American Horticultural Therapy Association®

Internship Application with On-site/Off-site Supervision

Intern:

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-Mail _____

Internship start date: _____ Projected end date: _____

School(s) attending/attended: _____

_____

Site:

Facility Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-Mail _____

Type of Facility _____

Supervisor:

Is there an HTR/HTM on site: Yes _____ No _____

Name of HTR/HTM supervisor _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-Mail _____

By signing this form, I agree to the policies and procedures stated in the AHTA Internship Handbook.

Signature of intern: _____ Date: _____

By signing this form, I agree to be the HTR/HTM supervisor for the intern listed on this form.

Signature of HTR/HTM supervisor: _____Date: _____

Note: This form documents the internship site for the supervisor and intern. This form is not part of the AHTA Professional Registration application and is not required to be turned in with the application.