

AMTA Job Hotline

The American Music Therapy Association website (www.musictherapy.org) contains a Job Hotline which is available to current AMTA members as a benefit of membership in AMTA. AMTA members may use an email address and password to access the Job Hotline and over 100 available jobs in and related to music therapy across the United States and in many countries. Both part time and full time positions may be posted for jobs with a variety of populations and settings. Announcing an available position on the Job Hotline is free of charge and open to any business or facility employing music therapists. New information is posted weekly. Jobs are removed from the list after four months, unless we are notified otherwise. To announce or remove a position, please email the information to jobs@musictherapy.org or fill out this form and fax to (301) 589-5175 or mail to AMTA, 8455 Colesville Rd., Suite 1000, Silver Spring, MD, 20910. Your posting will be added at the next scheduled update. We're sorry, but we're not able to make confirmation calls to each facility. If you would like to verify that your job was posted, please call the AMTA national office.

Please type or write legibly.

Job Title: _____

Job post url: *(if available or facility url):* _____

Organization: _____

Short Job Description: _____

Detailed Job Description: *(including starting date, salary, hours, and benefits):*

Job Requirements: *(circle appropriate selections and/or any additional requirements)*

MT-BC RMT CMT ACMT PhD

Bachelor's in Music Therapy Master's in Music Therapy Master's in Related Field

Application & Contact Information: _____

Contact Email: _____

Categories: *(select all that apply)*

Adult Education/Services Community Based Service Community Mental Health Center

Correctional Facility Day Care/Treatment Center Drug Alcohol Program

Forensic Facility Geriatric Facility Hospice Services

Hospital/Medical Facility Private Music Therapy Agency Psychiatric Facility

Rehab. Facility School/Preschool University/College

Facility Name/Location Name: _____

Location Address: _____

City: _____ **State:** _____ **Zip:** _____

Country: _____ **Telephone:** _____