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| *Department of Health and Human Development* |  Carver 102, MS 9067, 516 High Street Bellingham, Washington 98225 |
|  (360) 650-3105 ▪ Fax (360) 650-7447<https://chss.wwu.edu/hhd> |

**Recreation Management & Leadership**

**INTERNSHIP AGREEMENT FORM for TR Students**

**Internship Start Date:** Click or tap here to enter text. **End Date:** Click or tap here to enter text.

**Agency Name:** Click or tap here to enter text.

Agency Address: Click or tap here to enter text.

Agency Phone: Click or tap here to enter text.

Agency Fax: Click or tap here to enter text.

Agency Email: Click or tap here to enter text.

**Agency Supervisor Name:** Click or tap here to enter text.

Supervisor Phone: Click or tap here to enter text.

Supervisor Email: Click or tap here to enter text.

**Student Name:** Click or tap here to enter text.

Student Cell Phone: Click or tap here to enter text.

Student Work Phone: Click or tap here to enter text.

Student E-mail: Click or tap here to enter text.

**Faculty Internship Advisor Name:**  Click or tap here to enter text.

Faculty Phone: Click or tap here to enter text.

Faculty Email: Click or tap here to enter text.

(continued on next page)

**The signers understand and agree to comply with the following conditions:**

* National Council for Therapeutic Recreation Certification (NCTRC) field placement standards, including:
* Minimum of 560 hours, 14 consecutive calendar weeks
* Minimum of 20 hours and maximum of 45 hours per week
* Exposure to the NCTRC Job Analysis Task Domains
(see www.nctrc.org and Student Internship Record)
* The site and university supervisors are NCTRC certified for at least one year and the site supervisor is employed as a CTRS a minimum of 32 hours per week at one agency
* Timely submission of reports and final evaluation
	+ Site supervisor: Tri-Weekly Progress Reports, Final Evaluation
	+ Site supervisor and student: TR Internship Goals & Objectives
	+ Student: Weekly Reports, Final Internship Assessment/Self-Evaluation
* Availability to communicate regularly by phone and/or e-mail
* Minimum of one site visitation by faculty supervisor if located within a 75-mile radius of Western Washington University (a phone or video conference will be conducted if outside of a 75-mile radius)

**SIGNATURES**

**Agency Internship Supervisor**

Agency supervisor name (doubles as your “signature”): Click or tap here to enter text.

Date: Click or tap here to enter text.

CTRS #: Click or tap here to enter text. Expiration: Click or tap here to enter text.

**Internship Student**

Student name: (doubles as your “signature”): Click or tap here to enter text.

Date: Click or tap here to enter text.

**WWU Faculty Supervisor**

Faculty supervisor name (doubles as your “signature”): Click or tap here to enter text.

Date: Click or tap here to enter text.

CTRS #: Click or tap here to enter text. Expiration: Click or tap here to enter text.