Dear Applicant,

Thank you for your interest in our creative arts therapy internship program. Up to three times a year we offer entry-level training in the Child Life, Education and Creative Arts Therapy Department.

This training is intended to introduce individuals to the creative arts therapy field and develop their interventions skill set as a therapist, as well as the variety of experiences facing children and adolescents in a healthcare setting. A Board Certified Art Therapist (ATR-BC) or Board Certified Music Therapist (MT-BC) will supervise the student as he or she participates in individual and group sessions with children and families. Dance Movement Therapy interns will be supervised by an off-site credentialed Dance Movement Therapist. Interns may work within an acute care setting or rehabilitation setting with children and adolescents during their training experience. The pediatric acute care setting at CHOP includes working with patients and families with chronic and/or serious illnesses (like cancer, kidney failure, diabetes, asthma, sickle cell disease, epilepsy, heart conditions, failure to thrive, cystic fibrosis, eating disorders, psychiatric emergencies, etc) as well as with patients recovering from surgery or needing observation. The pediatric rehabilitation setting at CHOP includes working with patients and families who are receiving structured, intensive rehab services to address gross motor, fine motor, speech and/or pain management needs. These patients often receive rehabilitation services over several weeks.

Art Therapy intern candidates must be enrolled in an American Art Therapy Association (AATA) approved graduate Art Therapy program. Music Therapy intern candidates must be enrolled in an American Music Therapy Association (AMTA) approved undergraduate or graduate Music Therapy program. Dance Movement Therapy intern candidates must be enrolled in an American Dance Therapy Association (ADTA) approved graduate program. Applicants must demonstrate a strong background in child development, the application of art/music therapy in child development, knowledge of psychosocial issues related to illness and hospitalization and experience working with children.

Application submission deadlines are as follows:

<table>
<thead>
<tr>
<th>Application postmarked by:</th>
<th>for placement session beginning in:</th>
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<tbody>
<tr>
<td>August 31\textsuperscript{st}</td>
<td>January</td>
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<tr>
<td>December 31\textsuperscript{st}</td>
<td>May</td>
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<tr>
<td>March 31\textsuperscript{st}</td>
<td>September</td>
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The application deadline is a postmarked deadline. All required materials must be postmarked by the application session deadline to be considered. We will not accept applications that are hand delivered. Application is not a guarantee of acceptance. Application is not a guarantee of acceptance. Due to the expectation that we provide students with quality supervision and education during placement, a limited number of students are accepted per session. We will be evaluating all applications for the designated session after the application deadline date. Should you have any further questions please call the Child Life, Education and Creative Arts Therapy Department at 215-590-2001.

Sincerely,

Student Program Coordinator
Child Life, Education & Creative Arts Therapy Department

February 2016
Please check which program and session date you are applying for:

Art Therapy _________________  Music Therapy ________________

Dance Movement Therapy ______________

**Personal Information:**

Name: __________________________________________  Phone Number: ________________

Email Address: _________________________________________________________________

Current Address:  _______________________________________________________________

Permanent Address:  ____________________________________________________________

Emergency Contact Person:  ____________________________  Phone: ___________________

**College Education:** (Please list all academic institutions that you have attended, current listed first)

Name of Institution:  _______________________________________________________________

Major:  ____________________________________  Graduation Date: ___________________

University Contact & Title: ______________________________________________________

  Phone Number:  _____________________________________________________________

Internship Experience Requirements from University (ie. total hours required, full-time/part-time with courses, etc):  ________________________________________________________________

Name of Institution:  _______________________________________________________________

Major:  ____________________________________  Graduation Date: ___________________

University Contact & Title: ______________________________________________________

  Phone Number:  _____________________________________________________________
Relevant Experience: (Include any setting with most recent experience listed first)

1. Name of Institution and Location _____________________________________________
   Supervisor & Title: ____________________________ Phone: _________________________
   Dates: __________ to __________    Total Hours: ______
   Description of experience________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

2. Name of Institution and Location _____________________________________________
   Supervisor & Title: ____________________________ Phone: _________________________
   Dates: __________ to __________    Total Hours: ______
   Description of experience________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

3. Name of Institution and Location _____________________________________________
   Supervisor & Title: ____________________________ Phone: _________________________
   Dates: __________ to __________    Total Hours: ______
   Description of experience________________________________________________________
   ____________________________________________________________________________
   ____________________________________________________________________________

(Continue on back of page if necessary)
Application requirements:

In order to be considered for internship placement, please submit:

1. Completed application
2. A current resume
3. 4-5 personal/professional goals for your training experience at The Children’s Hospital of Philadelphia
4. 300 to 500 word essay describing your philosophy of respected creative arts discipline (art, music, dance) and how you propose that a internship experience will contribute to your professional goals
5. An essay describing your personal relationship with creative arts discipline (art, music, dance)
6. A copy of academic transcripts from all institutions attended
7. Two letters of professional recommendation

Please submit all completed application packets by the stated application postmark deadline for the particular session you are interested in.

Application packets can be mailed to:
Child Life, Education, and Creative Arts Therapy Department
Children’s Hospital of Philadelphia, Main Hospital, Room 8540
34th & Civic Center Blvd.
Philadelphia, PA 19104
Attn: Student Programs Coordinator

February 2016