

Recreational Therapy Clinical Internship Programs



Recreational Therapy at ECU Health offers internships in the following areas:

1. Behavioral Health Services – 52 beds – Intellectual Development Disorder (IDD) Geriatric, Acute Psychiatry, and Adult Services
2. Rehabilitation – 75 beds -- Stroke, Spinal Cord Injury, Brain Injury, Pediatric Rehab treatment and Day Treatment Services
Aquatics – Inpatient & Outpatient Services provided.

During the 14-week program, interns will function as an integral part of an interdisciplinary team, while assisting in the implementation of a quality Recreational Therapy program to include assessment, documentation, program planning, implementation, and evaluation. Interns also participate in Recreational Therapy staff team building and educational opportunities. Interns will be required to complete 560 hour/14 weeks for Recreational Therapy Programs.

The RT internship program at ECU Health adheres to standards set by the State of NC TRCB, NCTRC, and the student's university. All supervising staff members are certified by NCTRC, licensed by the State of NC Licensure Board, and have a minimum of one year experience at Vidant Medical Center.

To apply for an R.T. internship at ECU Health, e-mail your letter of intent, resume and your application to Deborah.Marshburn@ecuhealth.org.

Following are the deadlines for fall, spring, and summer internships:

If applying for:	Application/Resume accepted:
Spring (Jan. - Apr.)	Aug 1 st -Sept 1st
Summer (May – July)	Dec.1-Jan.1st
Fall (Aug. - Nov.)	March 1- April 1st

If you have further questions or concerns, please call our Clinical Internship Coordinator, Deborah Marshburn, LRT at (252) 847-8525

ECU HEALTH
RECREATIONAL THERAPY SERVICES
PHONE: (252) 847-8525

APPLICATION FOR INTERNSHIP

NAME _____

ADDRESS (local) _____

PERMANENT ADDRESS _____

E-MAIL ADDRESS _____

CELL PHONE # _____

BEST TIME TO REACH YOU BY PHONE _____

DATE OF APPLICATION _____

NAME OF SCHOOL THAT YOU ATTEND _____

SEMESTER YOU ARE APPLYING FOR _____

GRADUATION DATE _____

FACULTY SUPERVISOR _____

PHONE # _____

PLEASE INDICATE YOUR 1ST AND 2ND CHOICE FOR AREAS THAT YOU ARE INTERESTED IN COMPLETING YOUR INTERNSHIP.

REHABILITATION _____

BEHAVIORAL HEALTH _____

IDENTIFY REASONS WHY YOU CHOSE YOUR TOP CHOICES:
