



CENTRAL STATE HOSPITAL

APPLICATION FOR MUSIC THERAPY CLINICAL TRAINING

Name: _____ **Date:** _____

Current Mailing Address: _____

Permanent Mailing Address: _____

Phone Numbers: Current _____ **Permanent** _____

E-Mail: _____

College or University: _____

Academic Music Therapy Director: _____

Phone Number: _____

Date Academic Work Completed: _____

Date you wish to begin internship: January 20 _____ **July 20** _____

Principal instrument and years studied: _____

List any other instruments on which you are proficient with years studied and proficiency level rating (poor, average, good).

Briefly describe your practicum experience.

Briefly describe any other work or volunteer experience in music therapy related areas.

Please state why you are interested in becoming a music therapist.

Briefly describe any experiences in clinical experience or in your personal life that have impacted your development as a music therapist.

What do you perceive as your greatest strengths and weaknesses?

What are your personal and professional goals for internship?

Please rate (one being the most interested) which populations you are most interested in working with:

_____ **Short-term adult psych**
_____ **Short term child & adolescent psych**
_____ **Long-term psych**
_____ **Developmentally disabled adults**
_____ **Forensic psych**
_____ **Geriatrics**

Please include with this application:

Two letters of recommendation (One from head of Music Therapy department)

Current college transcript

Recording of student's musical abilities (either audio or video)

Applications must be received three months before desired start date.

October 1st for those wishing to begin in January

April 1st for those wishing to begin in July.

Applicants will be contact after this point to set up interviews, which may be conducted over the phone if necessary

**Mail to: Meredith Taylor, MT-BC
Central State Hospital
Powell Building
620 Broad St.
Milledgeville, Ga. 31062**