

MOBILE MUSIC THERAPY SERVICES OF ORANGE COUNTY

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Application for Internship

Name _____

Address _____

City/State/Zip Code _____

E-mail: _____ Phone: _____ Cell Phone: _____

Accredited AMTA Undergraduate School: _____

List all Professors/Instructors in the Music Therapy Department:

List undergraduate clinical field experiences, including supervisors, facilities, population types, dates of experiences, and any additional comments:

Musicianship: Major Instrument _____

Years of Piano Training _____

Years of Guitar Training _____

Years of Vocal Training _____

Please summarize your performance experiences:

What population are you most interested in serving, and why?

Do you have a friend or relative who has an illness or developmental challenge?
Please describe your experiences as a concerned person.

In detail, describe why you believe the internship offered by Mobile Music Therapy Services of Orange County would meet your professional growth needs.

Do you request any assistance in locating housing?

List Regional and National AMTA Conferences attended by month and date.

When did you decide to become a music therapist, and why?

Provide the names, addresses, home and cell telephone numbers of at least two persons to contact in the event of emergency.

Do you own a car?

If not residing in Orange, San Diego, or Los Angeles Counties, are you able to travel for a personal interview? If so, please indicate when.

Do you plan to work outside of the internship? If so, specify hours and type of employment.

Please submit the following with your application:

- Letters of recommendation from all music therapy instructors
- Letters of recommendation from piano, guitar, and voice instructors
- Letters of recommendation from all music therapy field work supervisors
- Official college transcript
- If not able to arrange a personal interview, an audio or videotape including one musical selection using piano, guitar, and voice

When do you expect to begin your internship?

I certify that all the information provided above is true, complete, and correct. I understand that any untruthful or incomplete information provided herein may result in termination of the music therapy internship. I agree to know and strictly adhere to the Standards of Clinical Practice of the American Music Therapy Association and the Certification Board for Music Therapists. I agree to hold strictly confidential any and all client information during the internship in accordance with HIPPA Regulations. I agree to respect all copyright and intellectual property laws regarding educational materials acquired during the internship.

Signature

Date