Requested Start Month: \_\_\_ January \_\_\_ April \_\_\_ June \_\_\_ September

(Please rank first and second choices with ‘1’ and ‘2’ **if** you are willing to be considered for multiple start dates.)

Application Deadlines: **May 1** for January and April start dates

**November 1** for June and September start dates

**Contact Information:**

|  |  |
| --- | --- |
| Name: Click here to enter text. | Today’s Date: Click here to enter text. |
| Preferred Name: Click here to enter text. | Phone: Click here to enter text. |
| Permanent Address: Click here to enter text. | City/State/Zip: Click here to enter text. |
| Email: Click here to enter text. | Available for on-site interview?  Yes  No |

(Video interviews available for out of town applicants)

**Education:**

|  |  |  |  |
| --- | --- | --- | --- |
| School: Click here to enter text. | | Director of Music Therapy: Click here to enter text. | |
| Dates Attended: Click here to enter text. | | Phone: Click here to enter text. | Email: Click here to enter text. |
| Degree/Major: Click here to enter text. | | Anticipated Graduation Date: Click here to enter text. | |
| School (Other): Click here to enter text. | | | |
| Dates Attended: Click here to enter text. | | | |
| Degree/Major: Click here to enter text. | Graduation Date: Click here to enter text. | | |

**Music Skills:**

|  |  |
| --- | --- |
| Primary instrument: Click here to enter text. | |
| Voice | Advanced  Intermediate  Beginner |
| Guitar | Advanced  Intermediate  Beginner |
| Piano | Advanced  Intermediate  Beginner |
| Percussion | Advanced  Intermediate  Beginner |
| Other instruments: Click here to enter text. | Advanced  Intermediate  Beginner |
| Other musical skills: Click here to enter text. | Advanced  Intermediate  Beginner |

**Practicum Experience:**

|  |  |  |
| --- | --- | --- |
| Location/Population: Click here to enter text. | Supervisor: Click here to enter text. | Interventions: Click here to enter text. |
| Location/Population: Click here to enter text. | Supervisor: Click here to enter text. | Interventions: Click here to enter text. |
| Location/Population: Click here to enter text. | Supervisor: Click here to enter text. | Interventions: Click here to enter text. |
| Location/Population: Click here to enter text. | Supervisor: Click here to enter text. | Interventions: Click here to enter text. |

**Other:**

|  |
| --- |
| Special trainings or certifications: Click here to enter text. |
| Professional memberships: Click here to enter text. |
| Languages: Click here to enter text. |

**References:**

|  |  |
| --- | --- |
| Name: Click here to enter text.  Title/Relationship: Click here to enter text. | Phone: Click here to enter text.  Email: Click here to enter text. |
| Name: Click here to enter text.  Title/Relationship: Click here to enter text. | Phone: Click here to enter text.  Email: Click here to enter text. |
| Name: Click here to enter text.  Title/Relationship: Click here to enter text. | Phone: Click here to enter text.  Email: Click here to enter text. |

**Disclaimer and Signature**

I certify that my answers are true and complete to the best of my knowledge. I acknowledge that if this application results in a position, any false or misleading information in this application or my interview may result in a release.

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

**Application/Evaluation Process & Checklist**

**All of the following materials must be submitted by the deadline to be considered:**

1. Completed application
2. Resume
3. Transcript (unofficial is acceptable)
4. Letter of eligibility AND recommendation from music therapy director
5. Two letters of recommendation from other professors or supervisors
6. Video recording (web link is acceptable)—please do not include clients in videos:
   1. Two selections with voice/piano; Verse-Chorus; Describe how you would use these songs in a music therapy session
   2. Two selections with voice/guitar; Verse-Chorus; Describe how you would use these songs in a music therapy session
7. Music therapy session plan for the following patients:
   1. 13 year old female with spina bifida and is very anxious about procedures and meeting new people; referral from a nurse for “emotional support and to encourage participation in other therapies”
   2. 2 year old male, typical development, inpatient for extended oncology treatment; referral from Child Life Specialist for “coping with hospital environment”
8. Please answer the following questions:
   1. What specific skills and experiences do you have that will benefit patients and families at Children’s? (500 words)
   2. Describe your musical background and skills, including any skills you need to develop. (150-250 words)
   3. Describe your therapeutic skills, including any skills you need to develop. (150-250 words)

**Email the above materials to:   
Sarah.woolever@childrensmn.org**

**Applicants will be evaluated using the following process:**

* Full application review
* On-site interview with MT team for selected applicants
  + Video accommodations can be made for long distance applicants
* Live audition on voice, guitar, and piano

**If accepted, additional requirements and processes are implemented:**

* Current DHS background check
* Immunization record—student is responsible for cost of Mantoux test and/or any required immunizations
* Memorandum of Agreement (Legal Affiliation Agreement) between academic institution and Children’s Minnesota. Official acceptance is contingent upon this agreement and it MUST be initiated immediately following an offer.

See complete process at <https://www.childrensmn.org/for-health-professionals/education/allied-nursing-graduate-ed/>