

**PRE-INTERNSHIP EXPERIENCE VERIFICATION FORM**  
**Therapeutic Recreation Program**  
The University of Iowa

Please consult the Program's Undergraduate **Internship Manual and Pre-Internship Experience Guidelines** for more information regarding the criteria for pre-internship experiences.

A separate verification form is required for each type of volunteer and paid experience. Students should save a copy for their records once completed.

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**Part I (Completed by Student)**

Student name \_\_\_\_\_ Current date \_\_\_\_\_  
Type of setting (e.g., hospital, nursing home, park, recreation center) \_\_\_\_\_  
Agency name \_\_\_\_\_  
Agency director name \_\_\_\_\_ Agency phone \_\_\_\_\_  
Agency street address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Description of responsibilities (use other side, if needed) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did the experience relate to therapeutic recreation? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Experience was: (check one) \_\_\_\_\_ volunteer \_\_\_\_\_ paid  
Start date \_\_\_\_\_ End date \_\_\_\_\_ (month/day/yr)  
Total number of hours completed \_\_\_\_\_

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**Part II (Completed by Agency)**

According to our records the above information:

\_\_\_\_\_ is accurate and the student's service with our agency is verified.

\_\_\_\_\_ is not accurate and service with our agency cannot be verified.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Title \_\_\_\_\_

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**Part III (Completed by INTERNSHIP COORDINATOR)**

\_\_\_\_\_ Experience satisfies partial fulfillment of volunteer and work experience requirement.

\_\_\_\_\_ Experience does not satisfy partial fulfillment of volunteer and work experience requirement.

Experience counts for: \_\_\_\_\_ Clinical hours \_\_\_\_\_ Community hours

Internship Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_