**NeuroRhythm Internship Application**

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| **Name:** |       |
| **Phone:** |       | **Email:** |       |
| **Address:** |       |
|  |  |  |  |
| **School:** |       |
| **School Address:** |       |
| **Academic Advisor:** |       |
| **Advisor Phone:** |       | **Advisor Email:** |       |
| **Degree Type:** |       | **Major/Minor:** |       |
| **Dates Attended:** |       | **Completion Date:** |       |
| **Preferred Start Date:** |       | **Other Start Date if****Preferred Not Available:** |       |

**Application Requirements**

1. NeuroRhythm Internship Application (this document).
2. Resume. Be sure to indicate clinical populations, whether they were individual or group sessions, and date range at each clinical site.
3. Official transcripts from all universities attended. Encypted electronic university email from the registrar is preferred.
4. Two Letters of recommendation, one from the Academic Advisor and one from a MT-BC Clinical Supervisor. The student may include a third letter if desired. The writers of the letters can email them or the student can email them, provided that they are pdf files on letterhead with signatures.
5. Video link or attachment: Include three songs appropriate for intellectual and developmental disabilities. One must be sung and accompanied on guitar, one sung and accompanied on piano, and one sung a capella. At least one song must be with a mock client and include the goal and objective. Do not use actual clients.

**Internship Requirements**

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| **Requirement** | **Initial** |
| If offered the internship, all the below requirements must be met by 1 month prior to the start date or the internship offer will be rescinded.  |       |
| Signed NeuroRhythm Background Check Release, and pass the background check  |       |
| Signed NeuroRhythm Drug Test Consent, and pass the drug test  |       |
| $125 non-refundable fee for the background check and drug test |       |
| Internship Agreement signed by all parties |       |
| Intern will maintain and provide proof of current driver’s license and car insurance coverage |       |
| Intern will maintain and provide proof of medical insurance coverage, and will be responsible for all health expenses |       |
| Intern will maintain and provide proof of CPR (infant, child and adult) and First Aid certifications. Intern will be responsible for paying for these certifications if not already completed or if expiring during the internship. |       |
| Intern will maintain and provide proof of student music therapy liability insurance. Consult your academic advisor to determine if the university covers this. If not, the Intern will be responsible for purchasing their own student music therapy liability insurance. AMTA recommends HPSO: [www.hpso.com](http://www.hpso.com). The cost for student music therapy liability insurance in Colorado is $37, although students should consult HPSO for the most current rates. |       |

**Contact Information**

**Email all application materials to:**

Kate St. John, MM, MT-BC

Music Therapist Board Certified

Neurologic Music Therapist Fellow

Behavior Analyst

Founder & Owner

Clinical Internship Director

719-213-4330

Kate.StJohn@NeuroRhythm.com

**Application Questions**

1. Describe your musical skills.
	1. Describe your main instrument, vocal, piano and guitar skills, including years studied and musical genre studied on each.

* 1. Describe your ability to transpose, improvise, and compose appropriate songs and musical interventions for client needs.

* 1. What do you know about Neurologic Music Therapy (NMT) and how do you feel about NeuroRhythm’s requirement to follow NMT clinical procedures?

* 1. What are your strengths in your musical skills?

* 1. What musical skills do you need to improve?

1. Describe your therapeutic skills.
2. Which populations are you most and least interested in working with and why?

1. Describe your ability to design appropriate therapeutic music interventions for client needs.

1. What do you know about Applied Behavior Analysis (ABA) and how do you feel about NeuroRhythm’s requirement to follow ABA clinical procedures?

1. Describe your experience and skill level in managing the therapeutic environment and client behaviors, and describe an example from your own experience.

1. What are your strengths in your therapeutic skills?

1. What therapeutic skills do you need to improve?

1. Describe your administrative and professional skills.
	1. Describe your administrative skills including planning, organization, observation of client responses, data collection, documentation, goal writing, and communication with others.

* 1. Describe your professional skills including maturity, responsibility, dependability, promptness, professional appearance and behavior, respect toward co-workers and supervisors, and ethics.

* 1. What are your strengths in your administrative and professional skills?

* 1. What administrative and professional skills do you need to improve?

1. Describe yourself as a music therapist.
2. Why do you want to be a music therapist?

1. What is your philosophy of music therapy, including what makes an exceptional music therapist?

1. Describe any experiences in your clinical practica or personal life that have impacted your development as a music therapist.

1. Where do you see yourself in 5-10 years? What are your professional goals?

1. Describe your interest in an internship with NeuroRhythm. Be familiar with NeuroRhythm’s “Vision and Mission” <https://neurorhythm.com/about-us/vision-mission/> and “Why Choose NeuroRhythm” <https://neurorhythm.com/about-us/why-choose-neurorhythm/> website pages.
	1. Discuss your view of how you see your own philosophy and values aligning with NeuroRhythm’s.

* 1. Why do you want to intern with NeuroRhythm over other internships?

* 1. What expectations do you have and what do you hope to gain from this internship?

* 1. What type of supervision do you find most beneficial to your own learning process?