

5. In what organizations/extra-curricular programs have you been involved? What are your leisure interests?

6. Describe yourself as a person and as a prospective therapist, include personal strengths and weaknesses as you see them.

7. Please list two references, one professional and your academic advisor.

Name	Relationship to you
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Address	Phone & Email
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Name	Relationship to you
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Address	Phone & Email
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The University of Iowa Hospitals and Clinics
REHAB THERAPY DEPARTMENT

INTERNSHIP APPLICATION

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 considered complete when accompanied by a cover letter, current resume and received by:

Jon Mitchell, MA, CTRS
recreational-therapy@uiowa.edu