

**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@clermson.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: _____

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.

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.*

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: _____

Date: _____

University Supervisor