

**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 Zikeya Hickman-Glanton at [zhickma@clemson.edu](mailto:zhickma@clemson.edu), along with a copy of your current CPR/First Aid certification.

**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:** \_\_\_\_\_

**Graduation Date:** \_\_\_\_\_

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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:** \*If you are graduating, you must make sure your internship is completed before grades are due!

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.

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**Name of Agency Supervisor:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Supervisor active CTRS #:** \_\_\_\_\_ **Supervisor # of years as a CTRS:** \_\_\_\_\_  
**Licensure # (if applicable):** \_\_\_\_\_

**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 confirmation.*

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**Required Documents Checklist:**

*Please check off the following required documents that you have obtained and attached to this confirmation form (all must be received by the FWC in order to be cleared for internship):*

- Vaccination Records (showing PPD, varicella, and flu)**
- Clemson Religious Exemption for Vaccinations or Acknowledgment Form for Refusal (if applicable)**
- Background Check**
- Current CPR/First Aid Certification Card**
- Drug Screening (if applicable)**

***III. Signatures:***

**Student:**\_\_\_\_\_

**Date:**\_\_\_\_\_

**Agency Supervisor:**\_\_\_\_\_

**Date:**\_\_\_\_\_

**Approved:**\_\_\_\_\_

University Supervisor

**Date:**\_\_\_\_\_