

**Agency Acceptance of Intern
Leisure Studies Program
University of Iowa**

To be completed by the Agency

Agency Name _____

Agency Address _____

City _____ State _____ Zip _____

Phone Number _____ Fax Number _____

E-Mail Address _____

An interview has been completed with _____
(student's name)

on _____.
(date)

We will accept this student for an internship placement during the following time period:

_____ Spring Semester 200__

_____ Summer Session 200__

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 480 contact hours over 12 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 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. Please attach a copy of current NCTRC Certification Certificate.

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 _____ Fax _____

E-Mail _____

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? _____

Note: Because the internship is for academic credit, students may not be paid wages as an employee.

Agency Supervisor Signature _____ **Date** _____