

Form 2
Recreational Therapy
Internship Agency Acceptance Form

Note: This form must be typed. Agency acceptance form must be submitted to the Coordinator of Clinical Education by:

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

Student Name: _____

Agency Name: _____

Agency Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ Fax: () _____

Agency TR Supervisor: _____

Supervisor's Email: _____

Supervisor's Telephone Number: _____

Supervisor's Utah State License Number: _____

Supervisor's NCTRC Certification Number: _____

Note: A current copy of the supervisor's license and certification is required.
A copy of the Agency Acceptance letter is required.

Internship Position Information:

Start Date: _____ End Date: _____ Total Number of Weeks: _____

Required number of hours: _____ minimum 560

Agency RT Supervisor's Signature _____ Date _____