

Dynamic Lynks

Application for National Roster Music Therapy Internship

Internship Director Contact Information:

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

Facility Address: 7213 Roosevelt Road, Forest Park, IL 60130

Telephone: +1 (708) 620-2374

Email Address: ava@dynamiclynks.com

Where to Send:

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)

Please also arrange for:

1. A letter of recommendation from a music therapy professor or practicum supervisor
 - a. 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 a letter of eligibility should be emailed from the writer directly to ava@dynamiclynks.com by the application due date

Application Due Date:

We accept 2 Music Therapy Interns for a September start date each year.

- Applications can be submitted between October 1st through the end of October.
 - For example: for a desired internship start date for September 2026, applications can be submitted as early as October 1st, 2025.

Start Date:

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

DYNAMIC LYNKS' INTERNSHIP APPLICATION

Personal Information:

Name:

Current Address:

Phone Number:

Email:

College/University Information:

Name:

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:

Clinical Practice and Skills:

(Bullet point formatted response, paragraphs, or other preferred communication methods are acceptable - please choose what is most accessible for you)

1. List your Pre-internship Clinical Experiences:
(include: facility names, populations/settings, and goals)

2. What are your 3 preferred clinical populations to work with or 3 you are most interested in working with?
3. What is your Music Therapy mission statement?
4. Define what neurodiversity means to you and how it impacts your clinical practice.

Sample Session Plan

Please provide one intervention plan (either below or attached) appropriate for:

- A school-aged Music Therapy group for children (ages 5 – 10)
- 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.

Professional Goals

What are your future plans after completing your internship?

About You

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

Applicant Name / Signature / Date