Dear Applicant,

Thank you for your interest in our creative arts therapy practicum program. Three times a year we offer exposure to the creative arts through training in the Child Life, Education and Creative Arts Therapy Department.

This training is intended to introduce individuals to the creative arts therapy field, as well as the variety of experiences facing children and adolescents in a healthcare setting. A specific Board-Certified Art Therapist or Board-Certified Music Therapist will supervise the student as he or she participates in observing and processing creative arts therapy sessions. The training takes place in the hospital setting and in an environment where children will be sick and in pain, while other children may be full of energy. It is important to think about your personal responses to learning in this type of environment which can sometimes be over-stimulating for individuals. Some students determine that this is not the most suitable training environment for them.

Practicum students must have completed core curriculum and must have demonstrated successful experiences with children. For art therapy practicum candidates, the core curriculum includes a minimum of 4 university courses in studio arts and a minimum of 4 university courses in psychology, including developmental psychology and abnormal psychology. For music therapy practicum candidates, students must be enrolled in a music therapy degree program. This type of training is highly recommended for those students who are considering a career as an art or music therapist. Practicum students must complete established number of weekly scheduled hours (typically 8-12 hours per week) for a period of approximately 14 weeks.

Application submission deadlines are as follows:

<table>
<thead>
<tr>
<th>Application postmarked by:</th>
<th>for placement semester beginning in:</th>
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<tbody>
<tr>
<td>September 1\textsuperscript{st}</td>
<td>January</td>
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<tr>
<td>January 15\textsuperscript{th}</td>
<td>May</td>
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<tr>
<td>May 1\textsuperscript{st}</td>
<td>September</td>
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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 semester. We will be evaluating all applications for the designated semester 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
Please indicate which program and semester (month/year) you are applying for:

Art Therapy ___________________  Music Therapy ___________________

**Personal Information:**

Name: __________________________________________  Phone Number: ______________

Email Address: ________________________________________________________________

Current Address: _______________________________________________________________

Permanent Address: ____________________________________________________________

Emergency Contact Person: ____________________________  Phone: ______________

**Current College Education:**

Name of Institution: _____________________________________________________________

Major: __________________________  Anticipated Graduation Date: ______________

Experience Requirements from University (ie. hours, dates, observations, etc): ___________

University Contact & Title: ________________________________________________________

    Phone Number: _______________________________________________________________

**Previous College Education Experience:**

Name of Institution: _____________________________________________________________

Major: __________________________  Dates Attended: _______________________________

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 personal/professional goals for your practicum experience at The Children’s Hospital of Philadelphia
4. A letter of intent of regarding your next academic and professional steps for your career path
5. An essay describing your personal relationship with creative arts discipline (art or music)
6. A copy of academic transcripts from current institutions
7. Letter of professional recommendation from academic advisor/course instructor that includes practicum course requirements and expectations from the university

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