

## Graduate Art Therapy Internship Application

\_\_\_\_\_  
**First Name**

\_\_\_\_\_  
**Last Name**

**For Internship Starting** (example Spring 2016): \_\_\_\_\_

**I attest that the information in this application is true and accurate to the best of my knowledge.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**Please note:** A formal affiliation agreement between Methodist Children's Hospital and your institution must be completed in order for internship experience to count towards course credit. This process may take up to 3 months to formalize; thus, a completed application must be submitted approximately 6 months prior to planned internship start date.

- Will your internship hours count towards course credit? Yes  No
- If so, what are the internship requirements at your institution?  
(total hours required, full-time/part-time, etc.)? \_\_\_\_\_

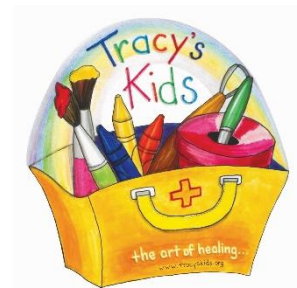
**Completed applications should be mailed or faxed to:**

**Art Therapist for Tracy's Kids Program  
Children's Cancer and Blood Center  
4410 Medical Drive  
Suite 550**

**San Antonio, TX 78229  
Fax: (210)-575-5936**

For additional questions or inquiries, please contact the Art Therapist for Tracy's Kids Program in San Antonio, TX at (210)-575-7767

\*please submit a copy of your resume along with this application



**Methodist**  
CHILDREN'S HOSPITAL

# Graduate Art Therapy Internship Application

## Personal Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ (M.I.) \_\_\_\_\_

Present Phone: \_\_\_\_\_ Permanent Phone: \_\_\_\_\_

Present Address:

Permanent Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
City, State/Providence      Zip Code

\_\_\_\_\_  
City, State/Providence      Zip Code

Out-of-state applicants, are you willing and/or able to relocate for this internship? Yes  No

If yes, please briefly state plan for relocation/housing:

\_\_\_\_\_

\_\_\_\_\_

## Academic Information \*please list all colleges/universities attended

1. College/University Name: \_\_\_\_\_

City, State/Providence: \_\_\_\_\_

Program Title: \_\_\_\_\_

Level (check one): Bachelor's  Master's

Dates of Attendance (mm/yy to mm/yy): \_\_\_\_\_ TO \_\_\_\_\_

Graduation Date (expected and/or completed): \_\_\_\_\_

2. College/University Name: \_\_\_\_\_

City, State/Providence: \_\_\_\_\_

Program Title: \_\_\_\_\_

Level (check one): Bachelor's  Master's

Dates of Attendance (mm/yy to mm/yy): \_\_\_\_\_ TO \_\_\_\_\_

Graduation Date (expected and/or completed): \_\_\_\_\_

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3. College/University Name: \_\_\_\_\_  
City, State/Province: \_\_\_\_\_  
Program Title: \_\_\_\_\_  
Level (check one): Bachelor's  Master's   
Dates of Attendance (mm/yy to mm/yy): \_\_\_\_\_ TO \_\_\_\_\_  
Graduation Date (expected and/or completed): \_\_\_\_\_

### Practicum Placement(s) & Relevant Experience

1. Organization/Employer: \_\_\_\_\_

\_\_\_\_\_  
Position Title

\_\_\_\_\_  
Hrs/Week for #weeks

\_\_\_\_\_  
Supervisor's Name & Credentials

\_\_\_\_\_  
Total Hours Completed

\_\_\_\_\_  
Supervisor's Title

\_\_\_\_\_  
TO \_\_\_\_\_  
Dates (mm/yy to mm/yy)

May we contact? Yes  No

\_\_\_\_\_  
Supervisor's Phone

2. Organization/Employer: \_\_\_\_\_

\_\_\_\_\_  
Position Title

\_\_\_\_\_  
Hrs/Week for #weeks

\_\_\_\_\_  
Supervisor's Name & Credentials

\_\_\_\_\_  
Total Hours Completed

\_\_\_\_\_  
Supervisor's Title

\_\_\_\_\_  
TO \_\_\_\_\_  
Dates (mm/yy to mm/yy)

May we contact? Yes  No

\_\_\_\_\_  
Supervisor's Phone

3. Organization/Employer: \_\_\_\_\_

\_\_\_\_\_  
Position Title

\_\_\_\_\_  
Hrs/Week for #weeks

\_\_\_\_\_  
Supervisor's Name & Credentials

\_\_\_\_\_  
Total Hours Completed

\_\_\_\_\_  
Supervisor's Title

\_\_\_\_\_  
TO \_\_\_\_\_  
Dates (mm/yy to mm/yy)

May we contact? Yes  No

\_\_\_\_\_  
Supervisor's Phone

## Graduate Art Therapy Internship Application

### Professional Involvement

Please list the names of professional organizations you are a member of:

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Do you currently hold any credentials or certifications (ex: ATR, LPC, LMFT, Registered Play Therapist, etc.)? If so, please list them below:

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### Essay Questions (approx. 200 words or less)

1. How did you first become interested in or aware of Art Therapy?
2. What have you done to increase your knowledge/awareness of the Art Therapy profession?
3. How do you see Art Therapy services being beneficial to children and their families during their health care experience?
4. Provide a specific example of how you used an Art Therapy intervention to meet the developmental and emotional needs of a child: