



AT THE FOREFRONT OF  MEDICINE®

UChicago Medicine

Comer Children's

ART THERAPY STUDENT INTERNSHIP APPLICATION

Child life and Family Education Program

- Academic Year Internship (24 hours/week. 3 days/week. 8 months -September to May)
- Please Note: Summer internships are not offered at Comer Children's Hospital.
- Completed applications accepted for graduate level students with the following enclosures:
 - Resume
 - Official Transcripts
 - 3 Letters of reference (in signed/sealed envelopes)
- **DEADLINE:** postmarked by February 1st

Name: _____

Phone (Day): _____ Cell Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Academic Information:

Current University/College: _____

Dates attended (Month/Year): From _____ To: _____

Major: _____ GPA: _____

Anticipated Graduation Date: _____

Undergraduate University/College: _____

Dates attended (Month/Year): From _____ To: _____

Major: _____ GPA: _____

Graduation Date: _____ Degree Earned: _____

Coursework relevant to Art Therapy (please list completed or in process):

Include courses in Art Therapy, Expressive Therapies, Child Development, Child Life, or other courses related to art therapy in the medical setting.

Course Title:	Completed or In-Process:	Grade:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Hospital Volunteer Experience: Yes _____ No _____

(A minimum of 100 hours recommended and preferred)

If yes, was this experience with pediatrics? Yes _____ No _____

Institution Name: _____

Dates: _____ Total Hours: _____

Supervisor Name and Title: _____

Describe responsibilities: _____

Other Experience with children, adolescents, and families:

1. Institution: _____ Number of hours: _____

Dates: From: _____ To: _____

Department & Position Held: _____

Describe responsibilities: _____

2. Institution: _____ Number of hours: _____

Dates: From: _____ To: _____

Department & Position Held: _____

Describe responsibilities: _____

3. Institution: _____ Number of hours: _____

Dates: From: _____ To: _____

Department & Position Held: _____

Describe responsibilities: _____

Professional References:

- Enclosed letters must be in sealed, signed envelopes
- References must be from both an academic institution and a supervisor for direct work with children or families.

1. Name: _____
Title: _____
Phone #: _____
Email: _____

2. Name: _____
Title: _____
Phone #: _____
Email: _____

3. Name: _____
Title: _____
Phone #: _____
Email: _____

Please answer the following questions:

1. How did you become interested in the field of Art Therapy in the medical setting?
2. Describe how you see the role of an art therapist as a member of the healthcare team.
3. Describe the skills or qualities that you possess, which make you a qualified candidate for an art therapy internship position.
4. What do you hope to do with the skills learned from an Art Therapy internship?
5. As an intern Comer Children’s Hospital, you would work closely with the Child Life department. What is your understanding of Child Life?

Mail completed applications to:
Comer Children’s Hospital
Yasuko (Sue) Yoshihara
5721 S. Maryland Ave, MC 8008, K135
Chicago, IL 60637

***NOTE:** If application is emailed, references and transcripts must still be sent as described above in the mail and postmarked by the application deadline date.*