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

Dear Applicant,

Thank you for your interest in our creative arts therapy internship program. Up to three times a year we offer entry-level training in the Child Life, Education and Creative Arts Therapy Department. This training is intended to introduce individuals to the creative arts therapy field and develop their interventions skill set as a therapist, as well as the variety of experiences facing children and adolescents in a healthcare setting. A Board Certified Art Therapist (ATR-BC), Board Certified Music Therapist (MT-BC), or Board Certified Dance/Movement Therapist (BC-DMT) will supervise the student as he or she participates in individual and group sessions with children and families.

Interns may work within an acute care setting or rehabilitation setting with children and adolescents during their training experience. The pediatric acute care setting at CHOP includes working with patients and families with chronic and/or serious illnesses (like cancer, kidney failure, diabetes, asthma, sickle cell disease, epilepsy, heart conditions, failure to thrive, cystic fibrosis, eating disorders, psychiatric emergencies, etc.) as well as with patients recovering from surgery or needing observation. The pediatric rehabilitation setting at CHOP includes working with patients and families who are receiving structured, intensive rehab services to address gross motor, fine motor, speech and/or pain management needs. These patients often receive rehabilitation services over several weeks.

Art Therapy intern candidates must be enrolled in an American Art Therapy Association (AATA) approved graduate Art Therapy program. Music Therapy intern candidates must be enrolled in an American Music Therapy Association (AMTA) approved undergraduate or graduate Music Therapy program. Dance Movement Therapy intern candidates must be enrolled in an American Dance Therapy Association (ADTA) approved graduate program. Applicants must demonstrate a strong background in child development, the application of art/music therapy in child development, knowledge of psychosocial issues related to illness and hospitalization and experience working with children.

Application submission deadlines are as follows:

**For placement session:**  **Application postmarked by:**

**Summer session**: Begins May   ***Application postmark deadline:****December 15*

**Fall session:**Begins August***Application postmark deadline:****March 15*

**Spring session:**BeginsJanuary **Application postmark deadline:**August 15

**The application deadline is a postmarked deadline.**

All required materials must be postmarked by the application session deadline to be considered. **We will not accept applications that are hand delivered.** Application is not a guarantee of acceptance. Due to the expectation that we provide students with quality supervision and education during placement, a limited number of students are accepted per session. We will be evaluating all applications for the designated session after the application deadline date. Should you have any further questions please call the Child Life, Education and Creative Arts Therapy Department at 215-590-2001.

Sincerely,

Child Life, Education & Creative Arts Therapy Department

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

**Please check which program and session date you are applying for:**

Art Therapy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Music Therapy \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dance Movement Therapy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal Information:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**College Education: (Please list all academic institutions that you have attended, current listed first):**

Name of Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Graduation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

University Contact & Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Internship Experience Requirements from University (i.e., **Total hours required**, full-time/part-time with courses, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Graduation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

University Contact & Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Relevant Experience: (Include any setting with most recent experience listed first)**

1. Name of Institution and Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor & Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates: \_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_

Total Hours: \_\_\_\_\_\_\_\_\_

Description of experience\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Name of Institution and Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor & Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates: \_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_

Total Hours: \_\_\_\_\_\_\_\_\_

Description of experience\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Name of Institution and Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor & Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates: \_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_

Total Hours: \_\_\_\_\_\_\_\_\_

Description of experience\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Application requirements:**

In order to be considered for internship placement, please submit:

1. Completed application

2. A current resume

3. 4-5 personal/professional goals for your training experience at The Children’s Hospital of Philadelphia

4. \*\*\***For Art Therapy and Dance/Movement Therapy Applicants, and Music Therapy Graduate Student Applicants Only:** 300 to 500 word essay describing your philosophy of respective creative arts discipline (art, music, dance) and how you propose that an internship experience will contribute to your professional goals

5. An essay describing your personal relationship with art, music, or dance

6. A copy of academic transcripts from all institutions attended

7. Two letters of professional recommendation

**Please submit all completed application packets by the stated application deadline for the particular session you are interested in.**

**Application packets can be emailed to** [**CATStudentProgram@chop.edu**](mailto:CATStudentProgram@chop.edu) **in PDF or Microsoft Word (.doc, .docx) format.**