Room 8540
Philadelphia, PA 19104
(267) 426-0211

Attention: Patrick Lipawen

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