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Application for Internship

Name
Address
Phone
E-mail
What is the best way to reach you?

Why do you want to become a music therapist?

What drew you to this field?

What is your favorite population? Why?

Write goals and objectives for the following populations: 6 year old child with Autism in special education, 85 year old Alzheimer's patient in hospice who complains of pain, 35 year old blind patient with cerebral palsy.

Write a sample session plan for the same populations listed above, given the goals that you chose.

Tell me about a time when someone you loved died? What did your grief/grieving process look like?

Contact information for your academic director:

Name
Phone
E-mail
Mailing address

Please include the following items with your application: a practicum resume and work history, demonstration of documentation in the narrative (please change any names), copy of your official transcript(s), 2 letters of recommendation (one from a music therapy professor)

****Please submit all answers in a separate document, sharing as much information as needed****