

**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@clemsun.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: _____ CPR/First Aid Certified?: _____

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 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 confirmation.*

Does your site require the following (check all that apply):

___ **Vaccination(s)?**

○ **If so, please list them:** _____

___ **Background Check?**

___ **Drug Screening?**

III. Signatures:

Student: _____

Date: _____

Agency Supervisor: _____

Date: _____

Approved: _____

Date: _____

University Supervisor