

**Vanderbilt University Medical Center**

**Music Therapy**

**Practicum Program Application**

Anticipated Start Date: \_\_\_\_\_ # of Desired Hours: \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

School Address \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

Business Phone \_\_\_\_\_ SS # \_\_\_\_\_

Person to Contact in Emergency \_\_\_\_\_ Relationship \_\_\_\_\_

Phone # \_\_\_\_\_

**EDUCATION**

College/ University \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

G.P.A.: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

College/University \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

G.P.A.: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Name of Academic Advisor \_\_\_\_\_

Address & Phone #

\_\_\_\_\_

Primary Instrument: \_\_\_\_\_

**EXPERIENCE:**

List all previous practicum experiences and volunteer opportunities in medical or related settings.

Site	Age of population	Responsibilities	Date
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

***Please answer the following questions in the space provided.***

What clinical strengths have you developed in your practicum experiences thus far?

Share 3-4 specific goals you would like to work on in your next practicum.

What specifically interests you about working in the medical setting?

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Signature