



Dear Applicant:

Thank you for your interest in a Recreational Therapy practicum with the Charles A. Cannon, Jr. Memorial Hospital's Behavioral Health Unit. Please refer to the list below for the application requirements. The following documents are to be submitted to Sallie Woodring by email at [swoodring@apprhs.org](mailto:swoodring@apprhs.org) :

- 1) A Cover Letter
- 2) Resume
- 3) Internship Application, with reference sheet

**After receiving full application you may be contacted for an interview before acceptance.**

• **Practicum Application Deadlines**

For Fall Semester: Applications are due by: May 1<sup>st</sup>

For Spring Semester: Applications are due by: September 1<sup>st</sup>

For Summer Semester: Applications are due by: February 1<sup>st</sup>

• **Practicum Application Response Times**

For Fall Semester: Response is given by: June 1<sup>st</sup>

For Spring Semester: Response is given by: October 1<sup>st</sup>

For Summer Semester: Response is given by: March 1<sup>st</sup>

**For Application Questions Contact:**

**Sallie Woodring**

Volunteer Services

828 737-7538

[swoodring@apprhs.org](mailto:swoodring@apprhs.org)

**Carmen Long, CTRS/LRT**

Recreational Therapy- BHU

828 737-7005

[crlong@apprhs.org](mailto:crlong@apprhs.org)



## Behavioral Health Services Practicum Application

Name: \_\_\_\_\_ Phone #: (\_\_\_\_)-\_\_\_\_-\_\_\_\_\_

Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School/Organization:

\_\_\_\_\_

Current School Status:      \_\_\_ Freshman   \_\_\_ Sophomore   \_\_\_ Junior   \_\_\_ Senior

Expected Graduation Date: \_\_\_\_\_ Major/Minor: \_\_\_\_\_

Overall GPA: \_\_\_\_\_ Major GPA: \_\_\_\_\_

Semester Practicum is Requested: \_\_\_ Fall \_\_\_ Spring \_\_\_ Summer

Approximate Practicum Dates Requested: \_\_\_\_\_

Hours Required by your School/Organization: \_\_\_\_\_

Specific Behavioral Health Interests:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Related Training and/or Work Experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**References:**

(Include a professional and personal reference)

**Professional Reference:**

Name: \_\_\_\_\_ Phone #: (\_\_\_\_)-\_\_\_\_-\_\_\_\_

Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to Applicant:

\_\_\_\_\_

**Personal Reference:**

Name: \_\_\_\_\_ Phone #: (\_\_\_\_)-\_\_\_\_-\_\_\_\_

Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship to Applicant:

\_\_\_\_\_