

# Application for Music Therapy Internship

The McGuire Group Health Care Facilities  
c/o Northgate Health Care Facility  
7264 Nash Road, North Tonawanda, NY 14120  
Phone:(716) 694-7700 ext. 148 Fax:(716)614-1613  
Contacts: Terri L. Courts-Kasprzak MT-BC, LCAT- Internship Director

Date: \_\_\_\_\_  
Prefix: (Please circle one) *Miss Mrs Mr or Prefer not to disclose*  
Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
Cell phone number: ( \_ \_ ) \_ \_ - \_ \_ \_ \_ Email address: \_\_\_\_\_  
Current address:  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone (if available: ( \_ \_ ) \_\_\_\_\_  
Permanent address:  
Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone: ( \_ \_ ) \_\_\_\_\_  
College or University: \_\_\_\_\_  
Address of Academic Institution: \_\_\_\_\_  
Name of Academic Advisor: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Major: \_\_\_\_\_ Minor: \_\_\_\_\_ Major Instrument: \_\_\_\_\_  
Dates Attended: \_\_\_\_\_ to \_\_\_\_\_  
Scheduled date of course work completion: \_\_\_\_\_ Preferred start date of internship: \_\_\_\_\_  
(Please email [tkasprzak@mcguiregroup.com](mailto:tkasprzak@mcguiregroup.com) for current start dates and enter above):

In addition, please submit the following:

- A. A resume describing your clinical practicum, work, and volunteer experience.
- B. 3 letters of reference (signed and sealed) from
  - 1.) Your academic supervisor. Please include in reference verification of student's eligibility.
  - 2.) One clinical practicum supervisor
  - 3.) Employment or personal reference
- C. An official copy of all college transcripts
- D. On a separate sheet of paper, please answer the following:
  - 1.) Why have you chosen the field of music therapy?
  - 2.) What strengths, skills, and/or experiences have prepared you for the position of Music Therapy Intern. What skills do you hope to improve upon during an internship?
  - 3.) What is your philosophy of music therapy with older adults? Please also address specifically your philosophy of music therapy with adults with dementia.
  - 4.) Please discuss any other educational, work, or life experiences that have prepared you for the position of Music Therapy Intern with The McGuire Group. Please also include awards or scholarships that you have received.

Upon acceptance, prospective intern is required to complete and provide the following:

- 1.) Proof of a recent physical- no more than six months prior to start date
- 2.) **Affiliation** document between The McGuire Group and above student's Academic Institution completed and signed by all required parties

On-site interviews and auditions will be scheduled upon receipt of all of the above information.