

**Application for Recreation Therapy Internship Program**



**Veterans Affairs Salt Lake City Health Care System**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Desired Semester for Internship: \_\_\_\_\_

University: \_\_\_\_\_

Address (Perm): \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Person to be notified in an Emergency: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

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):

<b>Acute Mental Health</b> (Inpatient)	1	2	3	4	5
<b>Physical Rehab / Adaptive Sports</b> (Outpatient)	1	2	3	4	5
<b>Post-Traumatic Stress Disorder Treatment</b> (Outpatient)	1	2	3	4	5
<b>Substance Use Treatment</b> (In/Outpatient)	1	2	3	4	5

## **(Part 2) Application for Recreation Therapy Internship**

**Please attach additional documentation completing the following questions:**

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 ATTACH RESUME, TRANSCRIPTS, & REFERENCES TO THIS APPLICATION.**

**Applications can be mailed/emailed to:**

Kristen MacGilvery, M.S., MTRS, CTRS  
Kristen.macgilvery@va.gov  
Veterans Affairs Salt Lake City Health Care System  
500 Foothill Drive #116 IPU  
Salt Lake City, UT 84148