

Expressive Therapy Internship

Children's Hospital Los Angeles Mark Taper-Johnny Mercer Artists Program

General Info

Children's Hospital Los Angeles is a 311-bed facility and Level I Trauma Center located in the Hollywood/Los Feliz neighborhood of Los Angeles. Our patients come from a wide variety of cultural and linguistic backgrounds and range in age from newborns to young adults. The hospital houses three intensive care units, two surgery centers, and a multitude of outpatient clinics to serve the local community. CHLA was recently named to the US News and World Report's top 10 pediatric hospitals in the nation, and is the only pediatric hospital on the west coast to receive "Honor Roll" recognition.

The Artists Program at Children's Hospital Los Angeles was founded in 1991 and serves patients and their families in both inpatient and outpatient settings. Art therapists, music therapists, and dance therapists collaborate with the entire treatment team, including medical staff and other service providers in the Family Centered Care Support Services Division. Art therapy, music therapy, and dance therapy at CHLA assist patients and their families to express and explore thoughts and feelings regarding illness, hospitalization, and related stressors.

Interns and trainees will be supervised by credentialed professionals in their chosen field and are valued members of our team. They will be assigned to specific inpatient and outpatient treatment units to provide a broad experience base and a general exposure to the creative and expressive arts in a medical setting. Interns will get experience with adjunctive collaboration, assessment, interventions, evaluation, and charting. They will also participate in the program's outcome studies and will be invited to take advantage of the hospital's ongoing educational opportunities.

Applications should be mailed to:

CHLA Artists Program
4650 Sunset Blvd Mailstop #28
Los Angeles, CA 90027

(323) 361-4555

Candidates

- Are currently enrolled in an accredited program (designed to lead to credentialing in art therapy, music therapy, or dance therapy)
- Earn a minimum GPA of 3.0 in related courses
- Have had work or volunteer experience with children
- Possess strong skills in self-advocacy, independence and initiative
- Demonstrate cultural sensitivity and an ability to tolerate a wide variety of medical and developmental issues

Application Process

- Complete the application form
 - The application is available for download in pdf format.
 - It may be filled out on-screen and emailed or printed for mail by post.
 - If you email the application, you will need to send your transcripts and letters of recommendation separately by postal mail.
- Current resume.
- Official transcripts.
- 2 letters of academic or professional reference in sealed envelope with the author's signature across the seal.
- Interviews or selected candidates.

Please note:

- In-person interviews are strongly preferred. A combination of phone and video may be used when an in-person interview is not possible.
- There is no fee for application to the internship program.
- No housing or stipend support is provided for interns or trainees.

Deadlines

	Applications Open	Applications Close	Notification of Acceptance	Approximate Start Date
Art Therapy	December 1	June 1	July 15	September 1
	April 1	October 1	November 15	January 1
Music Therapy	October 1	April 1	March 15	September 1
	April 1	October 1	December 15	March 1
Dance Therapy	December 1	June 1	July 15	September 1
	April 1	October 1	November 15	January 1

An acknowledgement of receipt of your application will be sent within 3 business days. If you have not heard from us within this timeframe, kindly follow up by email or phone.

After you are accepted

Interns are students at the hospital and must complete the requirements for non-medical student personnel set by JHACO and CHLA. **Please be prepared to provide the following documentation:**

- Proof of negative TB test within the past year.
- Proof of immunizations (including MMR, positive titer acceptable)
- Documentation of liability insurance (personal or through your university)

No interns will be formally accepted before contracts are signed between CHLA and your university.

Expressive Therapy Internship Application

Name:	Phone:
Internship desired: <input type="checkbox"/> Art Therapy <input type="checkbox"/> Music Therapy <input type="checkbox"/> Other:	
Other languages spoken:	SSN (required for clearance):
Email:	
Permanent Address:	

Education

Current University:	
City/State:	
Major:	Minor:
Dates attended:	
Degree awarded:	GPA:
Previous University:	
City/State:	
Major:	Minor:
Dates attended:	
Degree awarded:	GPA:
Previous University:	
City/State:	
Major:	Minor:
Dates attended:	
Degree awarded:	GPA:

Coursework

Please list all coursework related to child development, psychology, therapy/counseling, and medicine:

Course Title	Grade	Course Title	Grade

References

Please provide at least two references and request their letters of recommendation to be sealed.

Name 1:

Phone:

Relationship:

Address:

Name 2:

Phone:

Relationship:

Address:

Name 3:

Phone:

Relationship:

Address:

Related Work and Volunteer Experience

Institution 1:

Address:

Dates:

Supervisor: (Contact OK:)

Phone number:

Primary duties:

Institution 2:

Address:

Dates:

Supervisor: (Contact OK:)

Phone number:

Primary duties:

Institution 3:

Address:

Dates:

Supervisor: (Contact OK:)

Phone number:

Primary duties:

Goals

Please list 4-5 personal/professional goals that can provide a foundation for your internship at CHLA.

Personal Essay

Please describe your relationship to art/music and your interest in working in a medical setting.
(Continue on a separate sheet if needed, but please be as professional and concise as possible.)

Thank you for your interest in CHLA and the Artists Program Expressive Therapy Internship. By signing below, you are affirming that all of the information in this application is true and correct to the best of your knowledge.

Signature

Date

If submitting this application electronically, please check the box below and type the date as your digital signature of agreement with the statement above:

I agree with the statement above.

Date: