

Agency Acceptance of Intern
Therapeutic Recreation Program
The University of Iowa
To be completed by the agency

Agency name _____

Agency Address _____

City _____ State _____ ZIP code _____

Phone _____ Fax _____

E-Mail Address _____

An interview has been completed with _____ on _____

We will accept this student for an internship placement during the following time period:
_____ Spring Semester 20____ _____ Summer Session 20____ _____ Fall Semester 20____

The starting date of the internship will be _____

The ending date of the internship will be _____

The student will intern _____ weeks at a minimum of _____ hours per week. To satisfy the **12 semester hours of course credit**, the Intern will commit at least **560 contact hours over 14 consecutive weeks** to the Agency during the internship. The Intern's responsibilities are described below or are attached to this document.

What skills/certifications/licenses/vaccinations/physical exams are required for the internship position?

Agency Acceptance of Intern

Agency Supervisor

The student intern's Agency Supervisor will be:

Name of Supervisor _____

Title _____ E-Mail Address _____

Phone Number _____ Fax Number _____

Note: The supervisor must be a Certified Therapeutic Recreation Specialist that has been certified for at least one year..

Agency Supervisor Certification ID # _____ State: _____

Initial Certification Date _____ Annual Expiration Date: _____

Institutional Affiliation Agreement

An Institutional Affiliation Agreement is required between the Agency and the University of Iowa when internships earn academic credit.

Does the Agency have a current agreement? yes no unknown

If no or unknown, who should the University contact to initiate such an agreement?

Name _____ Title _____

Phone _____ E-Mail _____ Fax _____

Professional Liability Insurance

The University of Iowa provides professional liability insurance for students participating in internships as a part of their academic program. Coverage includes \$1,000,000 per occurrence/\$3,000,000 in the aggregate for claims arising from any real or alleged act of negligence by the student while participating in required internship programs.

Does the Agency require the student to carry additional professional liability insurance? yes no

Does the Agency's liability insurance cover interns? yes no

Other Benefits

Does the Agency provide interns with a stipend, meals, housing, parking, and/or other benefits?

yes no . If yes, what specific benefits are provided?

Agency Supervisor's Signature _____ **Date** _____

