



National Institute for  
Infant & Child  
Medical Music Therapy

## Clinical Fieldwork Application

Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

Feel free to list your preferred pronouns: \_\_\_\_\_

Date of NICU-MT Course Completion (Part 1): \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you currently providing services to NICU infants? Yes / No

If yes, please list name and location of facility: \_\_\_\_\_

Please list your preferred Clinical Fieldwork Training Date(s) and Site(s) Below:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

*Clinical Fieldwork spots are filled on a first come, first serve basis.*

---

Please answer and include the following documents with this application:

**Documents:**

- Transcript including your music therapy course work
- Copy of documents that show proof of credentials, certifications, licensure, etc.
- Please include a document or resume including your music therapy experience with the following information:
  - Population served
  - Facility of service and job title at facility
  - Description of services and responsibilities

- Dates of service

**Free Response:**

- Why are you interested in obtaining the NICU-MT Certificate?
- Please describe your approach to music therapy.
- Do you have any personal and/professional experience with infants and young children? If yes, please explain.
- Provide an example of how you have utilized evidence-based practice within music therapy.

---

Please email this application and all required documents to [CM-NICU-MT@fsu.edu](mailto:CM-NICU-MT@fsu.edu)

*If you have specific access needs, please do not hesitate in contacting us so we can have a dialogue to ensure accessibility. Applications take an average of two weeks to review. Thank you for your interest in our specialized NICU-MT training.*