

Form 1
Therapeutic Recreation 3800/5828
Cooperative Education Eligibility Form

Note: Form must be typed. Application (Form 1) materials must be submitted to the PRT Department Academic Advisor by:

- Fall Semester, October 1 (proposed fieldwork or internship, Spring)
- Spring Semester, March 1 (proposed fieldwork or internship, Summer)
- Summer Semester, June 1 (proposed fieldwork or internship, Fall)

Semester and year of proposed internship: _____

Cooperative Education you are applying for: (circle one) 3800 5828

Part 1: Student Information

Student Name: _____ uNID: _____

Address: _____

Phone: _____

Email: _____

Overall GPA: _____ PRT GPA: _____

Academic Information: Please complete the following table.

Requirement	Semester and Year	Grade Received
Integrated Core PRT 3100 3101,3310, 3320 & 3780		
PRT 3100		
PRT 3101		
PRT 3310		
PRT 3320		
PRT 3780		
PRT 3325		

PRT 3330		
PRT 3800		
PRT 3360		
PRT 5350		
PRT 5360		
Requirement	Date Completed	Approved Y/N/NA
Computer Proficiency		
First Aid/CPR		
Professional Membership		
Student Health Insurance		
HIPPA		
Compliance		
Tuberculosis Test (TB)		
Hepatitis B Vaccines		
Liability Insurance		
Background Check		
Drug Screen		

I have read and understand the information provided in the Therapeutic Recreation, Cooperative Education Handbook.

Student Signature _____ Date _____

Eligible

Not Eligible

PRT Academic Advisor Signature _____ Date _____

Comments:

Form 2
Therapeutic Recreation 3800/5828
Cooperative Education Agency Acceptance Form

Note: Form must be typed. Agency acceptance form must be submitted to the Cooperative Education Coordinator by:

- Fall Semester, November 1 (proposed fieldwork or internship, Spring)
- Spring Semester, April 1 (proposed fieldwork or internship, Summer)
- Summer Semester, July 1 (proposed fieldwork or internship, Fall)

Student Name _____

Agency Name: _____

Agency Address: _____

City: _____ State: _____ Zip: _____

Telephone () _____ Fax _____

Agency TR Supervisor: _____

Email: _____

Supervisors Telephone Number: _____

Utah State License Number: _____

NCTRC Certification Number: _____

Note: A current copy of the proposed supervisor's license and certification is requested.

Fieldwork/Internship Position Information:

Beginning Date _____ Ending Date _____ Total Number of Weeks ____

Required number of Hours 3800 _____ minimum 100 5828 _____ minimum 560

Agency TR Supervisor Signature _____ Date _____