UCDAVIS HEALTH | Child Life and Creative Arts Therapy

Application Requirements

Please read the following carefully and complete each step. Applications with missing materials or submitted after the due dates below will not be considered.

Internship Start Date	Application Due Date
August	January 15th

1. Send the following items in one email to jjbmiller@health.ucdavis.edu
   **Please note additional materials requested in items 2-4.*

   ☐ Completed application

   ☐ Resume

   ☐ Mock Intervention plan

   ☐ Any additional required materials and/or video links *(*video required for music therapy applicants only*)*

2. ☐ A letter of eligibility from your program director – this can be emailed with your application or sent directly from your program director
3. ☐ Up to three letters of reference emailed directly to the internship director from the following individuals
   a. A Creative Arts Therapy professor
   b. Practicum/Fieldwork Supervisor
   c. Professional who can speak to your work ethic
4. ☐ Unofficial transcripts from all relevant colleges/universities attended – can be emailed with your application or sent directly from your program director

For any questions or concerns:

Jennifer Miller, MA, ATR-BC
Creative Arts Therapy Clinical Student Education Coordinator
jjbmiller@health.ucdavis.edu
Office Phone: (916)-734-2066

Application

Personal Information

Name: Click or tap here to enter text.

Preferred Name: Click or tap here to enter text.

Pronouns: Click or tap here to enter text.

Languages Spoken: Click or tap here to enter text.

Interview Preference (modality cannot be guaranteed):

☐ In Person ☐ Video Call

Written Responses:

(Please answer each question in 3-4 sentences minimum). Attach additional documents if needed.

1. Why are you interested in an internship at UC Davis Children's Hospital?

   Click or tap here to enter text.

2. What are your areas of growth and what do you hope to gain out of this internship experience?

   Click or tap here to enter text.

3. What are the strengths and attributes you possess that make you a good fit for creative arts therapy work in the medical setting? Support your response with examples.

   Click or tap here to enter text.

4. Describe your experience working with children and explain what population in the pediatric medical setting you are most interested in/excited to work with?

   Click or tap here to enter text.

Based on the creative arts therapy modality you are pursuing (music/art),

fill out the appropriate section below:

Music Therapy Internship

Primary instrument: Guitar

Other proficient instruments played: Click or tap here to enter text.

Video Responses

Upload the video to a media of your choosing (such as YouTube or Google Drive). Please make sure the video is unlisted/private. The link to the website can be included in your application email. The video responses can be done in three separate videos, or in one video, whichever is easiest for uploading purposes. Videos should include the following demonstrations:

1. Using guitar, accompany yourself singing a song of your choosing.
2. Facilitating a "mock" intervention based on the following scenario. In addition, please write an intervention outline that includes one goal and one objective that could be appropriate for this patient. This outline is to be included in your application email.
    a. You are implementing an intervention with a school aged child on the hematology/oncology unit. This patient was recently admitted for a new cancer diagnosis.
3. Performing a song in one of the following three formats: (please provide a brief explanation for your song choice and style of presentation, and describe how it could possibly be applied in the hospital setting)
    a. In a different style from the song, you recorded for prompt #1
    b. In a different language
    c. With a different instrument

Art Therapy Internship

Intervention Request

Create an art therapy intervention for the following clinical scenario:

You are providing art therapy to a school-aged child on a pediatric hematology/oncology unit who has recently been admitted following a new cancer diagnosis.

Please develop an intervention that you feel would be appropriate for this patient and provide an outline that includes:

- One therapeutic goal
- One measurable objective
- A brief description of the intervention, including how you would implement it with the patient
- An original visual representation of the intervention

Your intervention outline and visual representation should be submitted as part of your internship application email.

Administrative Requirements

To be completed before start date of internship. Instructions will be provided after internship offer.

- Varicella (Chicken Pox) Titer
- TB Test and follow up titer
- Proof of vaccinations (MMR)
- Flu Shot
- Criminal Background Check

Top applicants will be contacted for an interview.

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.

Applicant's Signature _____ Date _____