

APPLICATION FOR PRACTICUM
VA Palo Alto Health Care System - Recreation Therapy Service

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

UNIVERSITY: _____ **Anticipated Graduation Date:** _____

Please list the class (if any) you are doing hours for and the # of hours needed: _____

(Note: at this time we cannot guarantee a minimum # of hours at our site)

Please mark your preferences (if any) for the following programs:

Long Term Care: ____ Polytrauma/Brain Injury: ____ Fitness/Aquatics: ____ Substance Use: ____

Mental Health: ____ Blind Rehabilitation: ____ Spinal Cord Injury: ____ No Preference: ____

PREVIOUS PRACTICUM OR RECREATION EXPERIENCE:

Site: _____ Hours: _____ Population: _____

Site: _____ Hours: _____ Population: _____

Site: _____ Hours: _____ Population: _____

Site: _____ Hours: _____ Population: _____

RECREATION THERAPY COURSES TAKEN TO DATE: (include full title, not just number)

ANTICIPATED START and END DATE FOR PRACTICUM: _____

DAYS AND HOURS AVAILABLE FOR PRACTICUM:

Sundays	Mondays	Tuesdays	Wednesdays	Thursdays	Fridays	Saturdays

Please mail your completed form to:

Lindsay Conner, MS, CTRS
VA Palo Alto Health Care System
Recreation Therapy Service (11K)
3801 Miranda Avenue
Palo Alto, CA 94304

Or email to: Lindsay.conner@va.gov

**Please call (650) 493-5000, Palo Alto ext. 62931
Or 650-248-0376
if you have questions**