Internship Confirmation Form
Recreational Therapy Internship
Department of Parks, Recreation and Tourism Management
Clemson University

Instructions: Form should be completed by the intern and internship supervisor from the potential internship site. Please type or print clearly. Completed form should be submitted by the student to Carmen Hawkins, cbh@clemson.edu

I. Student Information: (Completed by Student)

Name: ________________________________

Student ID #: ____________________________

Local Address: ____________________________
City: __________________ State: _______ Zip Code: _________________

Internship address (if different than above): ____________________________________________
City: __________________ State: _______ Zip Code: _________________

Phone: (______) _______ Email: ________________________________

Student medical insurance carrier:_____________________________________________________

Concentration Area: Recreational Therapy  Advisor: _______________________________

Semester Registering for Internship:
Fall_____ Spring_____ Summer_____ Year:_______

II. Information on Proposed Internship Location: (Completed by Agency)

Name of Agency: _______________________

Address: ______________________________

City: __________________ State: _______ Zip: _________________

Phone: (______) ____________________ FAX: (____) ____________________
**Dates of Internship:**  From ______________________ to ______________________

**Job Description (required):** Please provide a detailed description of the proposed job duties for the internship in the space below. If possible, attach a copy of the job description.

**Name of Supervisor**: ________________________________

**Title**: ________________________________

**Supervisor active CTRS #:** ____________  **Supervisor # of years as a CTRS:** ____________

**Supervisor has at least 1 year RT experience:**  _____yes  _____no

**Address**: ________________________________

**City:** ________________________________  **State:** ______  **Zip:** __________________

**Phone:** (____)________________________  **FAX:** (____)________________________

**Email Address**: ________________________________

**If supervisor has a business card, please attach to application.**

**III. Signatures:**

**Student:** ________________________________  **Date:** __________________

**Agency Supervisor:** ________________________________  **Date:** __________________

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**Approved:** ________________________________  **Date:** __________________

**University Supervisor**