

Physical Medicine & Rehabilitation

Recreational Therapy: Inpatient Rehab

Internship Application

**Instructions**: please complete and return this application WITH your current resume to the Clinical Education Coordinator: [PMR-TherapyClinEd@med.umich.edu](mailto:PMR-TherapyClinEd@med.umich.edu)

*Application deadlines:*

Fall (Sept-Dec) **Due March 1st**

Winter (Jan-Apr) **Due July 1st**

Summer (May-Aug) **Due November 1st**

Your application will be reviewed by the TR team. If needed, they will contact you for an interview. Communications will be routed through the Clinical Education Coordinator. If you are accepted, the Clinical Education Coordinator will begin onboarding contact 45 days prior to start. Your acceptance to this program is contingent on a clean Background Check and Drug Screen, which is initiated and fees covered by Michigan Medicine. Questions should be directed to the Clinical Education Coordinator.

Date of Application:  Placement Semester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Contact Information:

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](mailto:parendal@emich.edu)\_\_\_\_\_\_\_

1. Internship Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Part time internships may be considered pending team availability. Please indicate your need: Full time  Part time
3. Name of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Name of your Academic Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Date of Expected Graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. List 3 goals for your experience:
3. Why did you choose to apply to Michigan Medicine?
4. Are there any commitments or engagements that will affect your attendance?

(i.e. weddings, trips, etc.) If so, please explain.

1. Why did you choose Therapeutic Recreation as your major?
2. What are your career goals?
3. What is your philosophy of Therapeutic Recreation?
4. List any special skills that you have that would enhance your ability to complete this experience: