

**Application for Internship
Recreation Therapy Program
Veterans Affairs Salt Lake City 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
Physical Rehab / Adaptive Sports (Outpatient)	1	2	3	4	5
Post-Traumatic Stress Disorder Treatment (Outpatient)	1	2	3	4	5
Substance Use Treatment (In/Outpatient)	1	2	3	4	5
Whole Health (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 recommendation from professional within field of RT or other human health services profession
- 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:

Allison Thelin, TRS, CTRS
Allison.Thelin@va.gov

Any question/concerns should be directed to:
Allison Thelin 801-582-1565 x. 2617
Allison.Thelin@va.gov