

UPMC CHILDREN'S HOSPITAL OF PITTSBURGH
ART THERAPY GRADUATE STUDENT APPLICATION

Personal Information:

Name: _____ Phone Number: _____

Address: _____

Email Address: _____

Please indicate your preferred practicum/internship start time:

Fall Semester _____ Spring Semester _____ Year _____

Anticipated Start Date: _____ Anticipated End Date: _____

College Education: (Please list all academic institutions that you have attended, current institution should be listed first)

Name of Academic Institution: _____

Graduate Student _____ Undergraduate Student _____ Anticipated Graduation Date: _____

Major(s): _____ Minor(s): _____

Is your institution an AATA approved program? Yes _____ No _____

University Contact & Title: _____

Phone Number: _____ E-mail: _____

Practicum/Internship Experience Requirements from University (ie: total hours required, full-time/part-time, etc.): _____

Name of Academic Institution: _____

Graduate Student _____ Undergraduate Student _____ Anticipated Graduation Date: _____

Major(s): _____ Minor(s): _____

Is your institution an AATA approved program? Yes _____ No _____

University Contact & Title: _____

Phone Number: _____ E-mail: _____

Practicum/Internship Experience Requirements from University (ie: total hours required, full-time/part-time, etc.): _____

Experience with Children, Adolescents and Families:

Name of Agency: _____

Experience related to: Work _____ School _____ Volunteering _____

Address of Agency: _____

Position/Title: _____

Dates (month/year): From _____ to _____

Hours per week _____ Total Hours _____

Briefly describe population and responsibilities: _____

Name of Agency: _____

Experience related to: Work _____ School _____ Volunteering _____

Address of Agency: _____

Position/Title: _____

Dates (month/year): From _____ to _____

Hours per week _____ Total Hours _____

Briefly describe population and responsibilities: _____

Name of Agency: _____

Experience related to: Work _____ School _____ Volunteering _____

Address of Agency: _____

Position/Title: _____

Dates (month/year): From _____ to _____

Hours per week _____ Total Hours _____

Briefly describe population and responsibilities: _____

List organizations you are currently or recently involved in:

Describe your personal strengths as well as areas that may need improvement. In what ways would a practicum and/or internship at UPMC Children's Hospital of Pittsburgh help you grow?

Application Requirements:

To be considered for practicum/internship placement, please submit:

- ❑ Completed application
- ❑ A current resume (include professional experiences, practicum experiences (if applicable) and related volunteer experiences).
- ❑ 4-5 personal/professional goals for your training experience at UPMC Children's Hospital of Pittsburgh
- ❑ Two letters of recommendation, including at least one professional who has seen your interactions and work with clientele. (Letters should be in sealed envelopes with the signature of the author across the seal).
- ❑ Unofficial transcript from your school(s)

Please submit all completed application packets by the stated application postmark deadline for the particular session you are interested in.

Applications postmarked by:

For placement session beginning in:

October 15th

January

May 15th

August

Also note that **accepted** practicums/interns will be required to provide ACT 33 (child abuse), Act 34 (State Criminal Check), and Act 73 (FBI criminal check through the DPW) clearances. A health screening, signed by the school or a medical provider and providing proof of TB test results, and vaccinations, will also be required. Practicum students and interns are responsible for any costs incurred by acquiring these clearances and health requirements.

- If selected for an interview, please bring your portfolio or a few photographs of personal/professional artwork.

**THE ART THERAPY INTERNSHIP AT THE UNIVERSITY OF PITTSBURGH
MEDICAL CENTER REQUIRES THAT PRACTICUMS/INTERNS BE
PROFESSIONAL IN MANNER AND APPEARANCE. IF SELECTED AS A
PRACTICUM AND/OR INTERN, I AGREE TO ABIDE BY THIS REQUIREMENT.**

(Applicant's Signature)

(Date)

Please e-mail application packet to:

Kate Gibson, M.A., ATR-BC, LPC
Creative & Expressive Arts Therapist II – Art Therapy
Kaitlin.Gibson2@chp.edu

--Or--

Please mail application packet to:

UPMC Children's Hospital of Pittsburgh
Child Life Department – Attn: Kate Gibson
4401 Penn Avenue
Pittsburgh, PA 15224