

**Huntsville Hospital  
Music Therapy Internship Application**

**Kari Podboy, MT-BC – Internship Director**  
101 Sivley Road SW  
Huntsville, AL 35801

[kari.podboy@hhsys.org](mailto:kari.podboy@hhsys.org)  
(256)265-4461

For Internship Session: Fall \_\_\_\_\_ Spring \_\_\_\_\_  
Year Year

**Personal Information:**

\_\_\_\_\_  
Last Name First Name Middle Initial Preferred Name

\_\_\_\_\_  
Cell Phone Number Permanent Phone Number Email Address

\_\_\_\_\_  
Current Address City State Zip

\_\_\_\_\_  
Permanent Address City State Zip

**Academic Information:**

List ALL colleges/universities attended:

Institution	Dates Attended	Major/Minor	Completion Date	Degree Sought/Earned	GPA

Honors and Outstanding Achievements:

Academic Advisor: \_\_\_\_\_  
Name Phone Number Email Address

**Music Therapy Practicum Experience:**

Site Name: \_\_\_\_\_

Site Address: \_\_\_\_\_

Practicum Supervisor: \_\_\_\_\_  
Name Phone Email

Population: \_\_\_\_\_

Dates: \_\_\_\_\_ (m/y – m/y)      Hours per Week: \_\_\_\_\_      Total Hours: \_\_\_\_\_

Brief Description:  
\_\_\_\_\_  
\_\_\_\_\_

Site Name: \_\_\_\_\_

Site Address: \_\_\_\_\_

Practicum Supervisor: \_\_\_\_\_  
Name Phone Email

Population: \_\_\_\_\_

Dates: \_\_\_\_\_ (m/y – m/y)      Hours per Week: \_\_\_\_\_      Total Hours: \_\_\_\_\_

Brief Description:  
\_\_\_\_\_  
\_\_\_\_\_

Site Name: \_\_\_\_\_

Site Address: \_\_\_\_\_

Practicum Supervisor: \_\_\_\_\_  
Name Phone Email

Population: \_\_\_\_\_

Dates: \_\_\_\_\_ (m/y – m/y)      Hours per Week: \_\_\_\_\_      Total Hours: \_\_\_\_\_

Brief Description:  
\_\_\_\_\_  
\_\_\_\_\_

Site Name: \_\_\_\_\_

Site Address: \_\_\_\_\_

Practicum Supervisor: \_\_\_\_\_  
Name Phone Email

Population: \_\_\_\_\_

Dates: \_\_\_\_\_ (m/y – m/y) Hours per Week: \_\_\_\_\_ Total Hours: \_\_\_\_\_

Brief Description:  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Experience:**

**Volunteer Experience:**

Site Name	Role	Supervisor Name	Phone/Email	Brief Description

**Work Experience:**

Site Name	Role	Supervisor Name	Phone/Email	Brief Description

**Organizational Experiences:**

Please list any Professional, School, and Community Involvement in organizations.

Organization Name	Brief Description	Role

**References:**

3 signed letters of recommendation in sealed envelopes completed by:

- Academic director verifying internship eligibility
- Professional contact from work or volunteer experience
- Individual who has supervised or observed you providing music therapy

**Writing Prompts:**

Submit your response to each of the following:

- Describe one positive and one challenging moment you've experienced as a student in clinical practice.
- What are your personal strengths and challenges?
- What excites you most about this internship?

**Application Checklist:**

- Completed application form
- 3 signed and sealed letters of reference
- Completed writing prompts
- Official transcript(s)
- Current resume
- Signature/attestation

**Student Attestation & Signature:**

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. By signing below, I acknowledge that a legal affiliation agreement with my university as well as proof of a background check, drug test, required immunizations and trainings will be provided should I be accepted.

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Signature

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Date

Please return completed application and required documentation to:

Kari Podboy, MT-BC  
101 Sivley Road SW  
Huntsville, AL 35801

Please direct any questions to [kari.podboy@hhsys.org](mailto:kari.podboy@hhsys.org).

The internship selection committee at Huntsville Hospital does not discriminate on the basis of race, creed, ancestry, color, religion, sex, national origin, age, marital status or disability. We reserve the right to not offer the internship every semester. The internship selection committee includes the supervising music therapist, other music therapists, the Coordinator of the Child Life, Music Therapy, and Creative Arts Departments, as well as other staff members, including but not limited to R.N.s, Child Life Specialists and others.