



**Huntsville Hospital for Women & Children  
Music Therapy Internship Application**



**Mae McLaughlin, MMT, MT-BC, NMT**  
**Internship Director**  
 245 Governors Drive SE  
 Huntsville, AL 35801  
[hhsys.music.therapy@gmail.com](mailto:hhsys.music.therapy@gmail.com)  
 (256)265-4461

For Internship Session: Fall  Spring   
 Year Year

**Personal Information:**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	First Name	Middle Initial	Preferred Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
Cell Phone Number	Permanent Phone Number	Email Address

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Current Address	City	State	Zip

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Permanent Address	City	State	Zip

**Academic Information:**

List ALL colleges/universities attended:

Institution	Dates Attended	Major/Minor	Completion Date	Degree Sought/Earned	GPA
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please list any Honors and Outstanding Achievements:

<input type="text"/>
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Academic Advisor:

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Name

Phone Number

Email Address

**Music Therapy Practicum Experience:**

Site #1 Name:

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Site Address:

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Practicum Supervisor:

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Name

Phone

Email

Population:

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Dates:

--

(m/y – m/y)

Hours per Week:

--

Total Hours:

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Brief Description:


Site #2 Name:

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Site Address:

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Practicum Supervisor:

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Name

Phone

Email

Population:

--

Dates:

--

(m/y – m/y)

Hours per Week:

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Total Hours:

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Brief Description:


Site #3 Name:

Site Address:

Practicum Supervisor:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Name

Phone

Email

Population:

Dates:

(m/y – m/y)

Hours per Week:

Total Hours:

Brief Description:

<input type="text"/>
<input type="text"/>
<input type="text"/>

Site #4 Name:

Site Address:

Practicum Supervisor:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Name

Phone

Email

Population:

Dates:

(m/y – m/y)

Hours per Week:

Total Hours:

Brief Description:

<input type="text"/>
<input type="text"/>
<input type="text"/>

Site #5 Name:

Site Address:

Practicum Supervisor:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Name

Phone

Email

Population:

Dates:

(m/y – m/y)

Hours per Week:

Total Hours:

Brief Description:

<input type="text"/>
<input type="text"/>
<input type="text"/>

Site #6 Name:

Site Address:

Practicum Supervisor:

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Name

Phone

Email

Population:

Dates:

(m/y – m/y)

Hours per Week:

Total Hours:

Brief Description:

<input type="text"/>
<input type="text"/>
<input type="text"/>

**Additional Experience:**

Volunteer Experience:

Site Name	Role	Supervisor Name	Phone/Email	Brief Description

Work Experience:

Site Name	Role	Supervisor Name	Phone/Email	Brief Description

Organizational Experiences:

Please list any Professional, School, and Community Involvement in organizations.

Organization Name	Brief Description	Role

**References:**

3 signed letters of recommendation emailed directly from reference completed by:

- Academic director verifying internship eligibility
- Professional contact from work or volunteer experience
- Individual who has supervised or observed you providing music therapy

**Writing Prompts:**

Submit your response (300-500 words) to each of the following:

- Describe one positive and one challenging moment you've experienced as a student in clinical practice.
- What are your personal strengths and challenges?
- What excites you most about this internship?

**Student Attestation & Signature:**

Please read the student attestation below and provide your signature and the date below.

I confirm that the information provided in the application is true to the best of my knowledge. I further understand that any false statements on the application shall be sufficient cause for rejection for this internship or immediate discharge when discovered. Incomplete applications will not be considered. I hereby authorize my former supervisors and references to release information regarding my past experiences to assist this committee in determining my suitability for the internship. By signing below, I acknowledge that a legal affiliation agreement with my university as well as proof of a background check, drug test, required immunizations and trainings will be provided should I be accepted.

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Signature

Date

**Application Checklist:**

- Completed application form
- Official transcript(s)
- Current resume
- 3 signed letters of recommendation emailed directly from reference as described
- Responses to each of the 3 writing prompts as described
- Student attestation with signature on previous page

Upon acceptance, the intern will also need to complete the following and provide subsequent documentation:

- Health/drug screen
- Criminal background check
- Proof of liability insurance through the academic program (additional liability insurance may be required and will be assessed if an offer is made and accepted by the intern, as per affiliation agreements)
- CPR certification
- Negative TB test within the past 3 months (if history of positive, a chest x-ray within the past year)
- Varicella (chicken pox) titer drawn
- MMR vaccination
- Completed series of 3 Hepatitis-B vaccines or informed refusal
- Tetanus/diphtheria booster is recommended if ten years have elapsed since last booster
- COVID-19 vaccination (either 2 Pfizer/Moderna vaccines or 1 Johnson & Johnson vaccine)
- Non-employee badge request form (\$20 for badge)

***Please note, these are not provided on site and must be completed prior to start date. Any associated costs will be paid by the intern.***

Please return completed application and required documentation to:

Mae McLaughlin, MMT, MT-BC, NMT  
[hhsys.music.therapy@gmail.com](mailto:hhsys.music.therapy@gmail.com)

Please direct any questions to [hhsys.music.therapy@gmail.com](mailto:hhsys.music.therapy@gmail.com).

The internship selection committee at Huntsville Hospital does not discriminate on the basis of race, creed, ancestry, color, religion, sex, national origin, age, marital status or disability. We reserve the right to not offer the internship every semester. The internship selection committee includes the internship director, supervising music therapist, other music therapists, the Manager of the Arts in Medicine, Canines for Coping, Child Life, Music Therapy, and The Caring House programs, as well as other staff members, including but not limited to R.N.s, Child Life Specialists and others.