**Dynamic Lynks**

**Application for National Roster Music Therapy Internship**

Internship Director Contact Information:

Ava Marvin, MT-BC, CYT 200, Internship Director & Student Coordinator

Facility Address: 1100 Lake St., Suite LL65, Oak Park, IL 60301

Telephone: +1 (815)-260-9942

Email Address: [ava@dyanmiclynks.com](mailto:ava@dyanmiclynks.com)

Please email all completed application material to ava@dynamiclynks.com:

1. This completed application form
2. Your resume
3. A video or audio recording of you performing an original song (a song that you wrote/composed the lyrics and music yourself)

Due dates:

* For an September start:
  + Application is due by the end of January
  + Please submit your application between as early as January 15 and no later than January 30
  + Interviews held in February

For full time internship: estimated start date will be at the start of September and estimated end date will be in May.

Please also arrange for:

1. A letter of recommendation from a music therapy professor or practicum supervisor
   1. Please have your reference include information about your musical, clinical, and documentation skills, personal attributes and strengths, as well as areas for continued growth/learning.
2. A letter of eligibility from the Director of the music therapy program at your institution

***References and letter of eligibility should be emailed from the writer directly to*** [***ava@dynamiclynks.com***](mailto:ava@dynamiclynks.com) ***by the application due date***

**Personal Information:**

Name:

Current Address:

Phone Number:

Email:

**School Information:**

School:

Major (and Minor if applicable):

Expected Date of Completion of Coursework:

Director of Music Therapy Program:

Phone Number:

E-mail:

**Musical Skills:**

Primary Instrument:

Please list any other instruments you are comfortable playing:

**Music Therapy Written Responses (bullet point formatted response, paragraphs, or other preferred communication methods are acceptable - please choose what is most accessible for you):**

Please list your Pre-internship Clinical Experiences:

(include: facility names, populations/settings, and goals)

What are your 3 preferred/most interested in clinical populations to work with?

What is your Music Therapy mission statement?

Define what neurodiversity means to you and how it impacts your clinical practice.

Please provide one intervention plan (either below or attached) appropriate for a school-aged Music Therapy group (ages 5 – 10) for children with neurodivergent diagnoses such as Autism, sensory processing disorder, and ADHD with a focused goal on at least one of the following goal areas: social communication, peer relations, sensory regulation, and/or emotional expression/regulation skills.

What are your future plans after completing your internship?

Please let us know anything else you want us to know about you! (other interests, hobbies, skills, personal traits, ect.)

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