UNIVERSITY OF IOWA HEALTH CARE REHABILITATION THERAPIES

RECREATIONAL THERAPY (RT) CLINICAL INTERNSHIP APPLICATION

The University of Iowa Health Care Rehabilitation Therapies Internship Program is 14 consecutive weeks, 40 hours per week.

Name				
	Last	First		Middle
Permanent I	Home Address			Phone ()
Mailing Ado	dress			_ Phone ()
(if different))			
E-mail Addi	ress			_
Birthdate				
COLLEGE	ES/UNIVERSITIES AT	ΓENDED:		
Name	Location	Dates	GPA	Major/Degree
	PERIENCE-UNPAID			
Dates	Job Title/Duties	Age Group	Agency	Location

WORKEXPERIENCE-PAID

Da	ites	Job Title/Duties	Age Group	Agency	Location
1.	What do yo	ou expect to gain from	n your internship expe	rience?	
2.	Why did y	ou choose Recreationa	al Therapy as a major?	? What is your ph	ilosophy of RT?
3.	At this tim	e, what area of RT are	you most interested i	n pursuing profess	sionally?
4.	Are there r	reasons you are specifi	ically interested in inte	erning at this instit	tution?

5.	In what or interests?		cations/	extra-curricu	lar prog	rams have you	been in	volved?	What are yo	our leisure
6.	Describe weakness				s a pros	pective therapi	st, inclu	ide perso	onal strength	s and
7.	Please	list	two	references,	one	professional	and	your	academic	advisor.
Na	ime					Relationshi	p to you	1		
Ac	ldress						I	Phone &	Email	
Na	ıme			Relationship to you						
Ac	ldress						P	Phone &	Email	

The University of Iowa Health Care REHABILITATION THERAPY DEPARTMENT

INTERNSHIP APPLICATION

1

This application is for:	Spring Semester	Year	Application Deadline: October 1		
	Summer Semester	Year	Application Deadline: February 1		
	Fall Semester	Year	Application Deadline: March 1		
	Signature of Applicant				
Application will be con received by:	sidered complete when a	ccompanied by	a cover letter, current resume and		

Jon Mitchell, MA, CTRS Recreational Therapy Internship Coordinator Rehabilitation Therapies Department 0733 JPP, 200 Hawkins Drive Iowa City, Iowa 52242 (319) 353-6672 jonathon-mitchell@uiowa.edu