



## APPLICATION FOR MUSIC THERAPY INTERNSHIP

Please mail application, videos, letters of recommendation, transcript, resume, and letter of verification in **one envelop** to the address listed. The entire application should be **typed** in Times New Roman, 12-point font to:

Heather Rogers, MEd. MT-BC  
Neurologic Music Therapist  
PO Box 88  
Roanoke, IN 46783  
[heather@itismusictimellc.com](mailto:heather@itismusictimellc.com)  
260-437-3083

- Complete **official** copy of academic transcripts from all colleges/universities attended. Photo copies are not permitted.
- Three** letters of recommendation addressing musical, clinical, and professional skills of applicant. In addition, letters should address: (a) What are the student's major assets and liabilities? And (b) describe the student's learning style, i.e. how does he/she incorporate or integrate new information or skills? Recommendations should be sealed and signed by the writer, photocopies or unsigned recommendations are not permitted.
  - one letter of Verification from the Academic Director
  - two letters from a practicum supervisor, employer, or other professional
- Current resume
- Personal Contact Information
- An example of your best clinical documentation style (goals and objectives, SOAP notes, progress reports, etc.) Please do not include any identifying information if an actual case is utilized.
- Prepare to play 3 pieces: Sing and play guitar, sing and play piano, and a brief piece on your major instrument. Successful interview completion will also include sight reading on piano or guitar.
- Short answer questions
  - What lead you to pursue a career in Music Therapy?
  - Why are you interested in doing your internship at It Is Music Time LLC?
  - What strengths (musical, professional, and personal) would you bring to this internship?

- What skills (musical, professional, and personal) would you like to improve through this internship experience?
- What style of supervision do you feel best meets your needs?
- What do you hope to achieve during your internship?

**ADDITIONAL REQUIREMENTS THAT MUST BE COMPLETED PRIOR TO THE START OF AN INTERNSHIP AT IT IS MUSIC TIME LLC:**

- Signed confidentiality statement
- Limited criminal history state background check (past 3 years)
- Limited criminal history county background check (past 3 years)
- Completion by the intern TB testing (a copy of negative results read by a doctor)
- Proof of liability insurance
- Copy of your driver's license
- Proof of Auto Insurance
- A signed legal agreement between the university and It Is Music Time LLC, initiated and completed by the internship director and the school;

**Interview process:** Upon receipt of completed application package, applicants will be reviewed and selected applicants will be contacted within six months of selected start date. A personal interview is an additional part of the application process. You will be required to demonstrate your clinical and musical skills during the interview. If you are unable to attend a personal interview due to distance from Roanoke, then a Google Meet interview will be conducted, during which you will be asked to demonstrate your skills. Each applicant will be notified in writing regarding the status of their application following the on-site interview within three months of desired start date. Following acceptance, a legal affiliation agreement between the student's University and It Is Music Time LLC is required. Interns will not be allowed to start their internship until a signed copy (by all parties) of this agreement is complete.

**Application Deadlines:** Applications will be accepted for start dates in August, and should be received six months prior to the internship start time. Notification of internship acceptance or denial will be sent at least three months prior to the preferred internship start time.

**ACKNOWLEDGMENT STATEMENT (MUST BE SIGNED BY THE APPLICANT):**

In submitting this application, I acknowledge the statements and information in my application are both true and accurate personal information as of the date sent. Furthermore, I acknowledge that I am fully aware of the information stated in this document, and understand the above stated additional requirements that must be completed prior to beginning an internship at It Is Music Time LLC, should I be accepted.

Signature of Applicant: \_\_\_\_\_

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

Date: \_\_\_\_\_



## APPLICATION FOR MUSIC THERAPY INTERNSHIP – Entry Level Skills

### Checklist for Evaluation of Entry Level Requirements

#### Applicant:

This student is applying for an internship with It Is Music Time LLC. In order for us to fully assess his/her entry level skills we need your assistance. Please complete this checklist and return it to the student to be included in the application materials.

#### Educator:

#### Date:

#### Academic Position:

Y = yes

N = No

NI = Needs Improvement

#### Musical Skills

	Ability to play basic chord progressions (I, IV, V) on the guitar in at least 3 keys to accompany singing
	Ability to play basic chord progressions (I, IV, V) on the piano/keyboard in at least 3 keys to accompany singing.
	Ability to accompany a song on guitar and/or keyboard and lead a group in singing.
	Ability to play a melody on the piano/keyboard and accompany it with simple chord progressions.
	Demonstrate function use of voice, including singing in appropriate ranges, with correct pitch and appropriate rhythm and volume.
	Ability to transpose a simple song into 2 different keys on 2 different instruments, one of which must be guitar or q-chord.
	Ability to sight read a simple melody with written chordal accompaniment.
	Ability to improvise, using piano/keyboard, guitar/q-chord, ukulele, and/or rhythm instruments.
	Demonstrates a working knowledge of a variety of repertoire appropriate for various age groups
	General functional knowledge of music theory
	Knowledge of songs appropriate for all ages, birth to older adults

#### Therapeutic Skills:

	Ability to observe and assess a patient's response to music interventions, including the patient's mood, affect and behavior.
	Ability to accurately document progress from music therapy interventions.
	Ability to express themselves verbally and in writing in a professional manner.

	Ability to plan and implement age appropriate music therapy interventions.
	Demonstrate good time management skills.

Professional Qualities

	Ability to remain flexible, and value the diversity of patient populations encountered
	Ability to work independently.
	Demonstrate professionalism, and ability to interact well with other disciplines.
	Demonstrate ability to accept constructive feedback, and to seek assistance when needed.
	Demonstrate ability to follow It Is Music Time LLC policies and procedures.

Comments:



## APPLICATION FOR MUSIC THERAPY INTERNSHIP– Contact Information

### Personal Information

Name	
Address	
Permanent Address	
Phone Number (s)	
Email	

Do you require any special accommodations to adequately fulfill the internship responsibilities? If so, please explain:

### Educational Information

College/University	
Address	

Current Academic Status:  Undergraduate  Graduate Student  Equivalency

### Academic Director Information

Academic Director	
Phone Number	
Email	

Number of Clinical Hours Completed \_\_\_\_\_

Date academic coursework will be completed \_\_\_\_\_

Degree(s) to be awarded \_\_\_\_\_

Major Instrument \_\_\_\_\_ Years studied \_\_\_\_\_

What other instruments do you play as well? \_\_\_\_\_

What is your playing ability on guitar:            Beginner            Intermediate            Advanced?

What is your playing ability on keyboard:            Beginner            Intermediate            Advanced?