

**Application for Internship
Recreation Therapy Program
VA Augusta Health Care System**

Full Name: _____ Date: _____

Address (Perm): _____ Phone: _____

City: _____ State: _____ Zip: _____

Email: _____

Name of person to be notified in an emergency: _____

Relationship: _____ Phone: _____

University: _____

University affiliation verified (confirm with your university)

Name, email address, and phone number of academic internship supervisor:

Please identify level of interest in each area (5=very interested 1=little/no interest):

Acute Mental Health (Inpatient)	1	2	3	4	5
Outpatient Mental Health	1	2	3	4	5
Dementia Care CLC units (Inpatient)	1	2	3	4	5
Spinal Cord Injury (In/Outpatient)	1	2	3	4	5
Adaptive Sports (Outpatient)	1	2	3	4	5

Internship semester (proposed dates needed):

_____ Summer Internship (May to August)

_____ Fall Internship (September to December)

_____ Spring Internship (January to April)

Please include the following documents:

- Cover letter
- Resume (CV)
 - Minimum 100 hr. practicum/volunteer/work hours within RT or other human health services profession clearly marked on resume/CV
- Letter of recommendation from professor
- Letter of recommendations from professional within field of RT and other human health services profession from a practicum or volunteer services
- Unofficial current class transcript
- Questionnaire (see below)

Please answer the following questions, typed and attached on a separate document

1. What experience do you have volunteering with or shadowing Recreation Therapists?
2. What do you expect to learn from this internship?
3. What therapy skill areas you would like to improve?
4. Identify your strengths or any special skills that could be utilized for this internship position.
5. Identify your limitations or lack of experience in performing treatment interventions and documenting progress on patients.
6. What facets of Recreation Therapy interest you the most and least?
7. Do you plan on taking the NCTRC exam? If yes, when?

Please send completed internship packet to:

Denise N. Cook, CTRS
Denise.Cook2@va.gov

Any question/concerns should be directed to:
Denise Cook 706-733-0188 ext. 27394
Denise.Cook2@va.gov