

Music Therapy Student Internship Program Application

All Applications are to be electronically filled out and submitted to Renard Peeples

Email: Renard.Peeples@Brooksrehab.org

Fax: 904-345-7193

Mail: Brooks Rehabilitation
Attn: Renard Peeples, Brooks
IHL 3599 University Blvd South
Jacksonville, FL 32216

Please include a resume and unofficial transcript with your application submission.

Questions? Contact Danielle Porter, Music Therapy Student Internship Coordinator:
Danielle.Porter@Brooksrehab.org

Potential Internship Period: January June

Name: _____

D.o.B: _____ **Phone Number:** _____

Email Address: _____

Current Address: _____

Street Address

City

State

Zip

Major Instrument: _____

School _____ **Expected Graduation Date:** _____

**Brooks Rehabilitation requires a Signed Affiliation Agreement to complete and internship as this opportunity is not offered through AMTA's National Internship Roster.*

Academic Music Therapy Director: _____

Email Address: _____

Address: _____

Street Address

City

State

Zip

Phone Number: _____ **Fax:** _____

Please Provide the Following 3 References:

1. Director of Music Therapy: _____

Email Address: _____

Phone Number: _____

2. Practicum Supervisor: _____

Email Address: _____

Phone Number: _____

3. Personal/Employment Reference: _____

Email Address: _____

Phone Number: _____

Please fill out the below questions in a word document if extra space is needed

1. Describe your musical skills and background. On what instruments are you proficient? What musical skills do you need to improve?

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2. Please describe any experience in clinical practice, or personal life that have impacted your development as a music therapist.
3. Why are you interested in completing an internship with the Brooks Rehabilitation System of Care?
4. Please describe your ideal work environment and pace.