

## CLINICAL AFFILIATION APPLICATION

**Instructions:** Please fill out application completely and attach resume and a copy of a recent physical examination.

**Name:**

**Application Date:**

**Current Address:**

**City:**

**State/Zip:**

**Phone:**

**Permanent Address:**

**City/State:**

**Zip:**

**Phone (area code):**

**Field of Study:**

Art Therapy

Child Life

Music Therapy

Therapeutic Recreation

**School Name and Address:**

**Advisor's Name and Phone:**

**Requested affiliation dates: From**

**To**

**Expected Degree:**

**Graduation Date:**

Do you have personal health insurance      Yes      No. If yes, please state the name of the insurance company, the name under which your policy is covered and the personal insurance number.

Please indicate (numerically) the unit(s) for which you would like to apply. List by **first, second** and **third** choice.

Adult Rehabilitation Medicine @HJD Campus  
(Masters level ONLY for Art Therapy)

Pediatric Rehabilitation Medicine @HJD Campus

Adolescent and Adult Acute-Care Psychiatric  
Unit\* (\*Masters level ONLY)

The Stephen D. Hassenfeld Children's Center for  
Cancer and Blood Disorders *Outpatient clinic*

Adult Cardiac Rehabilitation @NYU Campus

Pediatric Acute Care Unit \*(with rotation)

### Request for Fieldwork only

Adult Cardiac Rehabilitation  
(Recreation Therapy and Music Therapy)

Comprehensive Epilepsy Unit  
(Music Therapy)

**Emergency contact:**

**Relationship**

**Phone:**

**PLEASE ATTACH RESUME. Upon our receipt of your application you will receive a call to confirm availability of your internship selection and/or to setup an interview.**