

UCLA HEALTH MUSIC THERAPY INTERNSHIP APPLICATION FORM

PERSONAL INFORMATION

Name

First Name

Last Name

Address

Street Name

Date of Birth

City

Postal Code

Phone

Mobile Phone

EDUCATION

High School

Name

City

University/College

Name

City

Desired Internship
Start Date

Month/Year

Preferred

Interview Type?

Zoom

In Person

Please schedule an inquiry call with Jenna before completing this application to confirm eligibility/availability. Contact 310-775-0782 or jbollard@mednet.ucla.edu.

Upon completion please send this form and the following application requirements to jbollard@mednet.ucla.edu:

- Letter of interest (1-2 pages)
- 3 video recordings
- Resume
- 2 letters of reference from MT professors or clinical supervisors
- Letter of eligibility from MT chair
- Official transcript