

Recreational Therapy Clinical Internship Programs



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

Rehabilitation – 75 beds – Stroke, Spinal Cord Injury, Brain Injury and Pediatric Rehab treatment
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 ECU Health Medical Center.

To apply for a Recreational Therapy internship at ECU HEALTH, e-mail your letter of intent, resume and your application to Deborah.Marshburn@ecuhealth.org.

The following are deadlines for fall, spring, and summer internships:

If applying for:	Applications/Resumes accepted:
Spring (January-April)	Aug. 1-Sept. 1
Summer (May-July)	Dec. 1-Jan. 1
Fall (August-November)	March 1-April 1

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

APPLICATION FOR INTERNSHIP

Name _____

Address (local) _____

Permanent Address _____

Email Address _____

Phone _____

Best time to reach by phone _____

Date of Application _____

School you attend _____

Semester you are applying for _____

Graduation Date _____

Faculty supervisor _____

Phone _____

List Recreational Therapy and related courses completed and volunteer, practicum, and work experience below unless included in your vitae:

Have you had any prior experiences in this hospital or health system? If so, describe:

What are you hoping to gain from this experience?

List skills and talents you can offer to the department:

List skills and other specific items you would like to learn or improve during your internship:

Please e-mail completed application to: Deborah.Marshburn@ecuhealth.org
Recreational Therapy Internship Coordinator
ECU Health Medical Center
252-847-8525

Recreational Therapy Internship Reference Form

Each student applying must submit two reference forms completed by their current Recreational Therapy faculty. Forms must be emailed directly from the faculty member to [ECU Health Medical Center](#).

Intern Name: _____

The person named above has applied to intern with **ECU Health Medical Center**. Interns play an integral role in the success of our programs. Please answer the following questions candidly and return this form to the email listed below **after the application window has opened**.

Type of Reference	<input type="checkbox"/> ECU Recreational Therapy Faculty <input type="checkbox"/> Other
Reference Name	
Relationship to Intern	
Phone Number and/or Email	
Date Reference Check Completed	
How long have you known the individual?	
How well do you know the individual?	<input type="checkbox"/> Very Well <input type="checkbox"/> Well <input type="checkbox"/> Somewhat <input type="checkbox"/> Very Little
What are the candidate's two biggest strengths?	
Does the candidate work well with others?	<input type="checkbox"/> Very <input type="checkbox"/> Mostly <input type="checkbox"/> Somewhat <input type="checkbox"/> Needs Improvement
How dependable is the candidate?	<input type="checkbox"/> Very <input type="checkbox"/> Mostly <input type="checkbox"/> Somewhat <input type="checkbox"/> Needs Improvement
How well does the candidate finish projects/responsibilities they have begun? Rate and/or explain.	<input type="checkbox"/> Very <input type="checkbox"/> Mostly <input type="checkbox"/> Somewhat <input type="checkbox"/> Needs Improvement
What is at least one (1) area for improvement?	
Is there any additional information you would like to share about this individual?	
What is your overall recommendation for this potential intern?	<input type="checkbox"/> Highly Recommend <input type="checkbox"/> Recommend with Reservation (please explain) <input type="checkbox"/> Recommend. <input type="checkbox"/> Cannot Recommend (please explain)

Please rate the candidate's display of the following qualities with either "3/best", "2/mid", "1/low", "0/none", or "N/A"									
	3	2	1	0		3	2	1	0
Punctual and reliable					Flexible				
Clear communication					Professional & accountable				
Able to work with a team					Respectful				
Able to work independently					Attentive to detail				
Takes initiative					Honest				

Please return this form directly to:
 Ms. Deborah Marshburn LRT, CTRS
 ECU Health Medical Center
 252-847-8525 | deborah.marshburn@ecuhealth.org