

CLINICAL AFFILIATION APPLICATION

Instructions: Please fill out application completely and attach a current copy of your resume.

Name:

Application date:

Current Address:

Permanent Address:

Contact Number:

Field of Study:

Art Therapy

Child Life

Music Therapy

Therapeutic Recreation

School Name and Address:

Advisor's Name and Phone:

Requested affiliation start date:

Requested affiliation end date:

Total no. of hours required for placement:

Expected Degree:

Graduation Date:

Please select the unit(s) for which you would like to apply.

Pediatrics-Acute Care

Pediatrics- Rehabilitation Medicine

Adult Rehabilitation Medicine

Adult Psychiatry (Masters level only)

Adult Cardiac Rehabilitation (Art Therapy only)

PLEASE ATTACH RESUME. Upon our receipt of your application you will receive a call to confirm availability of your internship selection and/or to setup an interview.