

**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@clermson.edu](mailto:cbh@clermson.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:\_\_\_\_\_

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***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