

Therapeutic Recreation Internships

State	CA	City	Pomona	Web Address		Phone Number	714-593-7521	Fax Number	
Agency	Casa Colina Hospital for Rehabilitative Medicine			Street Address	255 E. Bonita Ave.	Zip	91767	Email	
Contact Person	Type of Agency		Department	Diagnostic Groups		Application Process		Accommodations	
Laura Martino	Therapeutic Recreation		Therapeutic Recreation	patients with hearing and cognitive impairments		not listed		housing and meals	
Population Served	Length of Placement		Internship Requirements			Application Deadline			
	8-10 weeks		senior			6 mo. prior to internship			

State	CA	City	Healdsburg	Web Address		Phone Number	707-431-3186	Fax Number	707-431-2852
Agency	Healdsburg California Parks and Recreation			Street Address	401 Grove St.	Zip	95448-4723	Email	madams@ci.healdsburg.ca.us
Contact Person	Type of Agency		Department	Diagnostic Groups		Application Process		Accommodations	
Molly Adams	Parks and recreation			all ages		application			
Population Served	Length of Placement		Internship Requirements			Application Deadline			
	16 weeks, 14 weeks					Oct. 23, May 19, April 18			

State	CA	City	Sacramento	Web Address	www.campronald.org	Phone Number	916-734-4230	Fax Number	916-734-4238
Agency	Ronald McDonald House Charities			Street Address	2555 49th Street	Zip	95817	Email	vicky_flraig@hotmail.com
Contact Person	Type of Agency		Department	Diagnostic Groups		Application Process		Accommodations	
Vicky Flaig	Recreational Therapy		Recreation Therapy	children		visit website		\$875/mo. Stipend +meals & housing	
Population Served	Length of Placement		Internship Requirements			Application Deadline			
children									

State CO **City** Crested Botte **Web Address** www.adaptivesports.org **Phone Number** 970-349-2296 **Fax Number** 970-349-4950
Agency The Adaptive Sports Center **Street Address** P.O. Box 1639 **Zip** 81224 **Email** cread@adaptivesports.org
Contact Person Christopher J. Read **Type of Agency** Community/ Outdoor Adventure **Department** Program Office **Diagnostic Groups** All ages **Application Process** internship agency questionnaire **Accomodations** transportation, recreation, housing
Population Served all ages **Length of Placement** 8-10 weeks **Internship Requirements** **Application Deadline** Summer- March 1, Winter- Oct 1

State CO **City** Denver **Web Address** **Phone Number** 303.866.7008 **Fax Number** 303-866-7899
Agency Colorado Mental Health Institute at Fort Logan **Street Address** 3520 W. Oxford Av. **Zip** 80236 **Email** Gloria.Vargo@state.co.us
Contact Person Gloria Vargo **Type of Agency** State Psychiatric Hospital **Department** Therapeutic Activity Department **Diagnostic Groups** Severe and acute mental illnesses; adult and children **Application Process** application, resume, transcript and letter of recommendation **Accomodations** on site housing for a fee
Population Served Children 4-12; Adults **Length of Placement** Variable **Internship Requirements** Have had 4 or more psychiatric classes or minor in psychology/human services
 -past experience with working/volunteering and psyciatric slients. **Application Deadline** 3-6 mo. before start date

State CO **City** Denver **Web Address** www.mscenter.org **Phone Number** 303-433-6887 x34 **Fax Number** 303-433-7806
Agency Rocky Mountain MS Center **Street Address** 2851 West 52nd Avenue **Zip** 80221 **Email** lozano@mscenter.org
Contact Person Donna Lozano **Type of Agency** Therapeutic Recreation **Department** King Adult Day Enrichment Program **Diagnostic Groups** MS, neurological illnesses and dissabilities **Application Process** detailed on-line ; application form, resume, letter of interest, transcript, letter of recommendation **Accomodations** Able to provide housing resources, stipend, Meals, parking.
Population Served adults **Length of Placement** 15 weeks **Internship Requirements** academic prep for NCTRC, interview, phone or in person, minimum of 3.0 GPA in TR courses **Application Deadline** accepted year round

State CO **City** Fort Collins **Web Address** www.fcgov.com/aro **Phone Number** 970-224-6027 **Fax Number** 970-416-2100
Agency Fort Collins Recreation Division **Street Address** 214 N. Howes St. **Zip** 80521 **Email** rlee@fcgov.com
Contact Person Renee lee **Type of Agency** Parks and recreation **Department** Adaptive Recreation Opportunities **Diagnostic Groups** all ages **Application Process** application, resume, background check, and two references **Accommodations** none
Population Served all ages **Length of Placement** 13-14 weeks **Internship Requirements** Jr./Sr. **Application Deadline** Sept. 17, Feb 18, April 13

State CO **City** Empire **Web Address** www.eastersealscolorado.org **Phone Number** 303.569.2333 **Fax Number** 303-569-3857
Agency Easter Seals **Street Address** P.O. Box 115 **Zip** 80438 **Email** bearithers@eastersealscolorado.org
Contact Person Bevin Carithers **Type of Agency** Recreation and Respite Center **Department** Therapeutic Recreation **Diagnostic Groups** **Application Process** written application and 3 reference letters, interview **Accommodations** room and board
Population Served 7-75 **Length of Placement** 13 weeks **Internship Requirements** not listed **Application Deadline** not listed

State CO **City** Denver **Web Address** www.denvergov.org **Phone Number** 720-865-0820 **Fax Number** 720-865-0821
Agency City and County of Denver **Street Address** 1849 Emerson Street **Zip** 80218 **Email** matthew.miller@denvergov.org
Contact Person Matt Miller **Type of Agency** Community Recreation **Department** Department of Parks & Recreation **Diagnostic Groups** all ages and all types of disabilities **Application Process** contact agency **Accommodations** Free housing available
Population Served all ages **Length of Placement** 15 weeks/ 600 hours **Internship Requirements** 600 hours/15 weeks. **Application Deadline** Winter/Spring- Oct. 15, Summer- Feb. 15, Fall May 1

State CO **City** Winter Park **Web Address** www.ymcarockies.org **Phone Number** 970-887-2152 X4112 **Fax Number** 303-449-6781
Agency YMCA of the Rockies **Street Address** P.O. Box 169 **Zip** 80482 **Email** moneil@ymcarockies.org
Contact Person Mary O'Neil **Type of Agency** Recreation **Department** Recreation **Diagnostic Groups** **Application Process** application **Accomodations** housing, meals
Population Served **Length of Placement** 16 week period **Internship Requirements** **Application Deadline** seasonal

State CO **City** Englewood **Web Address** www.craighospital.org **Phone Number** 303-789-8225 **Fax Number** 303-789-8441
Agency Craig Hospital **Street Address** 3425 South Clarkson **Zip** 80113 **Email** lwomeldorf@craighospital.org
 ccahow@craighospital.org
Contact Person Claire Cahow, Lori Womeldorf **Type of Agency** Therapeutic Recreation **Department** Therapeutic Recreation **Diagnostic Groups** Patients with disabilities **Application Process** not listed **Accomodations** none
Population Served SCI and TBI **Length of Placement** 15 weeks **Internship Requirements** a list of requirements are given at time of selection **Application Deadline** varies

State CO **City** Boulder **Web Address** www.bouldercolorado.gov **Phone Number** 303.413.7216 **Fax Number** 303.413.7201
Agency City Of Boulder, Parks and Recreation Expand **Street Address** 3198 N Broadway **Zip** 80304 **Email** fitzgeraldc@ci.bouldercolorado.gov
Contact Person Colleen Fitzgerald **Type of Agency** Therapeutic Recreation **Department** Therapeutic Recreation **Diagnostic Groups** patients with disabilities **Application Process** application **Accomodations** recreation center, reimbursed mileage
Population Served developmental disabilities, spinal cord injuries, cerebral palsy, hearing impairments, visual imparments, autism, brain injuries, mental health, emotioanl and behavioral disorders **Length of Placement** We require a 14-week internship **Internship Requirements** Must have First Aid and CPR Certification and submit an acceptable criminal investgation report(paid for by agency), and an immigration background report required. **Application Deadline** Jan 10 for Summer, March 15 for Fall, Sep 25 for Winter/Spring

State CO **City** Breckenridge **Web Address** www.boec.org **Phone Number** 970.453.0146 **Fax Number** 970.453.3845
Agency Breckenridge Outdoor Education Center **Street Address** P.O. Box 697 **Zip** 80424 **Email** internship@boec.org
Contact Person Erin Baird, CTRS **Type of Agency** Recreation **Department** Recreation **Diagnostic Groups** people with disabilities **Application Process** online www.boec.org application and reference letter **Accommodations** Room, Board, \$50/mo stipend, RecCen pass, 3 mtn. Ski pass
Population Served All ages, all disabilities **Length of Placement** 40+ Hours/wk **Internship Requirements** Min 21 years of age, 1st aid and CPR certification **Application Deadline** Summer-March 1
Winter-Sep. 1

State CO **City** Denver **Web Address** **Phone Number** 303-394-8000 **Fax Number** 303-394-8020
Agency Exempla Saint Joseph PsychCenter **Street Address** 1835 Franklin St **Zip** 80218-1191 **Email**
Contact Person Schelly Trojan **Type of Agency** Therapeutic Recreation **Department** Therapeutic Recreation **Diagnostic Groups** Patients with disabilities and illnesses **Application Process** interview **Accommodations** housing at reduced price, two-three meals
Population Served **Length of Placement** 14 weeks **Internship Requirements** senior **Application Deadline** Aug. 30th, Nov. 30, May 30th

State CO **City** Almont **Web Address** www.3riversresort.com **Phone Number** 970-641-1303 **Fax Number** 970-641-1317
Agency Three Rivers Resort and Outfitting **Street Address** P.O.Box 339 **Zip** 81210 **Email** email@3riversresort.com
Contact Person James M. Brennan **Type of Agency** Resort Management and Operations **Department** **Diagnostic Groups** **Application Process** application, resume, photo, copy of driver's license, cover letter **Accommodations** BI-weekly stipend of \$200, housing
Population Served **Length of Placement** 40 hrs a week for 14 weeks **Internship Requirements** jr/sr- major in Rec. and Leisure, P.E., Mktg, Comm. , Hotel and Restaurant Management **Application Deadline** march 15, yearly

State CO	City Lafayette	Web Address www.outabout.org	Phone Number 303.926.6489 X:1	Fax Number 303-665-2648
Agency Imagine!	Street Address 1400 Dixon Ave	Zip 80026	Email jbolew@limainecolorado.org	
Contact Person Jennifer Boles	Type of Agency Afterschool, summer camp, Community based therapeutic recreation services, one-time events	Department Out and About	Diagnostic Groups	Application Process resume, cover letter, 3 references, written goals, interview
				Accomodations \$1,050.00 stipend
Population Served all ages; dev. Disabilities	Length of Placement 12 weeks	Internship Requirements work with people of all disabilities , possess first-aid and cpr certifications, complete assigned tasks, complete a case study, community-based		Application Deadline not listed

State CT	City Wallingford	Web Address www.gaylord.org	Phone Number 230-949-2186	Fax Number 203-284-2813
Agency Gaylord Hospital	Street Address P.O. Box 400	Zip 06492	Email lgolembiewski@gaylord.org	
Contact Person Leigh Golembiewski	Type of Agency Long Term Acute Care Hospital	Department Therapeutic Recreation	Diagnostic Groups SCI, MS, Amputees, CVA, TBI, Pulm	Application Process interested applicants may send resume and call for interview at least 1 semester prior to intended placment
				Accomodations housing (\$60)/week as available
Population Served adults	Length of Placement 12 week minimum/Maximum of 2 student spots per semester	Internship Requirements majoring in therapeutic rec, or leisure studies at a accredited college or univ. and pursuing NCTRC certification		Application Deadline at least 2 month prior to intended placement

State DC **City** Washington **Web Address** www.hsfcsite.org **Phone Number** 202-635-4489 **Fax Number** 202-635-6108
Agency HSC Pediatric Center **Street Address** 1731Bunker Hill Road **Zip** 20017 **Email** akiger@hospsc.org
Contact Person Angie Kiger **Type of Agency** Rehabilitation Center **Department** Recreation Therapy **Diagnostic Groups** sub-acute rehab & transitional care facility **Application Process** application, resume, interview` **Accomodations** transportation from Metro, parking
Population Served 0-21 **Length of Placement** 10-14 weeks **Internship Requirements** CPR certified
Physical Including:
-PPD test
-MMR immunization
-Hepatitis B Immunization **Application Deadline** N/A

State DC **City** Washington **Web Address** **Phone Number** 206-762-1010 **Fax Number** 206-768-5227
Agency Veterens Affairs Medical Center **Street Address** 50 Irving Street **Zip** 20715 **Email**
Contact Person Shelly Moore **Type of Agency** Rehabilitation Hospital **Department** Veteran Affairs **Diagnostic Groups** Psychiatric disorders **Application Process** resume with references, interview **Accomodations** housing (if necessary)
Population Served Adults **Length of Placement** 8-10 weeks **Internship Requirements** **Application Deadline** does not say

State DC **City** Washington **Web Address** **Phone Number** 202-877-1450 **Fax Number**
Agency National Rehabilitation Center **Street Address** 120 Irving Street **Zip** 20010 **Email**
Contact Person Taimi Paadre **Type of Agency** Rehabilitaion Hospital **Department** Therapeutic Recreation **Diagnostic Groups** Brain injury, spine injury, stroke or ortho. **Application Process** letter of intention, resume and transcript, interview **Accomodations** not listed
Population Served **Length of Placement** 15 weeks **Internship Requirements** undergrad/graduate degree with therapeutic recreation emphasis **Application Deadline** no later then semsester before intended internship

State **DE** **City** Wilmington **Web Address** **Phone Number** 302-428-4517 **Fax Number** 302-428-6750
Agency Center for Rehab at Wilmington Hospital **Street Address** 501 West 14th Street **Zip** 19899 **Email** jkreydt@christianacare.org
Contact Person Jacqueline Kreyolt **Type of Agency** Rehabilitation Center **Department** Therapeutic Recreation **Diagnostic Groups** Cognitive, Emotional, Physical, Visual **Application Process** proof of liability insurance, then approved by Director of Education **Accommodations** food plan, parking
Population Served adults, and older adults **Length of Placement** 12-13 weeks **Internship Requirements** Orientation, fieldwork, caseload, 2 projects, daily log book, program planning, Team conference reporting **Application Deadline** not available

State **DE** **City** Wilmington **Web Address** **Phone Number** 302-999-1106 **Fax Number** 999-1753
Agency Aguila of Delaware **Street Address** 2110 Duncan Rd. **Zip** 19808 **Email**
Contact Person Melanie C. Pistilli **Type of Agency** Mental Health Agency, Substance Abuse **Department** Therapeutic Recreation **Diagnostic Groups** Cognitive & Emotional Impairments, Chemical Dependency **Application Process** Meet with CTRS, meet with the treatment team and clients **Accommodations** parking
Population Served adolescents, adults **Length of Placement** 12 weeks **Internship Requirements** **Application Deadline** 6 months prior

State **FL** **City** Orlando **Web Address** www.hgvc.com **Phone Number** 407-239-0100 **Fax Number** 407-239-0200
Agency Hilton Grand Vacations Company **Street Address** 6924 Grand Vacations Way **Zip** 32821 **Email**
Contact Person Lisa Jenkins **Type of Agency** Recreation **Department** Recreation **Diagnostic Groups** **Application Process** Cover letter, Resume, list of references **Accommodations** Housing. \$100 per 2 weeks, uniforms
Population Served kids-adults **Length of Placement** 17 weeks **Internship Requirements** junior with a major in recreation, background in first aid, CPR, Lifesaving **Application Deadline** does not say

State FL **City** Lake Worth **Web Address** www.pbcgov.com/parks **Phone Number** 561-966-7066 **Fax Number** 561-996-7050
Agency Palm Beach County Parks and Recreation Department **Street Address** 2700 Sixth Ave. S. **Zip** 33461 **Email** lkuntzma@co.palm-beach.fl.us
Contact Person Lisa Kuntzman **Type of Agency** Parks and Recreation **Department** Recreation **Diagnostic Groups** **Application Process** Interest survey, application, interview **Accommodations**
Population Served youth-adults **Length of Placement** Negotiable **Internship Requirements** University Requirements for eligibility **Application Deadline** 1 semester prior to internship

State FL **City** St. Petersburg **Web Address** www.stpete.org/fun.htm **Phone Number** 727-893-7899 **Fax Number** 727-892-5868
Agency City of St. Petersburg **Street Address** 1400 19th Street N **Zip** 33713 **Email** barbara.vancamp@stpete.org
Contact Person Barbara Van Camp **Type of Agency** Municipal Government **Department** Recreation **Diagnostic Groups** **Application Process** email or call with request for packet **Accommodations** not listed
Population Served kids-adults **Length of Placement** 10-14 weeks (480 hours) **Internship Requirements** majoring in therapeutic recreation **Application Deadline** does not say

State FL **City** Delray Beach **Web Address** **Phone Number** 407-495-1000 **Fax Number**
Agency Fair Oaks Hospital **Street Address** 5440 Linton Boulevard **Zip** 33445 **Email**
Contact Person Julie Budzinski **Type of Agency** Medical Hospital **Department** Psychiatry therapy **Diagnostic Groups** Mental disabilities **Application Process** letter of interest, resume, 2 letters of reference, interview, transcript **Accommodations** meals and housing (\$200 per month)
Population Served adults **Length of Placement** **Internship Requirements** **Application Deadline** does not say

State FL **City** Fort Myers **Web Address** **Phone Number** 239-939-4993 **Fax Number** 239-939-0540
Agency Institute for Long Term Care, " Winkler Court" **Street Address** 3250 Winkler Avenue Extension **Zip** 33916 **Email**
Contact Person Kirsten Walker, CTRS **Type of Agency** Longterm Care, Alzheimer's, Special Care Unit **Department** Therapeutic Recreation **Diagnostic Groups** cognitive, memory loss, Alzheimers **Application Process** contact program director **Accomodations**
Population Served older adults **Length of Placement** Always accepting, M-F 9-4:30 **Internship Requirements** Must posses a desire to learn **Application Deadline** Open/always accepting

State FL **City** Hollywood **Web Address** **Phone Number** 954-987-2020 x2181 **Fax Number** 954-985-5941
Agency Memorial Regional Hospital **Street Address** 3501 Johnson St. **Zip** 33021 **Email**
Contact Person Diane King **Type of Agency** General Hospital/Teaching Hospital **Department** Rehab **Diagnostic Groups** Physical Impairments, chemical dependency, visual, hearing **Application Process** Contact CTRS, resume, interview **Accomodations** food plan, parking
Population Served Adults **Length of Placement** 8-10 weeks **Internship Requirements** Verify contact between hospital and university, proof of medical insurance, get a name tag, get a parking sticker, obtain health clearance, dress code, orientation, submit appropriate forms, liability insurance **Application Deadline** 8 wks prior to start of internship

State FL **City** Sorrento **Web Address** www.fl.easterseals.com **Phone Number** 352-383-4711 **Fax Number** 352-383-0744
Agency Camp Challenge Easter Seals FL, Inc **Street Address** 31600 Camp Challenge Road **Zip** 32776 **Email** jhazelton@FL.EasterSeals.com
Contact Person John K. Hazelton **Type of Agency** Recreation **Department** **Diagnostic Groups** Physical disabilities & Cognitive Disabilities **Application Process** application with 2 references, interview **Accomodations** Room and Board
Population Served kids-adults **Length of Placement** 7 weeks **Internship Requirements** 18 yrs old, experience with congitive, or physically disabled people, expirence with camping, 1-2 years of college or full-time work **Application Deadline** Before April 1, 2007

State **FL** **City** Tampa **Web Address** **Phone Number** 813-972-200 X6678 **Fax Number** 813-903-4853
Agency James A. Haley Veterans' Hospital **Street Address** 13000 Bruce B. Downs Blvd. **Zip** 33612 **Email** Evelyn.Mack@va.gov
Contact Person Evelyn Mack **Type of Agency** General Teaching hospital, Long-term care facility, Rehabilitation Center **Department** Recreational Therapy **Diagnostic Groups** Primarily Physical impairments (Including illnesses and disabilities), Emotional/Psychological impairments, Cognitive Impairments (DD, MR, LD, TBI, SAH, SDH, CVA,etc) **Application Process** **Accomodations** Parking, Employee Wellness Gym, access to medical library resources
Population Served Primarily Adults 18+ years **Length of Placement** Min 13 Weeks **Internship Requirements** **Application Deadline**

State **FL** **City** Macclenny **Web Address** **Phone Number** 904-259-6211 **Fax Number** 904-254-7123
Agency Northeast Florida State Hospital **Street Address** 7487 S. State Road 121 **Zip** 32063-9777 **Email** jamie_wilkerson@dcf.st.fl.us
Contact Person Jamie Wilkerson **Type of Agency** Rehabilitation Hospital **Department** Programming Services **Diagnostic Groups** psychological problems, **Application Process** Application **Accomodations** Housing, meals
Population Served adults, and geriatrics **Length of Placement** 12 or 16 weeks **Internship Requirements** Mon-Fri 8:00-4:30, dress code, responsible for keys, supervising residents, attend meetings, keep confidentiality, one evening a week (until 7:30) and one Saturday a month **Application Deadline** not listed

State GA **City** Warm Springs **Web Address** **Phone Number** 706-655-5636 **Fax Number** 706-655-5661
Agency Roosevelt Warm Springs Institute for Rehab **Street Address** P.O. Box. 1000 **Zip** 31830 **Email**
Contact Person Lesley McInvale **Type of Agency** Rehabilitation Center, Vocational Training Center **Department** not listed **Diagnostic Groups** Cognitive impairments, physical impairments **Application Process** letter of intent, recom. from advisor, resume, transcript, interview **Accommodations** housing, food, parking, recreational
Population Served young adults-elderly **Length of Placement** 12 weeks **Internship Requirements** 40hrs per week, share a caseload of patients with supervisor, weekly medical conference, assist in activities for patients, facility inservices
Application Deadline 3-4 months prior
****NOW ACCEPTING APPLICATIONS FOR FALL 2005 INTERNSHIPS****

State GA **City** Dahlonega **Web Address** www.hiddenlakeacademy.com **Phone Number** 706-864-4730 **Fax Number** 706-864-9109
Agency Hidden Lake Academy **Street Address** 830 Hidden Lake Drive. **Zip** 30533 **Email** hrdir@hiddenlakeacademy.com
Contact Person Denny Beatty **Type of Agency** Therapeutic Boarding School **Department** Wilderness Recreation **Diagnostic Groups** Oppositional Defiant Disorder **Application Process** send resume and cover letter **Accommodations** pay, meals, housing
Population Served 13-18 **Length of Placement** 12 weeks **Internship Requirements** work directly with students, work directly with wilderness department **Application Deadline** not listed

State GA **City** Douglasville **Web Address** www.innerharbor.org **Phone Number** 800-255-8657 **Fax Number** 404-942-2391
Agency Inner Harbor Hospitals **Street Address** 4685 Dorsett Shoals Road **Zip** 30135 **Email** richard.shaw@innerharbour.net
Contact Person Richard Shaw **Type of Agency** Therapeutic Hospital **Department** Experiential Theraies **Diagnostic Groups** child/adolescent Psych. **Application Process** interview, application **Accommodations** housing, food plan, parking
Population Served **Length of Placement** 15 weeks **Internship Requirements** **Application Deadline** 3 month in advanced, or less

State **GA** City NW, Atlanta Web Address www.shepherd.org Phone Number 404-350-7793 Fax Number 404-350-3084

Agency Sheperd Center Street Address 2020 Peachtree Rd. Zip 30309 Email kelly_Edens@shepherd.org

Contact Person	Type of Agency	Department	Diagnostic Groups	Application Process	Accomodations
Kelly Edens; TR Therapy Manager	Rehabilitation Center	Therapeutic Recreation	Cognitive impairments, physical impairments; ABI, SCI, Inpt and Day Prgram positions, Speciality area positions	resume, interest checklist, goals of intership, transcript, strengths/areas for improvement, brief description of completed TR courses	parking

Population Served	Length of Placement	Internship Requirements	Application Deadline
adolescent, adults, older adults	15 weeks	Complete TR competency packet, maintain a personal caseload of 6-12 patients, plan and implement, community outings, weekly team conference, goal setting conference. Weekly meeting with supervisor, teach leisure education classe, complete shepherd center intern program evaluation, provide an inservice to staff, complete a long-term project	Spring Oct 15, Summer Jan15, Fall April 15

State **IA** City Monticello Web Address www.campcourageous.org Phone Number 319-465-5916 X2320 Fax Number 319-465-5919

Agency Camp Courageous of Iowa Street Address P.O.Box 418 Zip 52310-0455 Email spoe@camcourageous.org

Contact Person	Type of Agency	Department	Diagnostic Groups	Application Process	Accomodations
Shannon Poe	Therapeutic Recreation/camp	Therapeutic Recreation/Program	Individuals with Disabilities	application, interview, reference/background checks	

Population Served	Length of Placement	Internship Requirements	Application Deadline
	14 week period		seasonal

State IL **City** Makanda **Web Address** www.ton.siu.edu **Phone Number** 618-453-1121 X23 **Fax Number** 618.453.1188
Agency Southern Illinois University
Touch of Nature Environmental Center **Street Address** 1206 Touch of Nature Rd **Zip** 62958 **Email** vickil@siu.edu
Contact Person Vicki Lang **Type of Agency** Camping Agency, Developmental Disabilities, Cerebral Palsy, ADHD, Autism **Department** Touch of Nature **Diagnostic Groups** cognitive, multiple disabilities, physical, developmental **Application Process** resume and application, interview **Accommodations** salary, housing, food
Population Served disabled children and adults **Length of Placement** 8-12 weeks **Internship Requirements** According to University Guidelines **Application Deadline** accepted year round

State IL **City** Crystal Lake **Web Address** www.nisra.com **Phone Number** 815-459-0737 **Fax Number** 815-459-0388
Agency NISRA **Street Address** 820 Terra Cotta Ave. Suite 125 **Zip** 60014 **Email** hjenkins@nisra.org
Contact Person Shelley A. Zuniga **Type of Agency** Special Recreation **Department** **Diagnostic Groups** **Application Process** Resume, set-up interview **Accommodations** stipend, mileage reimbursement
Population Served early childhood, youth, teens, and adults **Length of Placement** 12-16 weeks **Internship Requirements** attend meetings, complete a special project, complete small projects, be a program leader, keep a program folder, plan programs, distribute brochures, write reports, drive vans **Application Deadline** not listed

State IL **City** Northbrook **Web Address** www.nssra.org **Phone Number** 847-509-9400 **Fax Number** 847-509-1177
Agency Northern Suburban Special Recreation Association **Street Address** 3105 MacArthur **Zip** 60062 **Email** DSchaefer@nssra.org
Contact Person Dawn Schaefer **Type of Agency** Special recreation/ community **Department** Therapeutic recreation **Diagnostic Groups** adults and children w/ disabilities **Application Process** interview w/ site visit **Accommodations**
Population Served adults and children **Length of Placement** 14-16 weeks **Internship Requirements** **Application Deadline**

State	IL	City	Palatine	Web Address		Phone Number	847-358-5510	Fax Number	
Agency	Little City Foundation			Street Address	1760 West Algonquin Road	Zip	60067	Email	
Contact Person		Type of Agency		Department		Diagnostic Groups		Application Process	
Todd Hasset		Therapeutic Recreation		Recreation		Developmental disabilities		application, interview, letter of recommendation by advisor	Accommodations
									not listed
Population Served		Length of Placement		Internship Requirements			Application Deadline		
kids-adults		12 weeks (600+ hours)		interview with staff, major in therapeutic recreation, pass physical			3 months prior		

State	IN	City	Martinsville	Web Address	www.bradwoods.org	Phone Number	765-342-2915	Fax Number	765-349-1086
Agency	Bradford Woods/Indiana University			Street Address	5040 SR 67N	Zip	46151	Email	caston@indiana.edu
Contact Person		Type of Agency		Department		Diagnostic Groups		Application Process	
Carol Stone		Camping Agency, outdoor education		Camping and Retreats Center		Physical and Cognitive Disabilities		application, interview, reference and background check, All available on our website at www.bradwoods.org	Accommodations
									Stipend, housing, food plan, parking, medical
Population Served		Length of Placement		Internship Requirements			Application Deadline		
8-18		13 weeks(Can be extended)		ability and desire to work, prior knowledge, desire to take on leadership roles, communicate well, assist campers, serve as a positive role model, ability to work in a fast paced environment, ability to learn and grow, ability to complete accurate documentation			As soon as possible		

State **LA** City New Orleans Web Address www.chnola.org Phone Number 504-896-9350 Fax Number 504-896-9407

Agency Children's Hospital Street Address 200 Henry Clay Avenue Zip 70118 Email jhelming@chnola.org, lmyers@chnola.org

Contact Person	Type of Agency	Department	Diagnostic Groups	Application Process	Accommodations
Lee Myers	Pediatrics	Therapeutic Recreation	Pediatric Intensive Care Unit, Spinal Unit, Rehabilitation Unit. And Acute Care Unit	application, two letters of recommendation, transcript	housing

Population Served	Length of Placement	Internship Requirements	Application Deadline
birth-21years	600 hours	anatomy and Physiology and Medical Terminology	July 15, spring, Oct. 15, summer, and Feb. 15, fall

State **MA** City Boston Web Address www.spauldingrehab.org/ Phone Number 617-573-2907 Fax Number 617-573-7009

Agency Spaulding Rehabilitation Hospital Street Address 125 Nashua St. Zip 02114 Email svillante@partners.org

Contact Person	Type of Agency	Department	Diagnostic Groups	Application Process	Accommodations
Sandra Villante	Rehabilitation Hospital	Therapeutic Recreation	Musculoskeletal, Amputee, Stroke, brain injury, spinal cord, medically complex	cover letter and resume, transcript, 2 letters of recommendation, phone or in person interview, Application	non listed

Population Served	Length of Placement	Internship Requirements	Application Deadline
brain injury, stroke,neurology, spinal cord injury	14 weeks	School requirments plus weekly summary and goals, special event and a specail project. Attending community outings, site visit to another TR program locally.(optional) Perform TR Assessments, Documentation (computerized) maintain patient caseload.	4-6 months prior to start of internship

State MD **City** Baltimore **Web Address** **Phone Number** 301-444-1507 **Fax Number**
Agency Maryland School for the Blind **Street Address** 3501 Taylor Ave. **Zip** 21236 **Email**
Contact Person Donna Reihl **Type of Agency** School for the Blind **Department** Therapeutic Recreation **Diagnostic Groups** Blind **Application Process** application, interview **Accommodations** housing
Population Served **Length of Placement** **Internship Requirements** **Application Deadline** does not say

State MD **City** Baltimore **Web Address** http://www.lbhweb/new_lev.cs **Phone Number** 410-601-2863 **Fax Number** 410-601-2403
Agency Levindale Hebrew Geriatric Center and Hospital **Street Address** 2434 West Belvedere Av. **Zip** 21215-5299 **Email** jottena@lifebridgehealth.org
Contact Person John Ottena **Type of Agency** Rehabilitation Center & LTC **Department** Therapeutic Recreation **Diagnostic Groups** mostly elderly, geriatric **Application Process** application and resume **Accommodations** food
Population Served **Length of Placement** 12-15 weeks **Internship Requirements** **Application Deadline** 2 months prior to expected start date

State MD **City** Crownsville **Web Address** **Phone Number** 410-729-6507 **Fax Number**
Agency Crownsville Hospital Center **Street Address** 1520 Crownsville Road **Zip** 21032 **Email**
Contact Person Robert Glassman **Type of Agency** Rehabilitation Center **Department** Activity Therapy Department **Diagnostic Groups** emotional impairments, chemical dependency **Application Process** resume and interview **Accommodations** housing
Population Served adolescents, adults, and older adults **Length of Placement** 8-10 weeks **Internship Requirements** not listed **Application Deadline** no deadline

State	MD	City	Baltimore	Web Address	www.mwph.org	Phone Number	410-578-2659	Fax Number	410-542-8890
Agency	Mt. Washington Pediatric Hospital			Street Address	1708 W. Rogers Ave.	Zip	21209	Email	LOWER@MWPH.ORG
Contact Person	Type of Agency	Department	Diagnostic Groups	Application Process	Accommodations				
Lois Bower	Rehabilitation Center, pediatrics	Child Life and TR	premature infants; brain injury; spinal cord injur, chronically ill, burn	interview(on-site, no phone intervies); complete application	parking				
Population Served	Length of Placement	Internship Requirements			Application Deadline				
children and adolescents	12-15 weeks	observe patients, establish professional goals, orientation, maintain a daily log, review medical records, attendance at team, literature reviews, diagnostic case study; manage pt caseload; in service, presentation & staff, develop treatment plans, assessments Dress Code-Purchase of MWPH collared shirt; black or khaki dress pants			10 weeks prior to start date				

State	MD	City	Baltimore	Web Address		Phone Number	410.448.6320	Fax Number	
Agency	Kernan Hospital			Street Address	2200 Kernan Drive	Zip	21207	Email	pcauley@kernan.umm.edu
Contact Person	Type of Agency	Department	Diagnostic Groups	Application Process	Accommodations				
Pamela Cauley	Rehabilitation Hospital	Therapeutic Recreation	Brain & spine injury, stroke, M.S. Day Program	contact department for availability	housing, parking				
Population Served	Length of Placement	Internship Requirements			Application Deadline				
	600 Hours	Into to TR and medical terminolgy, A&P			2 months prior to starting date				

State **MD** City Bethesda Web Address Phone Number 301-496-8876 Fax Number 301.480.0669

Agency National Institutes of Health Street Address RTS/RMD, Bld 10 CRC RM 1-1469, 10 Center Dr. MSC 1604 Zip 20892-1604 Email mdsmith@nih.gov

Contact Person Marcia Smith Type of Agency Research Facility Department Recreation Therapy/ Rehabilitation Medicine Dept. Diagnostic Groups Medical / Surgical/Mental Health Application Process Write letter, application packet, must have 3.0 GPA to apply Accomodations none

Population Served children, adolescents, adults Length of Placement 15 weeks/ 600 hours Internship Requirements orientation, hands on practice, supervision by certified therapist Application Deadline 3 months prior to start date

State **MD** City Baltimore Web Address www.kennedykrieger.org Phone Number 443.923.9200 Fax Number

Agency Kennedy Krieger Institute Street Address 707 North Broadway Zip 21205 Email

Contact Person Tina Buddemeyer Type of Agency Medical Hospital Department Medical Hospital Diagnostic Groups Application Process apply online. No faxed or mail resumes, please. Accomodations

Population Served pediatric, disabled Length of Placement Internship Requirements Application Deadline does not say

State **MD** City Salisbury Web Address www.healthsouth.com Phone Number 410-546-4600 Fax Number 410-219-5588 OR 410-546-8388

Agency Chesapeake Rehabilitation Hospital Street Address 220 Tilgman Road Zip 21801 Email tanya.vilov@healthsouth.com

Contact Person Tanya Vilov Type of Agency Acute Rehab Hospital Department Therapeutic Recreation Diagnostic Groups orthro, cardiopulmonary, nuero Application Process School contract, letter from school Accomodations none

Population Served primarily adults and geriatric Length of Placement 8-10 weeks Internship Requirements not listed Application Deadline 2-3 months prior to internship

State **MD** **City** Baltimore **Web Address** **Phone Number** 410-233-1400 ext. 231 **Fax Number** 410-233-1666

Agency Mountain Manor Treatment Center **Street Address** 3800 Frederick Ave. **Zip** 21229 **Email** jamilah10@hotmail.com

Contact Person Jamilah Bashir **Type of Agency** Mental health/Rehabilitation **Department** recreation therapy **Diagnostic Groups** adolescents **Application Process** Application, Resume, interview, and site visit **Accommodations** parking, liability insurance, recreational

Population Served adolescents **Length of Placement** 8-15weeks **Internship Requirements** Jr./Sr. **Application Deadline** Fall June 1, Spring Oct.

State **MN** **City** Minneapolis **Web Address** www.wildernessinquiry.org **Phone Number** 612-676-9400 **Fax Number** 612-676-9401

Agency Wilderness Inquiry **Street Address** 808 14th Ave. SE **Zip** 55414 **Email** jenniolink@wildernessinquiry.org

Contact Person Jenni O'Link **Type of Agency** Camping agency **Department** Operations **Diagnostic Groups** disabilities **Application Process** application, resume, 3 references, interview **Accommodations** housing, trans., recreation

Population Served 54% are under 21, 34% are 21-30, and 16% are older; 40% have a disability **Length of Placement** Negotiable depending upon intern and organizational needs **Internship Requirements** Willingness to learn **Application Deadline** 2 months before the internship starts

State **Mn** **City** Golden Valley **Web Address** www.courage.org **Phone Number** 763-520-0222 **Fax Number** 763-520-0577

Agency Courage Center Rehabilitation Center **Street Address** 3915 Golden Valley Rd **Zip** 55422 **Email** kurt.wiger@courage.org

Contact Person Kurt A. Wiger **Type of Agency** Physical Rehabilitation center **Department** **Diagnostic Groups** spinal cord, cerebral palsy, brain injury, spine Bifida, Arthritis, Stroke **Application Process** 2 letters of reference **Accommodations** None

Population Served all ages **Length of Placement** 16 weeks **Internship Requirements** plan and implement recreational programming/activities, provide a goal oriented program, orientation, training, education, supervision of volunteers **Application Deadline** not listed

State **MT** **City** Kalispell **Web Address** **Phone Number** 406-756-4725 **Fax Number** not listed
Agency Kalispell Regional Hospital **Street Address** 310 Sunnyview Lane **Zip** 59901 **Email**
Contact Person Sue Crawford **Type of Agency** Rehabilitation center **Department** Inpatient Rehabilitation **Diagnostic Groups** cognitive impairments, multiple disabilities **Application Process** contact and let them know dates and intent **Accommodations** parking, medical care, recreation
Population Served children, adolescents, adults, older adults **Length of Placement** 8-10 weeks **Internship Requirements** increased understanding of disabilities, provide a variety of recreational experiences, one on one with patients, and work some weekends and evenings **Application Deadline** 1 month prior to starting

State **NC** **City** Raleigh **Web Address** www.raleighnc.gov/internships **Phone Number** 919-831-6640 **Fax Number**
Agency City of Raleigh Parks and Recreation Department **Street Address** 2401 Wade Ave **Zip** 27607 **Email**
Contact Person Venessa Garza **Type of Agency** Parks and Recreation **Department** Recreation **Diagnostic Groups** **Application Process** application, interview **Accommodations**
Population Served all ages **Length of Placement** 10-12 weeks **Internship Requirements** Leisure Service and/or Recreation and Park Management curriculums **Application Deadline** does not say

State **NC** **City** Mount Airy **Web Address** www.Northernhospital.com **Phone Number** 336.719.7818 **Fax Number** 336.719.7463
Agency Northern Hospital of Surry County **Street Address** 830 Rockford St P.O. Box 1101 **Zip** 27030 **Email** Dedwards@NHSC.org
Contact Person Diane Edwards **Type of Agency** Long-Term Care facility, short term skilled **Department** Skilled nursing unit **Diagnostic Groups** Cognitive Impairments, multiple disabilities **Application Process** **Accommodations** parking
Population Served adults and older adults **Length of Placement** 8-10 weeks **Internship Requirements** not listed **Application Deadline** not listed

State NC **City** Balsam **Web Address** www.soarnc.org **Phone Number** 828-456-3435 **Fax Number** 828-456-3449
Agency Soar **Street Address** P.O. Box 388 **Zip** 28707-0388 **Email** bigjohn@soarnc.org
Contact Person Laura Pate-Moore **Type of Agency** Camping agency,Adventure program **Department** **Diagnostic Groups** learning disabilities & AD/HD **Application Process** phone contact, staff application with references, interview **Accomodations** stipend, housing, food, transportation
Population Served children, adolescents, adults **Length of Placement** 12-14 weeks **Internship Requirements** positive behavior, leadership, trail techniques, camping, skills **Application Deadline** spring Nov 1, summer April 1,fall July 1

State NC **City** Durham **Web Address** **Phone Number** 919-383-1546 or 919.382.6250 **Fax Number** 919-382-0156
Agency Erwin Garden Rehab and Nursing **Street Address** 3100 Erwin Road **Zip** 27705 **Email** smilemaker@mcol.net
Contact Person Tonya Grissom **Type of Agency** Rehabilitation and LTC Center **Department** Activities Director **Diagnostic Groups** physical, mental, and emotional impairments **Application Process** list of goals and objectives,general contact info, orientation **Accomodations** not listed
Population Served Approx. 100 **Length of Placement** varied **Internship Requirements** ability to work with the elderly **Application Deadline** summer Mar15, Fall Jul15, Spring Nov15

State NC **City** Chapel Hill **Web Address** www.unchealthcare.org **Phone Number** 919-966-2301 **Fax Number**
Agency UNC Hospitals **Street Address** 101 Manning Drive **Zip** 27514 **Email** amarley@unch.unc.edu
Contact Person Laurie Reddick **Type of Agency** Rehabilitation Hospital **Department** Recreational Therapy **Diagnostic Groups** Psychiatry (child, Adolescent, Adult and Eating Disorders), Burn center, Pediatrics, Rehabilitation, Geriatric Acute Care and Transplants. **Application Process** call and request application,interview **Accomodations**
Population Served children and adults **Length of Placement** at least 14 weeks **Internship Requirements** n/a **Application Deadline** April 30, June 30

State NC	City Wilmington	Web Address	Phone Number 910-815-5658	Fax Number 910-815-5623
Agency Coastal Rehabilitation Hospital	Street Address P.O. Box 9000	Zip 28402	Email	
Contact Person Julie Blake	Type of Agency Rehabilitation center	Department Recreational Therapy	Diagnostic Groups cognitive impairments, hearing, visual, multiple disabilities	Accomodations parking, recreational
Population Served ages 14-older adults	Length of Placement not 8-10 weeks	Internship Requirements complete documentation and charge sheets, evaluate, discharge summary, progress summary	Application Deadline spring Oct 1	

State NC	City Winston-Salem	Web Address www.wfubmc.edu/recther_chil dlife	Phone Number 336-716-6778	Fax Number 336-716-6802
Agency Wake Forest University Baptist Medical Center	Street Address Medical Center Blvd.	Zip 27157-1110	Email pwilson@wfubmc.edu	
Contact Person Pamela Wilson	Type of Agency Teaching hospital	Department Recreation Therapy	Diagnostic Groups psychiatry, rehab, burn, plastics, trauma, geriatrics, medical/surgical, Hem-OC	Accomodations parking, free meal daily
Population Served All	Length of Placement 12 weeks minimum	Internship Requirements Gain knowledge of the role of a Recreation Therapist, put academic training into practice, enable the student to develop skills	Application Deadline 3 months prior	

State NC	City Fayetteville	Web Address www.capefearvalley.com	Phone Number 910.609.7187	Fax Number 910.609.5343
Agency Cape Fear Valley Rehabilitation Center	Street Address P.O. Box 2000	Zip 28302	Email	
Contact Person Felicia Zeigler, LRT/CTRS	Type of Agency General Hospital, Rehabilitation center	Department Recreational Therapy	Diagnostic Groups Pediatrics Aquatics Rehab (include spinal cord injuries, brain injuries, strokes, smputees, and orthopedic impairments).	Application Process letter of interest, application
				Accomodations Housing available if need (must initiate upon acceptance of internship), parking.
Population Served children, adolescents, younge adults, older adults, elderly.	Length of Placement 12 weeks @ 40 hours/week=480 hours	Internship Requirements understand goals, orientation, write personal goals, observe patients, know department layout and physical layout of SRRRC, read book on Problem Oriented Medical Records and write critique, CVA class, document treatment times in the chart, follow treatment program with patients, attend daily staff, attend department meetings. Attend CVA, TBI, and SCI team meetings. Participate in community re-entry outings.	Application Deadline Feb 15-Summer, Oct 15- Spring, June 15-Fall	

State NC	City Wilmington	Web Address www.assisted.com	Phone Number 910-790-8664	Fax Number 910-790-5662
Agency Clare Bridge of Willmington	Street Address 3501 Converse Drive	Zip 28403	Email dvenezia@assisted.com	
Contact Person Donna Venezia	Type of Agency Long-term care, memory care	Department Life Enrichment Coordinator	Diagnostic Groups cognitive, emotional, physical, chemical, multiple disabilities ep. Alzheimer's/dementia	Application Process adventure packet, confidentiality agreement
				Accomodations food plan, parking
Population Served adults, older adults, memory impaired	Length of Placement 8-10 weeks	Internship Requirements understand purpose and goals of program, review company policies, observe and assist programs, learn how to direct one activity for the week, plan activities, chart information, attend all resident care plan meetings, order supplies, attend monthly family night, be able to make goals for clients	Application Deadline Spring Jan 1st, Summer April 1st, Fall July 1st	

State **NE** **City** Lincoln **Web Address** **Phone Number** 402-479-5272 **Fax Number** 402-479-5238
Agency Nebraska Health and Human Services System **Street Address** 801 W. Prospector Place P.O. Box 94949 **Zip** 68509-4949 **Email** gayle.res@dhhs.ne.gov
Contact Person Gayle L. Resh **Type of Agency** Inpatient services hospital **Department** Asimissions Program, Lincoln Regional Center **Diagnostic Groups** psychiatric **Application Process** contact G. Resh **Accomodations** not listed
Population Served adult psychiatric **Length of Placement** as necessary **Internship Requirements** not listed **Application Deadline** not listed

State **NH** **City** Durham **Web Address** www.nepassage.org **Phone Number** 603-862-0070 **Fax Number** 603-862-2722
Agency Northeast Passage **Street Address** UNH/Hewit Hall 4 Library Way **Zip** 03824 **Email** northeast.passage@unh.edu
Contact Person David Lee **Type of Agency** Communtiy based TR **Department** **Diagnostic Groups** all ages with physical impairments **Application Process** application **Accomodations**
Population Served all ages **Length of Placement** 14 weeks **Internship Requirements** Sr. **Application Deadline** Fall, Summer, Spring

State **NJ** **City** Tinton Falls **Web Address** **Phone Number** 732-460-6743 **Fax Number**
Agency Health South **Street Address** 2 Centre Plaza **Zip** 07724 **Email** Stephen.Iacovo@HealthSouth.com
Contact Person Stephen Iacovo, CTRS **Type of Agency** Rehabilitation Hospital **Department** Recreational Therapy **Diagnostic Groups** all ages **Application Process** Contact TR Dept. **Accomodations** N/A
Population Served all ages **Length of Placement** **Internship Requirements** - Minimum of 360 hours
 -Appropriate Course work
 or
 -14 week, 560 hours **Application Deadline** N/A

State **NJ** **City** Tinton Falls **Web Address** www.rehabnj.com **Phone Number** 732-460-6745 **Fax Number**

Agency Health South **Street Address** 2 Centre Plaza **Zip** 07724 **Email** stpehen.iacovo@healthsouth.com

Contact Person Stephen Iacovo **Type of Agency** Rehabilitation center **Department** Therapeutic Recreation **Diagnostic Groups** Stroke, amputee, TBI, orthopedic, cardiac, pulmonary, spinal cord, etc. **Application Process** Interview, application, resume **Accommodations**

Population Served adults, older adults **Length of Placement** university requirement **Internship Requirements** student project, case studies **Application Deadline** no less than 1 month prior

State **NJ** **City** Peapack **Web Address** www.matheny.org **Phone Number** 908-234-0011 ext 302 **Fax Number** 908-719-2137

Agency Matheny Medical and Educational Center **Street Address** 65 Highland Ave. **Zip** 07977 **Email** bbielefeldt@matheny.org

Contact Person Sean Bielefeldt **Type of Agency** Residential school/hospital **Department** Recreation Therapy **Diagnostic Groups** cerebral palsy, spina bifida, lesh-nyhan syndrome, MD **Application Process** application resume cover letter **Accommodations** room and board

Population Served 3 and up **Length of Placement** 15 weeks **Internship Requirements** 6000 hours, 15 weeks, goal writing, progress documentation, related reading, case study, field trip outings, project of your choice 1:1 Sessions **Application Deadline** not listed

State **NV** **City** Las Vegas **Web Address** www.ci.las-vegas.nv.us/6655.htm **Phone Number** 702-229-5177 **Fax Number** 702-638-6187

Agency City of Las Vegas **Street Address** 749 Veterans Memorial Drive **Zip** 89101 **Email** lasvegasnevada.gov

Contact Person Jennifer Winder **Type of Agency** Parks & Recreation Leisure Services **Department** Adaptive Recreation **Diagnostic Groups** Developmental Disabilities & Physical Disabilities Various Other Disabilities **Application Process** contact Internship Coordinator. Application needed before start date. **Accommodations** stipend provided

Population Served people of all abilities **Length of Placement** contingent upon university request **Internship Requirements** see internship manual **Application Deadline** Fall- April 30, Winter/Spring- Sept. 30, Summer-Jan. 31

State **NV** **City** Henderson **Web Address** **Phone Number** 702.267.4065 **Fax Number** 702.267.4101
Agency City of Henderson Parks & Recreation Therapeutic Recreation **Street Address** 240 Water Street **Zip** 89015 **Email** Angie.Kelly@CityofHenderson.com
Contact Person Angie Kelly **Type of Agency** municipality **Department** Parks & Recreation, Therapeutic Recreation **Diagnostic Groups** all disabilities **Application Process** Contact HR at 702.261.4006 **Accommodations** hourly wage
Population Served Ages 14 and up **Length of Placement** 12-16 weeks **Internship Requirements** not listed **Application Deadline** not listed

State **NY** **City** Rochester **Web Address** www.stjosephsvilla.org **Phone Number** 585.865.1550 **Fax Number** 585.865.5219
Agency St. Joseph's Villa of Rochester **Street Address** 3300 Dewey Avenue **Zip** 14616 **Email** babbey@stjosephsvilla.org
Contact Person Amy Ashe **Type of Agency** Residential treatment **Department** Recreation Services **Diagnostic Groups** Residential Treatment program, Residential Treatment Facility, Group Home, Campus School, Day Treatment, Aftercare **Application Process** Call or email for an interview **Accommodations**
Population Served 11-21 **Length of Placement** whatever needed **Internship Requirements** **Application Deadline** not listed

State **NY** **City** Schenectady **Web Address** www.sunnyview.org **Phone Number** 518-382-4576 **Fax Number** 518-386-3674
Agency Sunnyview Rehabilitation Hospital **Street Address** 1270 Belmont Ave **Zip** 12302 **Email** todtc@nehealth.com
Contact Person Connie Todt, CTRS **Type of Agency** Rehabilitation Hospital **Department** Therapeutic Recreation Services **Diagnostic Groups** Physical Rehab. **Application Process** Application and interview (Can be by phone) **Accommodations** Parking Provided
Population Served T.B.I., Stroke, Spinal cord, amputee **Length of Placement** 8-15 Weeks **Internship Requirements** **Application Deadline**

State	NY	City	Rochester	Web Address	Phone Number	716-654-9422	Fax Number				
Agency	The Jewish Home of Rochester			Street Address	2021 Winton Rd south	Zip	14618	Email			
Contact Person	Beth Anne Hawn	Type of Agency	Long term care	Department	Therapeutic Recreation	Diagnostic Groups	Cognitive Impairments, chemical dependency, multiple	Application Process	letter of intent, telephone interview, formal interview	Accomodations	parking
Population Served	older adults	Length of Placement	8-10 weeks	Internship Requirements				Application Deadline	ASAP		

State	NY	City	Albany	Web Address	Phone Number	518-462-3311	Fax Number	518-472-4616			
Agency	Department of Veterans Affairs Medical Center			Street Address	113 Holland Avenue	Zip	12208	Email			
Contact Person	not listed	Type of Agency	Health Care Center	Department	Veterams Affairs	Diagnostic Groups	Oncology, cancer, cardiac rehabilitation,	Application Process	Resume, Application, sources, interviewing	Accomodations	recreational
Population Served	children, adults	Length of Placement	not listed	Internship Requirements	orientation, patient assessment, treatment goals, and treatment planning, treatment implemenatation, patient evaluation, special projects			Application Deadline	not listed		

State	NY	City	New York	Web Address	Phone Number	212-241-9188	Fax Number				
Agency	The Mount Sinai Medical Center			Street Address	Box 1240 One Gustave Levy Place	Zip	10029-6574	Email			
Contact Person	JoEllen Zemruski	Type of Agency	Therapeutic Recreation	Department	Therapeutic Recreation	Diagnostic Groups		Application Process	application, two letters of recommendations, transcript	Accomodations	not listed
Population Served		Length of Placement	360 hours	Internship Requirements				Application Deadline	does not say		

State **NY** **City** New York **Web Address** www. **Phone Number** 212-263-6190 **Fax Number** 212-263-8566
Agency NYU Medical Center **Street Address** 400 E. 34St. RG 34 **Zip** 10016 **Email** marianne.hardart@med.nyu.edu
Contact Person Marianne Hardart **Type of Agency** General Academic Medical Center **Department** Therapeutic Recreation **Diagnostic Groups** Various **Application Process** Call department main office and request application OR Email Shakisha.cox@NYUMC.org **Accomodations**
Population Served children, adolescents, and adults **Length of Placement** 8-10 week min **Internship Requirements** select a service program, specific program requierments vary by unit. **Application Deadline** 3 months in advance preferred

State **NY** **City** Rock Hill **Web Address** www.campjened.org **Phone Number** 845-434-2220 **Fax Number** 845-434-2253
Agency Cerebral Palsy Associations of NY State **Street Address** P.O. Box 483 **Zip** 12775 **Email** campjened@catskill.net
Contact Person Sarah Nicolls **Type of Agency** Developmental Disabilities **Department** Camp Jened **Diagnostic Groups** Multiple disabilities **Application Process** application packet **Accomodations** stipend, food, housing, parking, medical
Population Served adults **Length of Placement** 8-10 weeks **Internship Requirements** **Application Deadline** March 1

State **OH** **City** Springfield **Web Address** **Phone Number** 937-390-5000 **Fax Number**
Agency Mercy Medical Center **Street Address** 1343 North Fountain BLVD. **Zip** 45501 **Email**
Contact Person Heather Killion **Type of Agency** Acute care services, physical rehabilitation **Department** Recreational Therapy **Diagnostic Groups** physical impairments **Application Process** contact Heather Killion or Debbie Horning **Accomodations** not listed
Population Served not listed **Length of Placement** not listed **Internship Requirements** not listed **Application Deadline** not listed

State OH **City** Dayton **Web Address** www.aimforthehandicapped.org **Phone Number** 937-294-4611 **Fax Number** 937-294-3783

Agency Adventures in Movement for the Handicapped **Street Address** 945 Danbury Rd. **Zip** 45420 **Email** aimeducation@hotmail.com

Contact Person JoAnn Spangler	Type of Agency Developmental disabilities, educational agency	Department Education	Diagnostic Groups cognitive, emotional, chemical, multiple disabilities	Application Process resume with cover letter	Accommodations housing, parking, liability (Recommendations upon request)
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Population Served children, adolescents, adults, older adults	Length of Placement 8-10 weeks	Internship Requirements orientation, teach at least one 30 minute session per week, fill out an evaluation sheet for each client they work with, create activities	Application Deadline 2 months prior
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State OH **City** Cincinnati **Web Address** **Phone Number** 513.948.2735 **Fax Number** 513.948.2775

Agency Drake Center Inc. **Street Address** 151 W. Galbraith Rd **Zip** 45216 **Email**

Contact Person Dave Campbell	Type of Agency Long term care, rehabilitation center	Department Therapeutic Recreation	Diagnostic Groups cognitive impairments, physical, multiple disabilities	Application Process contact manager of therapeutic recreation, resume, interview	Accommodations stipend, housing, parking, liability
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Population Served adults and older adults	Length of Placement 12 weeks	Internship Requirements maintaining contact with the agency supervisor, completing and submitting records, completing self evaluations, providing services, relating to individuals with respect, keep confidentiality, following treatment plans, positive attitude, attending workshops and conferences	Application Deadline 12 weeks
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State OH **City** Mentua **Web Address** **Phone Number** 1-800-233-8611 ext. 3056 **Fax Number** 330-732-2543
Agency Hattie Larlham Center for Children **Street Address** 9772 Diagonae Rd. **Zip** 44255 **Email**
Contact Person Michelle Maglioniw **Type of Agency** Developmental Disabilities **Department** Recreation Therapy **Diagnostic Groups** birth to 60 **Application Process** volunteer application and resume **Accomodations** food plan
Population Served up to 60 **Length of Placement** 8-10 weeks **Internship Requirements** Jr./Sr. **Application Deadline** Spring Oct. 1, Summer Feb. 1, Fall June 1

State OH **City** Cincinnati **Web Address** www.cincyrec.org **Phone Number** 513-352-4055 **Fax Number** 513-352-1634
Agency Cincinnati Recreation Commission **Street Address** 805 Central Ave, Suite 800 **Zip** 45202 **Email** Stephanie.Knarr@cincinnati-on.gov
Contact Person Stephanie M Knarr, CTRS **Type of Agency** Public park and recreation **Department** Division of Therapeutic Recreation **Diagnostic Groups** physical, gonitive, nental disabilities **Application Process** resume,cover letter, recommendation, application, interview **Accomodations**
Population Served children, adolescents, adults **Length of Placement** 15 weeks **Internship Requirements** develop 5-7 goals for the intern experience, become familiar with and adhere to regulations governing the agency, maintain a well groomed appearance and professional dress, plan and lead activities, complete a mid-term and final evaluation pertaining to self and agency **Application Deadline**

State	OK	City	Tulsa	Web Address		Phone Number	918-579-7290	Fax Number	
Agency	Kaiser Rehabilitation Center			Street Address	1125 S. Trenton	Zip	74120	Email	
Contact Person		Type of Agency		Department		Diagnostic Groups		Application Process	
Lacinda Riley		Rehabilitation center		Therapeutic Recreation		Cognitive impairments, physical		application, interview	Accommodations
									food plan, parking, housing
Population Served		Length of Placement		Internship Requirements			Application Deadline		
not listed		not 8-10 weeks		visit two health field agencies, conduct one inservice, plan one holiday function, weekly meetins with student coordinator, schedule and complete list of interdisciplinary interviews			6 weeks prior to start date		

State	Ontario	City	Toronto	Web Address	www.varietyyontario.ca	Phone Number	416-699-7167 ext.236	Fax Number	416-699-5752
Agency	Variety Village			Street Address	3701 Danforth Av.	Zip	min262	Email	aallison@varietyvillage.on.ca
Contact Person		Type of Agency		Department		Diagnostic Groups		Application Process	
Archie Allison		Educational agency, nonprofit integrated sport, training fitness facility		program		all ages/abilities		resume, interview, police check, and references	Accommodations
									transportation, parking, recreation
Population Served		Length of Placement		Internship Requirements			Application Deadline		
all ages/abilities		8-10 weeks		Jr./Sr.					

State	OR	City	Eugene	Web Address	www.miusa.org	Phone Number	541-343-1284	Fax Number	541-343-6812
Agency	Mobility International USA			Street Address	132 E. Broadway	Zip	97401	Email	clearinghouse@miusa.org
Contact Person		Type of Agency		Department		Diagnostic Groups		Application Process	
Olivia Emilia		International Development and Exchange				physical impairments, visual, hearing, psycological		resume, 2 references, application	Accommodations
Population Served		Length of Placement		Internship Requirements			Application Deadline		
adolscents, adults		3-6 months		research and writing, information and referral, public relations			no specific times		

State OR **City** Salem **Web Address** **Phone Number** 503-945-2967 **Fax Number** 503-945-2807
Agency Oregon State Hospital **Street Address** 2600 Center ST. **Zip** 97301 **Email**
Contact Person Gareth Page **Type of Agency** Mental Health **Department** Rehab services Department **Diagnostic Groups** schizophrenic, bipolar disorder, personality disorder, dementia **Application Process** contact supervisor, phone interview **Accommodations** food plan, parking, liability, housing
Population Served all ages, adolescent - geriatric **Length of Placement** 16 weeks **Internship Requirements** **Application Deadline** varies

State OR **City** Salem **Web Address** **Phone Number** 503-561-5582 **Fax Number** 503-561-2707
Agency Salem Hospital **Street Address** P.O. Box 14001 **Zip** 97309-5014 **Email** Kathleenbowman@salemhospital.org
Contact Person Kathleen Bowman **Type of Agency** Day Hospital **Department** Therapeutic Recreation **Diagnostic Groups** Child and Adolescent Psychiatric Medicine **Application Process** call **Accommodations**
Population Served 5-17 **Length of Placement** not listed **Internship Requirements** meetings, orientation, daily journal, assist with groups, plan activities, lead some TR groups, patient caseload documentation, evaluation **Application Deadline** not listed

State OR **City** Portland **Web Address** www.portlandparks.org **Phone Number** 503-823-4328 **Fax Number** 503-823-4329
Agency Portland Parks and Recreation **Street Address** 426 NE 12th Av. **Zip** 97232-2754 **Email** pkdtimm@ci.portland.or.us
Contact Person Debbie Timmins, CTRS **Type of Agency** Parks and recreation; Community Recreation **Department** Adaptive and Inclusive Recreation **Diagnostic Groups** all disabilities, All ages **Application Process** resume, letter of interest, recommendations, transcripts, & questionnaire
 Interested students can call Debbie Timmins for an information packet. **Accommodations** small stipend
Population Served all ages **Length of Placement** 3 months or # of weeks needed by school **Internship Requirements** **Application Deadline** on going

State PA **City** Worcester **Web Address** **Phone Number** 610-584-4366 **Fax Number**
Agency Variety Club Camp and Developmental Center **Street Address** P.O. Box 609 **Zip** 19490 **Email** djfindley@msn.com
Contact Person Rebecca Kugel **Type of Agency** Therapeutic Recreation **Department** Therapeutic Recreation **Diagnostic Groups** children with physical/or developmental disabilities **Application Process** not listed **Accommodations** housing
Population Served kids **Length of Placement** **Internship Requirements** please do not limit this to therapeutic rec. as it is also appropriate for special education **Application Deadline** does not say

State PA **City** Williamsport **Web Address** **Phone Number** 717-322-7861 ext 5130 **Fax Number**
Agency Harry R. Gibson Rehabilitation Center **Street Address** 777 Rural Avenue **Zip** 17701 **Email**
Contact Person Mary Ann Bellfy **Type of Agency** Rehabilitation center **Department** Recreational Therapy **Diagnostic Groups** Spinal Cord Injury and head trauma **Application Process** not listed **Accommodations** certified supervisor
Population Served not listed **Length of Placement** 10-12 weeks **Internship Requirements** work with specialists to provide treatment, education, and recreation services. **Application Deadline** not listed

State PA **City** Wyndmoor **Web Address** www.chh.org **Phone Number** 215-233-6255/215.233.6314 **Fax Number** 215-233-6265
Agency Chestnut Hill Rehab Hospital & Springfield Residence **Street Address** 8601 Stenton Avenue **Zip** 19038 **Email** keelyp@chh.org
Contact Person Pam Keely **Type of Agency** Senior Behavioral Health & P.M. & R. Assisted Living **Department** Therapeutic Recreation **Diagnostic Groups** CVA's & other neuro groups orthopedics cardiac COPD, LTz **Application Process** Resume, Letter of Intent, Interview-- First Come/First Served **Accommodations** Parking
Population Served Adults, Older Adults, & physical disabilities **Length of Placement** Min.of 10 weeks **Internship Requirements** Orientation, Caseload, Documentation, Project **Application Deadline** Flexible

State **PA** City Philadelphia Web Address www.chop.edu Phone Number 215-590-2001 Fax Number 215-590-2023

Agency The Children's Hospital of Philadelphia Street Address 34th & Civic Center Blvd. Zip 19104 Email Childlife@email.chop.edu
Child Life, education and
Creative Arts Department,
8th floor

Contact Person Jennifer Sciolla Type of Agency Medical Hospital Department Child Life, Education and Creative Arts Therapy Diagnostic Groups children with medical conditions, chronic and Acute, MX disabilities Application Process Application on-line @ www.chop.edu Accomodations

Population Served kids Length of Placement 14 weeks TR Only, 18 weeks dual Internship Requirements Students are required to have a minimum of 100 hours working with children in a hospital setting. Application Deadline jan.5, may 5, sept 5 each year

State **PA** City Hanover Web Address Phone Number 717-637-4166 ext. 3749 Fax Number 717-633-4678

Agency Homewood at Plum Creek Street Address 425 Westminster Avenue Zip 17331 Email berode@hmwd.org

Contact Person Barb Rode Type of Agency Long term care / Assisted Living Department Recreation Therapy Diagnostic Groups Cognitive, emotional, chemical dependency, multiple disabilities Application Process resume and copy of transcript Accomodations food plan

Population Served older adults / assisted living Length of Placement 10-12 weeks Internship Requirements attend inservices, 2-3 projects, plan, organize, implement and evaluate group activities, do calendar schedule, plan trips, group and 1:1 programs, animal care, some budget & purchasing Application Deadline open

State	PA	City	Pleasant Gap	Web Address	Phone Number	814-359-5610	Fax Number	
Agency	Nittany Valley Rehabilitation Hospital			Street Address	550 West College Avenue	Zip	16823	Email
Contact Person	Type of Agency	Department	Diagnostic Groups	Application Process	Accommodations			
Kirstin Brown	Rehabilitation Center	Human resources	strokes, amputations, head traumas, hip fractures	Contact Human Resources Department	parking, food			
Population Served	Length of Placement	Internship Requirements			Application Deadline			
children and adults	not listed	Dress code, Monday through Friday service,			not listed			

State	PA	City	Philadelphia	Web Address	Phone Number	215-456-9682	Fax Number	215-456-9093	
Agency	Moss Rehabilitation Hospital			Street Address	1200 West Tabor Road	Zip	19141-3099	Email	DLLong@einstein.edu
Contact Person	Type of Agency	Department	Diagnostic Groups	Application Process	Accommodations				
Donna Long	Rehabilitation Center	Therapeutic Recreation	cognitive impairments, physical impairments, SCI, TBI, CVA, APT	letter with application, resume, transcripts, call for application	housing, food plan				
Population Served	Length of Placement	Internship Requirements			Application Deadline				
adults, older adults	12 weeks	perform patient evaluations, establish treatment goals, treat patients, attend pt care conferences, family instruction, aatianet treatment is individually and in groups.			1 month prior to start date				

State	PA	City	Langhorne	Web Address	Phone Number	215-750-4015	Fax Number	215-750-4591
Agency	Woods Schools			Street Address	Rt. 213	Zip	19047	Email
Contact Person	Type of Agency	Department	Diagnostic Groups	Application Process	Accommodations			
Gail David	Developmental disabilities, long term care	Personnel Department	developmental disabilities, hearing, vision impairments	Contact the director of recreation	food plan, parking			
Population Served	Length of Placement	Internship Requirements			Application Deadline			
ages 5-80	8-10 weeks	Take over job responsibilities, 2 projects, meetings, maintain a log of daily responsibilities			not listed			

State **SC** **City** Clemson **Web Address** www.hehd.clemson.edu/PRTM/ruralre.htm **Phone Number** 864-646-7502 **Fax Number** 864-646-3620

Agency Cuol Camps **Street Address** Lehotsky Hall Box 340735 **Zip** 29634-0735 **Email** cuolcamps-l@clemson.edu

Contact Person Leslie Conrad **Type of Agency** Recreational Summer Camps **Department** Recreation **Diagnostic Groups** underprivedged, speech/hearing impaired, and developmental disabled children and adults **Application Process** application **Accomodations** salary, room and board

Population Served kids & adults with special needs **Length of Placement** 2 1/2 months **Internship Requirements** **Application Deadline** does not say

State **TN** **City** Louisville **Web Address** **Phone Number** 615-970-1848 ext287 **Fax Number** 615-970-1875

Agency Pennisula Hospital **Street Address** P.O. Box 100 **Zip** 37777 **Email**

Contact Person Larry Y Brown **Type of Agency** Long term care facility, vocational training **Department** Activity Therapy Department **Diagnostic Groups** Emotional/Psychological, Chemical dependency **Application Process** resume, interview, talk with school supervisor **Accomodations** stipend, food plan

Population Served Adolescents **Length of Placement** min.of 10 weeks **Internship Requirements** **Application Deadline** varies

State **TN** **City** Knoxville **Web Address** www.patneal.org **Phone Number** 865-541-1353 **Fax Number** 865-541-2469

Agency Patricia Neal Rehabilitation Center at Ft. Sandnders Regional Medical Center **Street Address** 1901 Clinch Avenue **Zip** 37916 **Email** akaye@covhlth.com

Contact Person Al Kaye **Type of Agency** Physical Rehabilitation Centerq **Department** Recreation Therapy **Diagnostic Groups** Brain and Spinal injury, orthopedics, and stroke **Application Process** Resume, information on school requirements, Interview, GPA of 3.0 or higher preferred **Accomodations** food discount, fitness center

Population Served 5 and older **Length of Placement** at least 14 weeks **Internship Requirements** not listed **Application Deadline**

State TN **City** Nashville **Web Address** **Phone Number** 615-342-2471 **Fax Number** 615-342-4450
Agency Parthenon Pavilion **Street Address** 2401 Parman Place **Zip** 37203 **Email**
Contact Person Rosa Skaggs **Type of Agency** Menatl Health, Acute Psychology **Department** Activity Therapies **Diagnostic Groups** Emotional/Psychological impairments **Application Process** application, resume, interview **Accomodations** food plan, parking, staff development
Population Served adolescents, adults, older adults **Length of Placement** min.of 10 weeks **Internship Requirements** **Application Deadline** no set date

State TN **City** Germantown **Web Address** **Phone Number** 901-757-1350 ext-561 **Fax Number** n/a
Agency Babtist Rehabilitation- Germantown **Street Address** 2100 Exeter **Zip** 38138 **Email**
Contact Person Susan L. Brewer **Type of Agency** Rehabilitation Center/hospital **Department** Inpatient clinical services **Diagnostic Groups** Physical Impairments **Application Process** Interview, Resume, school information/requriments **Accomodations** assisted housing,
Population Served adults 45-90 **Length of Placement** min.of 10 weeks **Internship Requirements** evaluating PT's, documenting, planning **Application Deadline** 2-3 months before internship

State TX **City** Lubbock **Web Address** **Phone Number** 806-745-1021 **Fax Number** 806-748-1726
Agency John Montford Psychatric/ Medical Correctional Facility **Street Address** 8602 Peach St. **Zip** 79404 **Email**
Contact Person Paul Brooks **Type of Agency** Psychiatric and correctional center **Department** Recreation therapy **Diagnostic Groups** **Application Process** background check **Accomodations**
Population Served **Length of Placement** 15 weeks **Internship Requirements** **Application Deadline**

State TX **City** Galveston **Web Address** www.tlcrehab.org **Phone Number** 409-797-1445 **Fax Number** 409-762-9961
Agency Transitional Learning Center **Street Address** 1528 Postoffice Street **Zip** 77550 **Email** ccalhoun@tlc-galveston.org
Contact Person Cynthia Calhoun **Type of Agency** Rehabilitation center **Department** Director Human Resources **Diagnostic Groups** Cognitive Impairments **Application Process** Resume, letter of recommendation from student advisor, affiliate gareement updated **Accomodations**
Population Served adults **Length of Placement** not listed **Internship Requirements** Assist leisure services, record observations, assist in planning **Application Deadline** not listed

State TX **City** Ingram **Web Address** www.starranch.org **Phone Number** 830-367-4868 **Fax Number** 830-367-2814
Agency Star Ranch **Street Address** 144 Camp Scenic Lp. **Zip** 78025 **Email** cschrank@STARRANCH.ORG
Contact Person Cody Schrank **Type of Agency** Residential treatment for boys,Summer Camp, Charter School **Department** Therapeutic Recreation **Diagnostic Groups** **Application Process** application, 3 letters, interview, Resume, Letter of Reference **Accomodations** Salary, housing, food, parking, recreation
Population Served 7-18 LD, ED, ADD, ADHD, Behavioral Conduct **Length of Placement** 12 weeks **Internship Requirements** **Application Deadline** spring Sept 1, Fall June 1

State UT **City** Provo **Web Address** ush.utah.gov **Phone Number** 801-344-4226 **Fax Number** 801-344-4225
Agency Utah State Hospital **Street Address** PO Box 270 **Zip** 84603-0270 **Email** lelandslaughter@utah.gov
Contact Person Leland Slaughter **Type of Agency** Mental health , rehabilitation center **Department** Therapeutic Rec **Diagnostic Groups** emotional psychological impairments **Application Process** Contact director of TR **Accomodations** stipend, parking, liability, recreation
Population Served children, adolescents, adults, older adults **Length of Placement** minimum of 12 weeks **Internship Requirements** Function as a member of the unit treatment team, participate in TR programming **Application Deadline** not stated

State UT	City Salt Lake City	Web Address www.splore.org	Phone Number 801-484-4128	Fax Number 801-484-4177
Agency SPLORE	Street Address 880 East 3375 S.	Zip 84106	Email info@splore.org	
Contact Person Susan Schroer	Type of Agency Public Park & Recreation Agency	Department Therapeutic Recreation	Diagnostic Groups Children (Birth - 11 Years) Adolescents (12-17 years) Adults (18-60 years) Older (60+ Years) Cognitive impairments, emotional/psychological impairments, Physical impairments, Chemical dependency/addictive behaviors, Visual impairments, Hearing impairments, Multiple disabilities.	Application Process Visit: www.splore.org/employment.html, after reviewing the job descriptions, send a cover letter and resume to the SPLORE office.
				Accommodations Rooms available with current employees, or volunteers
Population Served Various	Length of Placement 8-10 weeks	Internship Requirements Review the Therapeutic Recreation Internship Manual on the website.	Application Deadline Start of the Semester	

State UT	City Park City	Web Address www.discovernac.org	Phone Number 435.649.3991 X605	Fax Number 435.658.3992
Agency National Ability Center	Street Address P.O. Box 682799	Zip 84068-2799	Email tracym@discovernac.org	
Contact Person Tracy Riddleberger-Meier	Type of Agency Therapeutic Recreation	Department Therapeutic Recreation	Diagnostic Groups All	Application Process Email resume to Tracy Riddleberger
				Accommodations Stipend (\$200 a month)
Population Served all ages/All abilities	Length of Placement 14 weeks, Fall, Summer, and Winter	Internship Requirements assessment of participants, program planning, documentation and evaluation of participants, direct services to individuals with disabilities	Application Deadline not listed	

State **UT** **City** Salt Lake City **Web Address** www.campk.org **Phone Number** 801-582-0700 **Fax Number** 801.583.5176
Agency Camp Kostopulos **Street Address** 2500 Emigration Canyon **Zip** 84108 **Email** mpetterson@campk.org
Contact Person Melissa Petterson **Type of Agency** Therapeutic Recreation summercamp non-profit/year round **Department** Therapeutic Recreation **Diagnostic Groups** physical and mental disabilities kids, teen, and adults **Application Process** call, send resume **Accomodations** room and board, stipend, supervised
Population Served individuals with disabilities ages 7 and up. **Length of Placement** Summer, fall, spring **Internship Requirements** Work with a variety of people of all ages, develop programs **Application Deadline** ASAP

State **UT** **City** Salt Lake City **Web Address** www.campk.org **Phone Number** 801-582-0700 **Fax Number** 801-583-5176
Agency Kostopulos Dream Foundation **Street Address** 2500 Emigration Canyon **Zip** 84108 **Email** mpetterson@campk.org
Contact Person Melissa Petterson **Type of Agency** Developmental disabilities & camping agency **Department** **Diagnostic Groups** Cognitive, emotional & phy impairments, multiple disabilities **Application Process** resume, application, interview, references, advisor contact **Accomodations** stipend, housing, food, parking,pool,horses
Population Served all special needs **Length of Placement** min.of 10 weeks **Internship Requirements** Work with special populations developing programs for community base recreation and summer camp **Application Deadline** for summer by April, for fall by August

State **VA** **City** Petersburg **Web Address** **Phone Number** 804-524-7200 **Fax Number** 804-524-4829
Agency Hiram W. Davis Medical Center **Street Address** P.O. Box 4030 **Zip** 23803 **Email** Jo.Tice@HDMC.DMHMRSAS.Virginia.gov
Contact Person Jo Tice **Type of Agency** Mental Health Hospital-Acute, Intermediate, and Long-term Care **Department** Therapeutic Recreation **Diagnostic Groups** Mental Retardation, Mental Illness, Physical Disabilities, Substance Abuse **Application Process** Resume School contract Tour Interview **Accomodations** none
Population Served Adolescent-Geriatric **Length of Placement** Jr & Sr Internship **Internship Requirements** **Application Deadline** 3 months prior

State **VA** City Chester Web Address Phone Number 804-748-7000 Fax Number
 Agency Bon Secours Retirement Community Street Address 6701 Ironbridge Parkway Zip 23831 Email Katherine_Marks@bshsi.com
 Contact Person Type of Agency Department Diagnostic Groups Application Process Accomodations
 Katherine L. Marks
 Population Served Length of Placement Internship Requirements Application Deadline

State **VA** City Arlington Web Address genesisshcc.com Phone Number 703-920-5700 Fax Number 403.979.8190
 Agency Potomac CTR Genesis Healthcare Street Address 1785 South Hayes St. Zip 22202 Email
 Contact Person Type of Agency Department Diagnostic Groups Application Process Accomodations
 Monical Lockett Dementia Care Administration elderly disabled dialysis unit in-house Call
 Population Served Length of Placement Internship Requirements Application Deadline
 Elderly/disabled Flexible-we welcome students criminal back ground check required none

State **VA** City Charlottesville Web Address www.jabacares.org Phone Number 434.817.5235 Fax Number 434.817.5230
 Agency JABA's Adult Day Healthcare Center Street Address 674 Hillsdale Dr Suite 5 Zip 22901 Email gchovan@jabacares.org
 Contact Person Type of Agency Department Diagnostic Groups Application Process Accomodations
 Gary Chovan Adult Day Care Adult Day Care elderly application and interview \$4.50 lunch
 Population Served Length of Placement Internship Requirements Application Deadline
 elderly TBD Jr. flexible

State VA **City** Dillwyn **Web Address** www.outdoorcounselorjobs.com **Phone Number** 434-983-2051 **Fax Number** 434-983-2068
Agency New Dominion School **Street Address** P.O. Box540 **Zip** 23936 **Email** Amanda.lennox@threesprings.com
Contact Person Amanda Lennox **Type of Agency** Residential Program **Department** Outdoor Therapeutic Program **Diagnostic Groups** Oppositional Defiant Conduct Disorder, Emotionally Disturbed **Application Process** Bachelor's degree **Accommodations**
Population Served 11-18 yrs. Old **Length of Placement** 1 semester **Internship Requirements** willing to stay overnight with group in campsite
Requires Interview and Criminal Background Check **Application Deadline** none

State VA **City** Virginia Beach **Web Address** mecoxelderdaycare.org **Phone Number** 757.340.4388 **Fax Number** 757.340.1468
Agency M.E. Cox Center for Elder Day Care Inc. **Street Address** 644 N. Lynnhaven Rd. **Zip** 23452 **Email** mecoday@aol.com
Contact Person Sharon Goomas **Type of Agency** Adult Day Care **Department** **Diagnostic Groups** Older Adults with disabilities **Application Process** **Accommodations**
Population Served Elderly **Length of Placement** **Internship Requirements** Jr./Sr. **Application Deadline** 1 month before placement

State VA **City** Chesterfield **Web Address** www.chesterfield.gov **Phone Number** 804-751-4134 **Fax Number** 804-751-4131
Agency Chesterfield County Parks and Recreation **Street Address** PO Box 40 **Zip** 23832 **Email** daviske@chesterfield.gov
Contact Person Kelly Davis **Type of Agency** Parks and Recreation **Department** Recreation therapy / Community Recreation **Diagnostic Groups** all ages, various disabilities; summer: youth; Spring/Fall: adults **Application Process** resume and letter of intent
process under edit since I am new to position **Accommodations** none
Population Served all ages; all disabilities **Length of Placement** depends **Internship Requirements** Jr.; can only take Jr. since not CTRS **Application Deadline** 2-3 months prior to starting

State	VA	City	Richmond	Web Address	HCA/CJW	Phone Number	804-323-8765	Fax Number	804-323-8339
Agency	Tucker Pavilion At CJW Medical Center Chippenham Campus			Street Address	7101 Jahnke Rd	Zip	23225	Email	Jimmie.Yarres@hcahealthcare.com
Contact Person	Type of Agency		Department	Diagnostic Groups		Application Process		Accomodations	
Jimmie Yarres	Psychiatric-acute care		Activities Therapy	mental illness and geropsych		Call for interview and site visit		Students may complete an internship rotating through all populations or specialize in specific areas such as only child and adolescents or geriatrics only.	
Population Served		Length of Placement		Internship Requirements			Application Deadline		
adults, geriatric, adolescents, children with schizophrenia, major depression, Alzheimer's, etc.		minimun 480 hours		ability to work weekdays and rotate into weekend schedule at least three weekends during internship.			Open		

State	VA	City	Richmond	Web Address		Phone Number	804.828.4174	Fax Number	804.827.2324
Agency	Rehabilitation and Research Center at VCUHS			Street Address	PO Box 980661	Zip	23298	Email	eatyler2@yahoo.com
Contact Person	Type of Agency		Department	Diagnostic Groups		Application Process		Accomodations	
Elfreda Tyler	Rehabilitation center		OT/PT Dept	Spinal Cord Injuries CVA Adults Brain-injury (Adults)		send resume, call for interview, will need proof of TB test, Hepatitis B vaccine strongly recommended, university or student must provide proof of liability insurance		1st available but cost of housing is at student's expense	
Population Served		Length of Placement		Internship Requirements			Application Deadline		
adults& geriatric patients with a variety of rehab.		Jr. 10 weeks: Sr. 12 weeks		Jr./Sr.			1st come 1st serve		

State VA **City** Alexandria **Web Address** fairfaxcounty.gov Health and Services Department **Phone Number** 703-704-6050 **Fax Number** 703-704-5659
Agency Mount Vernon Adult Day Health Center **Street Address** 8350 Richmond Highway, Suite 137 **Zip** 22309 **Email** gary.bolden@fairfaxcounty.gov
Contact Person Gary Bolden **Type of Agency** Adult day health **Department** Recreation Therapy **Diagnostic Groups** adults and elderly **Application Process** interview **Accommodations** parking liability insurance
Population Served adults and elderly **Length of Placement** **Internship Requirements** Jr./Sr. **Application Deadline** N/A

State VA **City** Richmond **Web Address** www.agraceplaceacc.org **Phone Number** 804-261-0205 **Fax Number** 804-261-5755
Agency A Grace Place Adult Care Center **Street Address** 8030 Staples Mill Rd. **Zip** 23228 **Email** lynneSeward@AGRACEPLACEACC.ORG
Contact Person Lynne K. Seward **Type of Agency** Adult Day Services **Department** Therapeutic Recreation **Diagnostic Groups** elderly, physical disabilities, mental retardation, sensory impairments, alzheimers, and dementia **Application Process** *Interview
*Tour of Agency
*Final decision by CEO **Accommodations** As needed
Population Served elderly, people with physical disabilities, people with mental retardation, people with alzheimers and memory impairments **Length of Placement** semester **Internship Requirements** *able to follow directions
*able to learn how to plan, lead, and analyze activities
*possess good interaction skills, and be able to interact successfully with patients **Application Deadline** OPEN

State VA **City** Charlottesville **Web Address** www.charlottesville.org/recreation **Phone Number** 804-971-3260 **Fax Number** 434-970-3596
Agency Charlottesville Parks and Rec. **Street Address** PO Box 911 **Zip** 22902 **Email** spicer@charlottesville.org
Contact Person Mildred Spicer **Type of Agency** Public Park and Recreation **Department** Therapeutic Recreation **Diagnostic Groups** ages 8 - seniors **Application Process** contact for interview **Accommodations** liability insurance, recreation
Population Served all ages **Length of Placement** 8-16 weeks **Internship Requirements** Jr./Sr. **Application Deadline** none

State VA **City** Staunton **Web Address** **Phone Number** 540-332-2108 **Fax Number** 540-332-2210
Agency Commonwealth Center for Children and Adolescents **Street Address** PO Box 4000 **Zip** 24402 **Email** Pamela.DuBose@ccca.dmhmr.sas.virginia.gov
Contact Person Pam DuBose, Program Director **Type of Agency** State psychiatric Facility for children and adolescents **Department** Activities Therapy **Diagnostic Groups** children and adolescents **Application Process** call for interview **Accommodations**
Population Served children and adolescents **Length of Placement** 15 weeks **Internship Requirements** Jr./Sr. **Application Deadline** none

State VA **City** Roanoke **Web Address** **Phone Number** 540-981-7442, 540-981-7026 **Fax Number** 540.981.8547
Agency Carilion Roanoke Memorial Rehab Center **Street Address** 2017 South Jefferson St. 5th Floor. **Zip** 24014 **Email**
Contact Person **Type of Agency** Behavioral Health **Department** Behavioral Health **Diagnostic Groups** Adults with mental health issues including substance abuse. Also children and adolescents. **Application Process** Send letter of interest and resume for interview. **Accommodations** none provided
Population Served 18+ **Length of Placement** 16 weeks **Internship Requirements** Sr. **Application Deadline** March 15 for May, Nov. 15 for Jan., July 1 for Aug

State VA **City** Cumberland **Web Address** **Phone Number** 804-492-5808 **Fax Number** 804-492-9224
Agency Cumberland Office on Youth **Street Address** PO Box 110 **Zip** 23040 **Email**
Contact Person Yvonne Earvin **Type of Agency** Juvenile delinquency **Department** **Diagnostic Groups** adolescents **Application Process** **Accommodations**
Population Served adolescents **Length of Placement** summer **Internship Requirements** **Application Deadline**

State VA **City** New Kent **Web Address** **Phone Number** 804-966-1664 **Fax Number** 804-966-56396
Agency Cumberland Hospital for Children and Adolescents **Street Address** 9470 Cumberland Rd **Zip** 23124 **Email** tracy.herner@psysolutions.com
Contact Person Tracy Herner **Type of Agency** Clinical/Behavioral **Department** recreation therapy **Diagnostic Groups** children and adolescents **Application Process** application **Accomodations**
Population Served children and adolescents **Length of Placement** 11 months **Internship Requirements** Lead groups, plan special events, complete documentation. **Application Deadline**

State VA **City** Falls Church **Web Address** dominionhopsital.com **Phone Number** 703-536-2000 x5122 **Fax Number** 703-536-6139
Agency Dominion Hospital **Street Address** 2960 Sleepy Hollow Rd. **Zip** 22044 **Email** kristin.overstreet@HCAHealthcare.com
Contact Person Kristin Overstreet **Type of Agency** Mental Health **Department** Activities Therapy **Diagnostic Groups** specialized tracts in eating disorder, dual diagnosis, self injurious behavior
Child
Adolescent
Adult **Application Process** call **Accomodations** parking, food plan
Population Served all ages **Length of Placement** Fall and Spring (no summer work) **Internship Requirements** Jr./Sr.
No summer work
no evenings or weekends **Application Deadline** 1 month prior to start

State VA **City** South Hill **Web Address** www.lcaaa.org **Phone Number** 434-447-7661 **Fax Number** 434-447-4074
Agency Lake County Area Agency on Aging-LCAAA **Street Address** 1105 W.Danville St. **Zip** 23970 **Email** ghinzman@lcaaa.org
Contact Person Gwen Hinzman **Type of Agency** Area Agency on Aging **Department** Adult Day Health Care Center **Diagnostic Groups** adults, some confined to wheelchair, limited mobility & dementia of varying degrees **Application Process** application and interview **Accommodations** none
Population Served Senior Citizens **Length of Placement** 8-10 weeks **Internship Requirements** Jr./Sr. **Application Deadline** no deadline

State VA **City** Hampton **Web Address** **Phone Number** **Fax Number**
Agency Hampton Recreation Department **Street Address** 22 Lincoln St **Zip** 23669 **Email**
Contact Person **Type of Agency** Therapeutic Recreation for the Handicapped **Department** Therapeutic Recreation **Diagnostic Groups** **Application Process** **Accommodations**
Population Served **Length of Placement** 16 weeks **Internship Requirements** **Application Deadline**

State VA **City** Petersburg **Web Address** **Phone Number** 804-862-5294 **Fax Number**
Agency Southside Regional Medical Center **Street Address** 801 S. Adams Street **Zip** 23803 **Email**
Contact Person Mary Branzelle **Type of Agency** Medical Center **Department** Psychiatric **Diagnostic Groups** Psychiatric **Application Process** not listed **Accommodations** none
Population Served adults **Length of Placement** Jr.(8-10 wks)Sr.(14-16 wks) **Internship Requirements** **Application Deadline**

State VA **City** Fairfax **Web Address** **Phone Number** 703-218-8523 **Fax Number** 703-359-0463
Agency The Keller Center **Street Address** 10396 Democracy Lane **Zip** 22030 **Email**
Contact Person Jennifer King **Type of Agency** Mental Health, Educational, and Substance Abuse **Department** Recreation Therapy **Diagnostic Groups** **Application Process** complete request for internship **Accommodations** parking and staff activities
Population Served **Length of Placement** **Internship Requirements** Jr./Sr. **Application Deadline** 3-4 wks prior to beginning internship

State VA **City** Yorktown **Web Address** **Phone Number** 757-898-1491 **Fax Number**
Agency York Convalescent Center **Street Address** 113 Battle Road **Zip** 23690 **Email**
Contact Person Amy Dixon **Type of Agency** Convalescent Center **Department** Therapeutic Recreation **Diagnostic Groups** elderly **Application Process** Contact Amy Dixon for information/or interview **Accommodations**
Population Served adults **Length of Placement** summer semester, Mon.-Fri., 8a.m.-4:30p.m. **Internship Requirements** **Application Deadline** does not say

State VA **City** Colonial Heights **Web Address** colonialheightshealthcare.com **Phone Number** 804-526-6851 **Fax Number** 804-526-3019
Agency Colonial Heights Health Care & Rehabilitation Center **Street Address** 831 Ellerslie Av. **Zip** 23834 **Email** mearhart@care-one.com
Contact Person Mary Lou Earhart **Type of Agency** Nursing Home/Rehabilitation Center **Department** Recreation Department **Diagnostic Groups** Alzheimer's/Dementia Rehab patients/ Physical impairments Senior population **Application Process** letter of interest to Activity Director **Accommodations** food, parking
Population Served Alzheimers/Dementia, Rehab/Physical repairment **Length of Placement** 8-16 weeks **Internship Requirements** Jr./Sr. **Application Deadline** within time needed for Longwood

State **VA** City Virginia Beach Web Address Phone Number 757.385.1108 Fax Number 757.385.1130

Agency City of Virginia Beach Department of Parks and Recreation Street Address 2408 Courthouse Dr. Bldg. 21 Zip 23456 Email pmaness@vb.gov.com

Contact Person Phyllis Maness Type of Agency Park and recreation Department Parks & Rec. Admin. Diagnostic Groups all ages Application Process send letter of interest, request application, interview Accomodations

Population Served all ages Length of Placement 12-14 weeks Internship Requirements Jr./Sr. Application Deadline Winter/Spring- Nov. 15, Summer- March 15, Fall- Apr 15

State **VA** City Herndon Web Address <http://www.fairfaxcounty.gov/hd/adhc/> Phone Number 703-435-8729 Fax Number 703-435-1323

Agency Herndon Harbor Adult Day Health Care Center Street Address 875 Grace Street Zip 20170 Email Isabel.Catillejo@fairfaxcounty.gov

Contact Person Isabel Castillejo Type of Agency Adult Day Health Care Center Department Fairfax County Health Department Diagnostic Groups Mostly elderly Application Process Resume, interview and complete contract Accomodations parking, lunch

Population Served adults and elderly with physical or cognitive disabilities Length of Placement 8-10 weeks Internship Requirements Application Deadline Open until filled

State VA **City** Richmond **Web Address** www.healachild.org **Phone Number** 804.282.8830 **Fax Number** 804.282.8831
Agency International Hospital for Children **Street Address** 1900 Byrd Ave. Suite 204 **Zip** 23230 **Email** Lfaig@healachild.org
Contact Person Lauren Faig **Type of Agency** Non-Profit Organization **Department** **Diagnostic Groups** Children between the ages of 6 months-21 years and their guardians traveling to Richmond from Latin America and the Caribbean. **Application Process** email Lfaig@healachild.org, if interested, at least 2 months before desired intership period. **Accomodations**
Population Served children from Latin American and the Caribbean **Length of Placement** **Internship Requirements** Must have a car to transport clients. Spanish Speaking interns are preferred, but not absolutely necessary. **Application Deadline**

State VA **City** Dillwyn **Web Address** **Phone Number** 434-983-5616 **Fax Number** 434-983-5617
Agency The Discovery School of Virginia **Street Address** P.O. Box 1160 **Zip** 23936 **Email**
Contact Person Chris Ystes **Type of Agency** Educational Agency, Clinical Wilderness School **Department** **Diagnostic Groups** Emotional/Psychological Impairments, Chemical dependency/Addictive Behaviors **Application Process** **Accomodations** Food Plan Provided
Population Served Primarily Adolescents 12-17 years **Length of Placement** 8-12 Weeks **Internship Requirements** **Application Deadline**

State VA **City** Hampton **Web Address** **Phone Number** 757-827-3165 **Fax Number** 757-827-3811
Agency Riverside Behavioral Health Center **Street Address** 2244 Executive Drive **Zip** 2366 **Email**
Contact Person David Fields **Type of Agency** Private, Residential Mental Health Agency **Department** Recreation Therapy **Diagnostic Groups** Emotional/ Psychological Impairments, Chemical dependency/Addictive Behaviors. **Application Process** **Accomodations** Parking Provided
Population Served Primarily ages from early adolescence to 17 years. **Length of Placement** 12-15 Weeks **Internship Requirements** **Application Deadline**

State **VA** City Suffolk Web Address Phone Number 757-934-6470 Fax Number 757-934-6471

Agency Step By Step Consulting Street Address 156 Burnetts Way Zip 23434 Email

Contact Person Wendy Fritch
Type of Agency Developmental disabilities agency
Department
Diagnostic Groups Cognitive Impairments (DD,MR, LD, TBI, SAH, SDH, CVA) Children and Adolescents Birth to 17 years.
Application Process Application and interview
Accommodations

Population Served Length of Placement 8-10 Weeks
Internship Requirements Duties and Responsibilities to include: Implementing programs that are designed by BCSA staff, data collection based on proper guidelines, assist in supervision while in the community. All duties are under supervision.
Application Deadline End of May for Summer Positions

State **Va** City Richmond Web Address Phone Number 804-784-6486 Fax Number 804-784-5331

Agency HallMark Youth Care Richmond Street Address 12800 Westcreek Parkway Zip 23238 Email sarahamner@hallmarksystems.com

Contact Person Sarah Hamner, CTRS
Type of Agency Residential Treatment Center for Adolescents
Department Activity Therapy
Diagnostic Groups Adolescents 12-17 Years with cognitive impairments including DD, MR, LD; Emotional/Psychological impairments and chemical dependence.
Application Process Interview Application Background Check Orientation
Accommodations Parking is provided

Population Served Adolescents 12-17 Length of Placement 8-10 weeks
Internship Requirements
Application Deadline 30 Days prior to start of the program

State **VA** City Richmond Web Address www.hermitage-cedarfield.com Phone Number 804-474-8853 Fax Number 804-968-5542

Agency Cedarfield Retirement Community Street Address 2300 Cedarfield Parkway Zip 23233 Email abailey@vumh.org

Contact Person Ann Bailey, CTRS	Type of Agency Recreation & Music Therapy in Health Services, Continuing Care Retirement Community	Department Recreation & Music Therapy, Wellness & Leisure	Diagnostic Groups Alzheimer's Disease, Parkinsons, Stroke, various forms of Dementia, etc.	Application Process Email Ann Bailey for Internship Application.	Accomodations Students will need to provide their own accomodations.
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Population Served Geriatric	Length of Placement summer and spring and fall	Internship Requirements	Application Deadline
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State **VA** City Virginia Beach Web Address Phone Number 757.481.3500 Fax Number

Agency Virginia Beach Healthcare and Rehab Center Street Address 1801 Camelot Drive Zip 23454 Email

Contact Person Cindy Halonski	Type of Agency Geriatric, Rehab and Traumatic Brain Injury	Department Activity Therapy	Diagnostic Groups Geriatric and traumatic brain injury (25-65 years)	Application Process Application Resume Interview	Accomodations Free Parking
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Population Served geriatric, rehab and TBI	Length of Placement Any Semester	Internship Requirements Interns will lear about assessments, progress note, CARE planing and group leadership. The also will lear about AT Dept. structure.	Application Deadline 1-2 monts before start date
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State **VA** City Richmond Web Address www.childrenshosp-rich.org Phone Number 804-321-7474 Fax Number 804.228.5885

Agency Children's Hospital Street Address 2924 Brook Rd. Zip 23220 Email VLEasley@chva.org

Contact Person Vernita Easley	Type of Agency Childrens Hospital	Department Therapeutic Recreation	Diagnostic Groups birth to 21	Application Process Application, resume, 2 letters of recommendation, and interview tour	Accomodations parking
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Population Served birth to 21	Length of Placement 8-16 weeks	Internship Requirements	Application Deadline Fall 07-06/1/07 Spring 11/1/07
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State VA **City** Fishersville **Web Address** www.Augustamed.com **Phone Number** 540-332-4050 **Fax Number** 540-932-4028
Agency Augusta Medical Center **Street Address** 78 Medical Center Drive **Zip** 22939 **Email** s2payne@augustamed.com
Contact Person Amie Myers Trinca **Type of Agency** Medical center, Skilled Rehab, Psych. **Department** rehab/skilled/Psych of Recreation Therapy Dept **Diagnostic Groups** all ages **Application Process** Contact and Set up appointment
Submit Resume
Tour of Facility
Internship interview **Accomodations** none
Population Served all ages, mainly adults, do have a Pediatrics unit **Length of Placement** 8-16 weeks **Internship Requirements** Jr./Sr. **Application Deadline** Submit request 3-4 months prior to start of Internship

State VA **City** Purcellville **Web Address** InnerQuestOnline.com **Phone Number** 703-478-1078 or 540.668.6699 **Fax Number** 540-668-6253
Agency Inner Quest **Street Address** 34752 Charles Town Pike **Zip** 20132 **Email** innerquestinfo@cs.com
Contact Person Sara E. Smith **Type of Agency** Outdoor Adventure Education Instructors **Department** Apprentice Program **Diagnostic Groups** kids-adults **Application Process** application and interview **Accomodations**
Population Served children, adults **Length of Placement** 3 months **Internship Requirements** spring mid-march,fall mid-aug.,summer late-may **Application Deadline** ongoing

State VA **City** Richmond **Web Address** **Phone Number** 804-828-2682 **Fax Number** 804-628-1615
Agency Virginia Treatment Center for Children **Street Address** 515 N. 10th St. Box 489 **Zip** 23298-0489 **Email** kcobb@mcvh-vcu.edu
Contact Person Kara Cobb, CTRS **Type of Agency** Psychiatric **Department** Theraputic Recreation **Diagnostic Groups** Children & Adolescents **Application Process** application **Accomodations**
Population Served children & adolescents **Length of Placement** Dependent upon School Program **Internship Requirements** usually a 15 week internship, or based on school TR program requirments. **Application Deadline** March 1 for Summer, June 1 for Fall, November 1 for Spring

State VA	City Mechanicsville	Web Address www.shelteringarms.com	Phone Number 804-765-5735	Fax Number 804-764-5748	
Agency Sheltering Arms Physical Rehabilitation Hospital	Street Address 8254 Atlee Rd.	Zip 23116	Email		
Contact Person Rhonda Riggleman	Type of Agency Physical Rehabilitation Hospital	Department Therapeutic Recreation/ Physical Rehabilitation	Diagnostic Groups Adults with physical disabilities age 18 to over 90 (mean age of 62). CVA's. TBI's. Ms, Parkinson's, SCI & General Weakness	Application Process Resume, internship goals and expectations. Must come to visit prior to interview.	Accomodations Occasional lunches and outings
Population Served Adults	Length of Placement 10 weeks total; 3 weeks in clinical setting, 7 weeks in community day prog)	Internship Requirements Jr. Internships ONLY	Application Deadline Summer- By March 1		

State VA	City Catawba	Web Address	Phone Number 540-375-4309	Fax Number 450-375-4348	
Agency Catawba Hospital	Street Address P.O. Box 200	Zip 24070-0200	Email brenda.cress@catawba.dmhmrzas.virginia.gov		
Contact Person Autum Hidaskey, Brenda Cress	Type of Agency Mental Health	Department Adjunctive Therapy	Diagnostic Groups 18+ age group; All psychiatric disorders	Application Process application and interview	Accomodations free housing/room or dormitory
Population Served ages 18+	Length of Placement 8-16 weeks	Internship Requirements Jr./Sr.	Application Deadline 2 months before the intended start of internship		

State VA **City** Arlington **Web Address** www.arlingtonva.us/orcr **Phone Number** 703.228.4741 **Fax Number** 703.228.4757
Agency Arlington Parks and Recreation **Street Address** 300 North Park Drive **Zip** 22203 **Email** bsuttell@arlingtonva.us
Contact Person Becky Suttell **Type of Agency** Recreation-Community **Department** Therapeutic Recreation/Prevention on Intervention **Diagnostic Groups** all ages **Application Process** application and interview **Accommodations** Reasonable accommodations provided.
Population Served at risk youth, physical disabilities, autism, developmental disabilities **Length of Placement** **Internship Requirements** See Manual **Application Deadline** Fall- July 1; Spring- Oct. 1; Summer- March 1

State VA **City** Alexandria **Web Address** www.ci.alexandria.va.us **Phone Number** 703-519-3353 **Fax Number** 703-535-5863
Agency Alexandria Recreation, Parks and Cultural Activities **Street Address** 1108 Jefferson St. **Zip** 22314 **Email** kathy.schwingle@ci.alexandria.va.us
Contact Person Kathy Schwingle **Type of Agency** Recreation **Department** Community Recreation **Diagnostic Groups** Children and Adults **Application Process** application and interview **Accommodations** Stipend only for summer
Population Served Children and adults **Length of Placement** 8-16 weeks **Internship Requirements** Jr./Sr. **Application Deadline**

State VA **City** Alexandria **Web Address** www.braininjurysvcs.org **Phone Number** 703-799-9410 **Fax Number** 703-799-1295
Agency ADAPT Clubhouse **Street Address** 4100 Mohawk Lane **Zip** 22309 **Email** bmccarthy@braininjurysvcs.org
Contact Person Brian McCarthy **Type of Agency** Non-profit Program for Adults with Brain Injury **Department** Community based services for brain injury survivor **Diagnostic Groups** Adults with Brain Injury **Application Process** application, interview **Accommodations**
Population Served adults **Length of Placement** **Internship Requirements** **Application Deadline**

State VA **City** Harrisonburg **Web Address** www.camphorizonsva.com **Phone Number** 540-896-7600 **Fax Number** 540-896-5455
Agency Camp Horizons **Street Address** 3586 Horizons Way **Zip** 22802 **Email** camp@horizonsVA.com
Contact Person Kim Betts **Type of Agency** Children and teen summer camp, year-round outdoor center **Department** Recreation and leisure services **Diagnostic Groups** children and teenagers **Application Process** application and interview **Accommodations** cabins
Population Served children and teens-summer, all ages-fall & spring **Length of Placement** 3 months **Internship Requirements** **Preferably Outdoor Recreation Majors** **Application Deadline** Rolling

State VA **City** Blue Ridge **Web Address** www.campvirginiajaycee.org **Phone Number** 540-947-2972 **Fax Number** 540-947-2043
Agency Camp Virginia Jaycee, Inc. **Street Address** P.O. Box 648 **Zip** 24064 **Email** dana@campvirginiajaycee.org
Contact Person Dana Zyrowski **Type of Agency** Camping agency **Department** Program **Diagnostic Groups** all ages **Application Process** application and interview **Accommodations** food plan, parking, liability insurance
Population Served all ages **Length of Placement** negotiable **Internship Requirements** Jr. **Application Deadline** january 1

State VA **City** Fairfax **Web Address** www.fairfaxcounty.gov/rec **Phone Number** 703-324-5587 **Fax Number** 703-222-9788
Agency Fairfax County Community & Recreation Services **Street Address** 12011 Govt. Center Pky. Suite 1050 **Zip** 22035 **Email** sara.mumford@fairfax.county.gov
Contact Person Sara Mumford **Type of Agency** Community and recreation services **Department** Therapeutic recreation **Diagnostic Groups** Cognitive, physical emotional, learning disabilities **Application Process** submit application, interview, selection process **Accommodations** Stipend, housing cheap
Population Served children, adult, seniors **Length of Placement** 8-16 weeks **Internship Requirements** Jr./Sr. **Application Deadline**

State VA	City Virginia Beach	Web Address www.psywsolutions.com	Phone Number 757-496-4458	Fax Number
Agency Virginia Beach Psychiatric Center	Street Address 1100 First Colonial Rd	Zip 23454	Email pneil@psysolutions.com	
Contact Person Pamela Neil	Type of Agency Mental Health	Department Expressive Therapy	Diagnostic Groups Psychiatric	Application Process call/write about internship, interview, send goals and objectives
Accommodations parking	Population Served Child, adolescent, adult	Length of Placement 13-16 weeks	Internship Requirements Jr./Sr.	Application Deadline none

State VA	City Norfolk	Web Address www.laketaylor.com	Phone Number 757-461-5001 ext. 350	Fax Number 757-461-4282
Agency Lake Taylor Transitional Care Hospital	Street Address 1309 Kempsville Rd.	Zip 23502	Email carrie@laketaylor.org	
Contact Person Carrie Ann Puglisi, CTRS	Type of Agency transitional care facility, sub acute rehab	Department Recreation	Diagnostic Groups Rehab, Subacute hospital level pediatric, ventilator, elderly (LTC-ICF), trach	Application Process resume ,letters of recommendations, application, interview
Accommodations free parking and discount in cafeteria	Population Served elderly (LTC-ICF) Rehab, sub acute-pediatric, young, vent, trach	Length of Placement Practicum, internship, volunteer	Internship Requirements as required by school	Application Deadline must be in compliance w/ college requirements

State VA	City Manassas	Web Address	Phone Number 703-792-7060	Fax Number
Agency Prince William County Parks and Recreation	Street Address 14420 Bristow Rd.	Zip 22032	Email	
Contact Person Pam Sneed	Type of Agency Recreation	Department Recreation	Diagnostic Groups	Application Process application
Accommodations liability insurance, assist with housing	Population Served	Length of Placement	Internship Requirements Jr./Sr.	Application Deadline 2-3 months prior to start date

State VA **City** Richmond **Web Address** **Phone Number** 804-355-5721 **Fax Number** 804-358-0854
Agency The Hermitage **Street Address** 1600 Westwood Ave. **Zip** 23227 **Email**
Contact Person Karen S. Black **Type of Agency** Long term care facility **Department** Medical **Diagnostic Groups** elderly **Application Process** contact Recreation Therapist, schedule interview **Accommodations** meals, parking, and city bus service
Population Served elderly **Length of Placement** **Internship Requirements** Jr./Sr. **Application Deadline** no deadline

State VA **City** Virginia Beach **Web Address** **Phone Number** 757-563-1100 **Fax Number**
Agency Virginia Beach Parks and Recreation **Street Address** 2289 Lynnhurn Parkway **Zip** 23456 **Email**
Contact Person Phyllis Manness **Type of Agency** Recreation **Department** Community Recreation **Diagnostic Groups** Various Disabilities:
 -Mental Health
 -Autism
 -Developmental Disabilities
 -Physical Disabilities
 -Cognitive Disabilities **Application Process** application **Accommodations**
Population Served children + adults **Length of Placement** 8-14 week **Internship Requirements** Jr./Sr. **Application Deadline** does not say

State VA **City** Portsmouth **Web Address** **Phone Number** 757-393-8481 X4107 **Fax Number** 757-393-8265
Agency Portsmouth Parks, Recreation & Leisure Services **Street Address** 801 Crawford Street **Zip** 23704 **Email** tornem@portsmouthva.gov
Contact Person Margaret G. Thorned **Type of Agency** Parks, Recreation & Leisure Services **Department** Recreation **Diagnostic Groups** all ages **Application Process** call for application **Accommodations** parking and use of recreational centers
Population Served all ages **Length of Placement** **Internship Requirements** Jr./Sr. **Application Deadline** 3 months prior of starting

State VA **City** Fredericksburg **Web Address** www.snowdenmentalhealth.com **Phone Number** 540-372-3900 x83088 **Fax Number** 540-372-3928
Agency Snowden at Fredericksburg **Street Address** 1200 Sam Perry Blvd. **Zip** 22401 **Email** heather.wein@medicorp.org
Contact Person Heather Wein **Type of Agency** Mental Health Agency **Department** Aduinctive Therapy **Diagnostic Groups** acute care, partial hospitalization and intensive outpatient programs **Application Process** application, interview **Accomodations**
Population Served child, adolescent, and adult (mental health) **Length of Placement** **Internship Requirements** Jr./Sr. **Application Deadline** University deadlines apply

State VA **City** Danville **Web Address** svmhi.state.va.us **Phone Number** 434-799-6220 **Fax Number** 434-773-4274
Agency Southern Virginia Mental Health Inst. **Street Address** 382 Taylor Dr. **Zip** 24541 **Email** amy.robinson@svmhi.dmhmsas.virginia.gov
Contact Person Amy Robinson **Type of Agency** Mental health agency **Department** Activity Therapy **Diagnostic Groups** PSR **Application Process** **Accomodations** none
Population Served Mentally Ill **Length of Placement** N/A **Internship Requirements** Volunteers Welcomed **Application Deadline** does not say

State VA **City** Richmond **Web Address** www.vrcbvi.org **Phone Number** 804-371-3323 **Fax Number** 804-371-3092
Agency VA Rehabilitation Center For the Blind & Vision Impaired **Street Address** 401 Azalea Ave. **Zip** 23227 **Email** melody.lindsey@dbvi.virginia.gov
Contact Person Melody Lindsey, Director **Type of Agency** Blindness Rehab **Department** Vocational rehab center **Diagnostic Groups** adults and adolescents **Application Process** call for an application **Accomodations** Available
Population Served adults, some adolescents; Blind and low vision **Length of Placement** open **Internship Requirements** Day and Evening Assignments **Application Deadline** no deadline

State VA **City** Hampton **Web Address** www.riversideonline.com click on behavioral health **Phone Number** 757-827-1001 **Fax Number** 757-827-3128

Agency Riverside Behavioral Health Center **Street Address** 2244 Executive Dr. **Zip** 23666 **Email**

Contact Person Ann Graham **Type of Agency** Psychiatric Inpatient & Residential **Department** Clinical Services **Diagnostic Groups** Psychiatric problems with all ages **Application Process** Send Resume
Contact CTRS for an interview **Accommodations** none

Population Served all ages **Length of Placement** 10 week minimum **Internship Requirements** Jr./Sr. **Application Deadline** at least one month prior to start date

State VA **City** Axton **Web Address** **Phone Number** 540-864-6640 **Fax Number** 540-864-5399

Agency Virginia Baptist Children's Home and Family Service **Street Address** P.O. Box 312 Glory Rd.(Girls) P.O. Box 307 Newcanten,VA (Boys) **Zip** 24054 **Email**

Contact Person Neil L. Moser **Type of Agency** Center for young boys & girls to get help with interacting **Department** Family Services **Diagnostic Groups** girls 12-17
boys 12-17 **Application Process** call for more information **Accommodations**

Population Served children **Length of Placement** year round **Internship Requirements** We provide Social Work internships at both facilities. We also can provide internships for student teachers (Spec. Ed) at our Boys programs. Your contact for Student teaching. (540-389-4941) **Application Deadline** open

State VA **City** Norfolk **Web Address** **Phone Number** 757-455-0213 **Fax Number**

Agency The Pines Residential Treatment Center **Street Address** 860 Kempsville Rd. **Zip** 23502 **Email**

Contact Person Renee McCroskey **Type of Agency** Residential / Recreation **Department** Recreation / Activity Therapy **Diagnostic Groups** children and adolescents **Application Process** interview, references, DMV checked, background checks **Accommodations** food plan and parking

Population Served children / adolescents **Length of Placement** 12 weeks + 2 orientation weeks (14 Weeks) **Internship Requirements** Jr./Sr. **Application Deadline** 2-3 months prior to start date

State VA **City** Winchester **Web Address** **Phone Number** **Fax Number**
Agency Winchester Medical Center **Street Address** 333 West Cork St. #2 **Zip** 22601 **Email**
Contact Person Christopher J. Uggiano **Type of Agency** Medical Center **Department** Acute Rehabilitation **Diagnostic Groups** Rehabilitation **Application Process** contact Center, set up interview **Accomodations** housing assistance and parking
Population Served **Length of Placement** 10-15 weeks **Internship Requirements** Jr./Sr. **Application Deadline** 3 months prior to internship

State VA **City** Petersburg **Web Address** www.poplarsprings.com **Phone Number** 804-796-2100 **Fax Number** 804-861-5625
Agency Poplar Springs Hospital **Street Address** 350 Poplar Dr. **Zip** 23805 **Email** JVIASS@POPLARSPRINGS.COM
Contact Person Jennifer Vass **Type of Agency** Behavioral / Psychiatric **Department** Activity TX **Diagnostic Groups** 11-adult, mental illness, sex offenders, behavioral challenges **Application Process** contact AT coordinator to see if available, complete application, interview **Accomodations** minimal
Population Served Adolescent Psychiatry **Length of Placement** 14-16 weeks **Internship Requirements** firm understanding of professional boundaries with clients, outgoing, somewhat independent **Application Deadline** flexible

State VA **City** Reston **Web Address** www.inova.org **Phone Number** 703-834-5894 **Fax Number** 703-834-5837
Agency Inova Cameron Glen Care Center **Street Address** 1800 Cameron Glen Drive **Zip** 20190 **Email** lorie.spears@inova.org
Contact Person Lorie Spears,CTRS **Type of Agency** Skilled nursing facility with Assisted Living available **Department** Therapeutic Recreation **Diagnostic Groups** elderly **Application Process** send resume and letter of intent. Then interview With Recreation Director will be set up. **Accomodations**
Population Served elderly, some young and middle aged adults **Length of Placement** 8-16 weeks **Internship Requirements** Jr./Sr. **Application Deadline** no deadline`

State VA **City** Salem **Web Address** www1.VA.Gov/Directory/Guide/Facility.ASP?ID=116 **Phone Number** 540-982-2463/1235 **Fax Number** 540-855-3461
Agency Department of Veterans Affairs **Street Address** Recreation Service {11K} 1970 Blvd **Zip** 24153 **Email** mbrumfield@rbnet.com
Contact Person Mary K. Brumfield **Type of Agency** Medical Center **Department** Recreation Therapy **Diagnostic Groups** rehab, psych, substance abuse **Application Process** interview, application on the government form 171 **Accommodations** rooms, food, parking, and medical care
Population Served 300 pts **Length of Placement** 12-15 weeks **Internship Requirements** project, planning and carrying out TR programs **Application Deadline** 8 weeks prior to beginning

State VA **City** Staunton **Web Address** www.wsh.state.va.us **Phone Number** 540-332-8334/8336 **Fax Number** 540-332-8014
Agency Western State Hospital **Street Address** P.O. Box 2500 **Zip** 24401 **Email** sue.smiley@wsh.dmhmrsva.gov
Contact Person Sue Smiley **Type of Agency** Psychiatric- adult **Department** Therapeutic Recreation **Diagnostic Groups** mental health, substance abuse, deaf, forensics. **Application Process** information and application listed on therapeutic recreation directory on the web Site #254 **Accommodations** housing on campus available
Population Served Psychiatric-adults **Length of Placement** 12 weeks **Internship Requirements** Jr- develop one TR intervention plan and implement special event participate in TR groups. Sr. Rehab-assessment, case study, conduct TR groups, conduct group evaluation, present TR project, write progress notes, participate on team meetings and administrative meetings, work one night weekly and one week-end day monthly **Application Deadline** 3 months prior internship

State VA **City** South Boston **Web Address** **Phone Number** 804-572-4906 **Fax Number** 804-572-5223
Agency The Woodview **Street Address** 103 Rosehill Dr. Box 566 **Zip** 24592 **Email**
Contact Person Robyn Pottage **Type of Agency** Divison of Halifax-South Boston Com. Hospital **Department** Activity Department **Diagnostic Groups** elderly **Application Process** application **Accomodations** free parking and free lunch
Population Served adults **Length of Placement** **Internship Requirements** Jr./Sr. **Application Deadline** no deadline

State VA **City** Richmond **Web Address** www.Wescanric.org **Phone Number** 804-261-5389 **Fax Number** 804-264-4574
Agency Westminster Canterbury Richmond **Street Address** 1600 Westbrook Ave. **Zip** 23227 **Email** kendra_spencer@wescsnric.org
Contact Person Kendra Spencer **Type of Agency** Continuing Care Retirement Community (CCRC) **Department** Recreation **Diagnostic Groups** elderly **Application Process** Phone call and/or letter followed by personal interview with three members of recreation team (team interview) **Accomodations** free parking and occasional free lunch
Population Served adults-over 1,000 by 2006 **Length of Placement** spring, summer, and fall **Internship Requirements** Desire to work with elderly focus on Theraputic Rec. Strong interpesonal skills
 good verbal and written skills
 decision making skills
 entusiasm
 innovative **Application Deadline** 1-2 months prior to beginning of semester

State VA **City** Vienna **Web Address** none provided **Phone Number** 703-319-9164 **Fax Number** 703-319-0011
Agency Diema's Dream Foundation **Street Address** 9103 Dellwood Dr. **Zip** 22180 **Email** none provided
Contact Person Devon Cockrell **Type of Agency** Long term care and Rehabilitation facility **Department** **Diagnostic Groups** disabled children **Application Process** **Accomodations**
Population Served Non-residential/outpatient and disabled Russian orphans and children **Length of Placement** **Internship Requirements** Must provide recreation - not just care. **Application Deadline** none

State VA **City** Richmond **Web Address** www.thevirginiahome.org **Phone Number** 804-359-4093 x217 or 218 **Fax Number** 804-359.8961
Agency The Virginia Home **Street Address** 1101 Hampton St. **Zip** 23220 **Email** jody.young@thevirginiahome.org
 rebeccawashburn@thevirginiahome.org

Contact Person Jody S. Young, CTRS Rebecca K. Washburn, CTRS	Type of Agency long-term care	Department Recreation Therapy	Diagnostic Groups Adults with physical disabilities, age 21 to over 80 (average age-42) Cerebral palsy brain injury spinal cord injury multiple sclerosis TBI	Application Process resume, transcripts, brief narrative on personal philosophy of leisure and therapeutic recreation, internship goals and expectations, a statement of where you expect to be professionally in 5 years	Accommodations meals during work hours, opportunities for specialized training (CPR, transfers, aquatic therapy_
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Population Served adults	Length of Placement 12-15 weeks/40 hour per week	Internship Requirements solid academic standing (minimum GPA 2.8), valid Virginia driver's license in good standing, strong swimming ability, artistic/creative experience a plus	Application Deadline Spring-by Oct. 1, Summer-by March 1, Fall-by May 1
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State VA **City** Hampton **Web Address** www.the-devonshire.com **Phone Number** 757-827-7100 **Fax Number** 757-825-3074
Agency The Devonshire **Street Address** 2220 Executive Dr. **Zip** 23666 **Email** judycunningham@the-devorshire.com

Contact Person Judy Cunningham	Type of Agency	Department assisted living/ retirement living	Diagnostic Groups elderly	Application Process apply directly to The Devonshire	Accommodations food plan and parking
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Population Served elderly	Length of Placement 3-6 months	Internship Requirements Jr./Sr.	Application Deadline would like it asap
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State VA **City** Danville **Web Address** **Phone Number** 434-799-5199 **Fax Number** 434-797-8983
Agency Stonewall Special Population Center **Street Address** P.O. Box 3300 **Zip** 24543 **Email** mooreel@ci.danville.va.us
Contact Person Erin Moore **Type of Agency** Parks and Recreation **Department** Parks, Recreation, Tourism **Diagnostic Groups** children/Adolescent/Adult MR, LE,Ed, HI others **Application Process** interview, application **Accomodations**
Population Served children, adolescent, adults **Length of Placement** 12+ Weeks **Internship Requirements** Jr./Sr. **Application Deadline** by April 15 for summer

State VA **City** Danville **Web Address** **Phone Number** 434-799-2143 **Fax Number**
Agency Danville Regional Medical Center/Stratford Rehabilitation Center **Street Address** 508 Rison Street **Zip** 24541 **Email**
Contact Person Wyona Witcher **Type of Agency** General/Teaching Hospital **Department** Behavoiral health department **Diagnostic Groups** Adults and elderly **Application Process** Call for interview **Accomodations** housing, parking
Population Served adults and elderly **Length of Placement** 16 weeks **Internship Requirements** Jr./Sr. **Application Deadline** 1st come 1st serve

State VA **City** Williamsburg **Web Address** **Phone Number** 804-253-5161 **Fax Number**
Agency Eastern State Hospital **Street Address** 4601 Ironbound Rd. **Zip** 23817 **Email**
Contact Person Karen March **Type of Agency** Mental health **Department** Rehabilitation services **Diagnostic Groups** Adults **Application Process** Letter of application, resume, interview **Accomodations** parking, housing, recreational
Population Served adults **Length of Placement** 7 weeks **Internship Requirements** **Application Deadline** mid october: mid june ;mid march

State VA **City** Fairfax **Web Address** www.fairfaxcounty.gov/parks/internships.htm **Phone Number** 703-324-8666 **Fax Number** 703-324-3986

Agency Fairfax County Park Authority **Street Address** 12055 Government Center Parkway Suite 927 **Zip** 22035 **Email** janet.tetley@fairfaxcounty.gov

Contact Person Janet Tetley	Type of Agency Therapeutic Rec. for mentally handicapped	Department Therapeutic Recreation	Diagnostic Groups children(school age)	Application Process submit online application with resume	Accommodations housing for out-of-area students
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Population Served school aged children	Length of Placement 400-600 hrs.	Internship Requirements Jr./Sr. or Grad.	Application Deadline Feb. 1
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State VA **City** Annandale **Web Address** **Phone Number** 703-750-3386 **Fax Number** 703-256-5987

Agency Annandale Adult Day Health Care Center **Street Address** 7200 Columbia Pike **Zip** 22003 **Email** karen.mckeon@fairfaxcounty.gov

Contact Person Karen McKeon	Type of Agency Adult Day Health Care Center	Department Health Department	Diagnostic Groups mostly elderly	Application Process resume, interview, and complete contract	Accommodations parking, lunch
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Population Served adults and elderly with physical or cognitive disabilities	Length of Placement 8-10 weeks	Internship Requirements Jr./Sr.	Application Deadline open until filled
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State VA **City** Alexandria **Web Address** www.co.fairfax.va.us/service/hd/adhchome.htm **Phone Number** 703-914-1372 **Fax Number** 703-914-5327

Agency Fairfax County Health Dept. **Street Address** 4710 N. Chambliss St. **Zip** 22312 **Email** marmst@co.fairfax.va.us

Contact Person Martha Armstrong	Type of Agency Lincolnia Adult Day HealthCare Center	Department Health Department	Diagnostic Groups mostly elderly some adults	Application Process make an appointment with Martha Armstrong	Accommodations parking and Liability Insurance, lunch
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Population Served adults and elderly	Length of Placement 8-10 Weeks	Internship Requirements Jr. / Sr.	Application Deadline 1 month before internship is to begin
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State VA **City** Arlington **Web Address** **Phone Number** 703-920-5700 **Fax Number** 703-979-8190
Agency Potomac Center Genesis Eldercare Network **Street Address** 1785 S. Hayes St. **Zip** 22202 **Email**
Contact Person Tarinna Whitmore **Type of Agency** Therapeutic Recreation for the elderly **Department** Therapeutic Recreation **Diagnostic Groups** elderly **Application Process** an interview and resume with statement of goals **Accommodations** parking
Population Served elderly **Length of Placement** **Internship Requirements** Jr./Sr. **Application Deadline** go by university deadlines

State VA **City** Richmond **Web Address** www.co.henrico.va.us/rec **Phone Number** 804-501-5332 **Fax Number** 804-501-5284
Agency County of Henrico, Division of Rec. and Parks **Street Address** 8600 Dixon Powers Dr. POBox 27032 **Zip** 23273 **Email**
Contact Person MaryAnne Wilson-Woodel **Type of Agency** Public Park and Recreation Center **Department** Recreation **Diagnostic Groups** all ages **Application Process** complete application **Accommodations** none
Population Served all ages **Length of Placement** 8-10 weeks **Internship Requirements** Jr./Sr. **Application Deadline** no deadline (January for Summer Interns)

State VA **City** Newport News **Web Address** riversideonline.com **Phone Number** 757-875-2000 X3012 **Fax Number** 804-875-2036
Agency The Gardens at Warwick Forest **Street Address** 1000 Old Denbigh Blvd. **Zip** 23602 **Email** carie.deweerd@rivhs.com
Contact Person Carie DeWeerd **Type of Agency** Disabilities Agency, Longterm Care, Acute/Rehab **Department** Recreation Therapy **Diagnostic Groups** adults Older adults rehab dementia/alz. Type **Application Process** Interview **Accommodations** parking
Population Served adults **Length of Placement** 8-10 week **Internship Requirements** Jr./Sr. **Application Deadline** does not say

State VA **City** Fairfax **Web Address** **Phone Number** 703-323-2027 **Fax Number** 703-323-4252
Agency Northern VA Training Center **Street Address** 9901 Braddock Rd. **Zip** 22032 **Email** barbie.burton@nvtc.dmhmrsva.gov
Contact Person Barbara Burton **Type of Agency** LongTerm Training Center **Department** **Diagnostic Groups** **Application Process** resume, application, interview **Accommodations**
Population Served **Length of Placement** 12-14 weeks **Internship Requirements** Jr./Sr. **Application Deadline** 2 months before expected start date

State VA **City** Alexandria **Web Address** www.inova.org **Phone Number** 703-664-7491 **Fax Number** 703-664-7343
Agency Inova Mount Vernon Hospital **Street Address** 2501 Parkers Ln. **Zip** 22306 **Email** martha.johnson@inova.org
Contact Person Martha M. Johnson CCC-SLP **Type of Agency** Rehabilitation center **Department** Rehabilitation **Diagnostic Groups** stroke, spinal cord injury, head injury, deconditioning, multiple sclerosis, Gillian Barre syndrome **Application Process** apply to education coordinator, interview required **Accommodations** free parking
Population Served Inpatient adult neurological population **Length of Placement** 400 hours **Internship Requirements** Jr./Sr. suggest that applicants be a strong student who can work in challenging clinical environment **Application Deadline** Based on school deadlines

State VA **City** Leesburg **Web Address** loudoun.gov/PRCS **Phone Number** 703-777-0343 **Fax Number** 703-771-5354
Agency Loudoun County **Street Address** 215 Depot Court SE **Zip** 20175 **Email** dryburn@loudoun.gov
Contact Person Diane Ryburn **Type of Agency** Public Park and Recreation **Department** Parks and Rec. & Community Services **Diagnostic Groups** all ages, we have fabulous adaptive recreation program with coordinator-specialists-camp+part time staff **Application Process** call for interview, send resume **Accommodations** parking, liability insurance
Population Served all ages **Length of Placement** semester or summer **Internship Requirements** Jr./Sr. **Application Deadline** N/A

State **VA** City Hopewell Web Address Phone Number 804-957-6092 Fax Number 804-733-8335
 Agency Liberty Forensic Unit at Riverside Street Address 1000 River Rd. Zip 23860 Email
 Contact Person Type of Agency Department Diagnostic Groups Application Process Accomodations
 Maryellen Clair Mental Health, Correctional agency Recreation therapy 18+ background check, interview parking, recreation
 Population Served Length of Placement Internship Requirements Application Deadline
 18+ 12 weeks Jr./Sr. 1 month prior to start date

State **VA** City Chesterfield Web Address Phone Number 804-748-4789 Fax Number 804-796-6880
 Agency Camp Baker Street Address 7600 Beach Rd. Zip 23838 Email
 Contact Person Type of Agency Department Diagnostic Groups Application Process Accomodations
 Charles Sutherland Camping Camp Baker all ages call for application food, housing, parking, medical care
 Population Served Length of Placement Internship Requirements Application Deadline
 6-adults summer Jr./Sr. April 1st

State **VA** City New Castle Web Address www.va.easterseals.com Phone Number 540.864.5750 Fax Number 540-864-6797
 Agency Easter Seals Virginia Street Address 900 Camp Easter Seals Rd Zip 24127 Email abarge@va.easterseals.com
 Contact Person Type of Agency Department Diagnostic Groups Application Process Accomodations
 Alex Barge Non-profit Camping and Recreation 5 years & up application food, housing, weekly stipend
 Non-Summer Contact Info:
 201 East Main St.
 Salem, Va 24153
 540-777-7325
 fax 540-777-2194
 Population Served Length of Placement Internship Requirements Application Deadline
 Children and adults with physical and/or cognitive disabilities 12-14 weeks Vol./Jr./Sr. 1st come 1st serve

State VA **City** Radford **Web Address** **Phone Number** 703-639-2411 **Fax Number** 703-639-9128
Agency Wheatland Hills Retirement Center, Inc. **Street Address** Route 11, West Fairlawn **Zip** 24141 **Email**
Contact Person Lillie Roop Fortner **Type of Agency** Nursing home **Department** Social Service and Activities **Diagnostic Groups** elderly **Application Process** interview **Accommodations** none
Population Served elderly **Length of Placement** **Internship Requirements** **Application Deadline** ASAP

State VA **City** Lynchburg **Web Address** centrahealth.com **Phone Number** 434-947-4651 **Fax Number** 434-947-7459
Agency Centra Health **Street Address** 3300 Rivermont Ave. **Zip** 24503 **Email** Heather.Howard@centrahealth.com
Contact Person Heather Howard **Type of Agency** Acute Rehab **Department** Rehabilitation **Diagnostic Groups** Neurological Orthopedics **Application Process** application, visit website/student Affiliations **Accommodations** room and board (if available)
Population Served 18 y/o and up **Length of Placement** Jr, 10 wks.: Sr. 14-16 wks **Internship Requirements** Vol./Jr./Sr. **Application Deadline** Interview Required

State VA **City** Suffolk **Web Address** **Phone Number** 757-539-8744 **Fax Number** 757-539-6128
Agency Nansmend Point Rehabilitation & Healthcare Center **Street Address** 200 W. Constance Rd. **Zip** 23434 **Email** theresa.kuenzer@kindredhealthcare.com
Contact Person Terri Kuenzer **Type of Agency** Rehabilitation **Department** Activities **Diagnostic Groups** adults and elderly **Application Process** application and interview **Accommodations** Food Plan
Population Served adults and elderly **Length of Placement** **Internship Requirements** Vol./Jr./Sr. **Application Deadline** 6 weeks before semester ends

State VA **City** Burkeville **Web Address** <http://www.pgh.dmhmrsvirginia.gov/> **Phone Number** 434-767-4472 **Fax Number** 434-767-4947
Agency Piedmont Geriatric Hospital **Street Address** 5001 E. Patrick Henry Highway **Zip** 23922-0427 **Email** brigitte.pennington@pgh.dmhmrsvirginia.gov
Contact Person Brigitte Pennington **Type of Agency** Geropsychiatric State Hospital **Department** Rehabilitative Services **Diagnostic Groups** Persons over 65 years of age with primary mental illness **Application Process** Call for information **Accommodations** Call for Information
Population Served gero-psychiatric **Length of Placement** Negotiable **Internship Requirements** Jr./Sr. **Application Deadline** 60 days prior to start date

State VA **City** Falls Church **Web Address** www.goodwinhouse.org **Phone Number** 703-578-7590 **Fax Number** 703-578-7464
Agency Goodwin House - Bailey's Crossroads **Street Address** 3440 S. Jefferson St. **Zip** 22041 **Email** kgillen@goodwinhouse.org
Contact Person Karen Gillen, CTRS **Type of Agency** Continuous Care Retirement Community **Department** Resident Services, HCU **Diagnostic Groups** elderly **Application Process** phone interview, personal interview, and resume **Accommodations** food plan, parking, fitness center
Population Served elderly **Length of Placement** 12-15 weeks **Internship Requirements** Jr./Sr. **Application Deadline** 30 days prior to start date

State VT **City** Colchester **Web Address** www.fahc.org **Phone Number** 802-847-5314 **Fax Number** 802-847-8896
Agency Fletcher Allen HealthCare Rehab **Street Address** 790 College Parkway **Zip** 05446 **Email** richard.fritz@vtmednet.org
Contact Person Richard Fritz **Type of Agency** Rehabilitation **Department** recreation therapy **Diagnostic Groups** Acute Rehab **Application Process** Resume and cover letter **Accommodations** parking
Population Served all **Length of Placement** 15 weeks **Internship Requirements** Jr./Sr. **Application Deadline** none

State **WA** **City** Vancouver **Web Address** **Phone Number** 1-800-541-1555 **Fax Number**

Agency Southwest Washington Medical Center **Street Address** P.O. Box 1600 **Zip** 98668 **Email**

Contact Person Suzanne Schmidt **Type of Agency** Therapeutic Recreation **Department** Therapeutic Recreation **Diagnostic Groups** Chemical dependency **Application Process** not listed **Accommodations** not listed

Population Served adolescents and adults **Length of Placement** not listed **Internship Requirements** not listed **Application Deadline** not listed

State **WA** **City** Seattle **Web Address** **Phone Number** 206-277-3207 **Fax Number** 206-764-2799

Agency VA Pudget Sound Health Care System **Street Address** 1660 S. Columbian Way Mail Stop SCI-128 **Zip** 98108 **Email** carrie.booker@med.va.gov

Contact Person Carrie Booker **Type of Agency** Recreation Therapy **Department** Spinal Cord Injury **Diagnostic Groups** SCI, Mental Health, Rehab **Application Process** Resume, written goals & objectives, unofficial transcripts, student placement request form. **Accommodations** not listed

Population Served SCI and Mental Health **Length of Placement** 16 Weeks **Internship Requirements** **Application Deadline** Minimum 16 weeks prior to intership

State **WI** **City** WI Dells **Web Address** www.eastersealswisconsin.com **Phone Number** 608-254-2502 **Fax Number** 609-253-3027

Agency Easter Seals Wisconsin Camps **Street Address** 1550 Waubeek RD. **Zip** 53965 **Email** respite@wi.easterseals.com

Contact Person Val Croissant, CTRS **Type of Agency** Disabilities **Department** camp **Diagnostic Groups** physical and mental disabilities **Application Process** contact director, online application **Accommodations** salary, room and board, laundry facilities

Population Served age 3-99 **Length of Placement** summer **Internship Requirements** must have completed all coursework **Application Deadline** W/A

State	WV	City	Institute	Web Address	www.wvdrs.org	Phone Number	304-766-4821	Fax Number	304.766.4720
Agency	West Virginia Rehabilitation Center			Street Address	P.O. Box 1004	Zip	25112	Email	annp@mail.drs.state.vw.us
Contact Person	Type of Agency		Department	Diagnostic Groups		Application Process		Accommodations	
Ann Lacy-Parsons	Rehabilitation center, vocational training center, Medical Rehabilitation		Recreation Services	Cognitive, emotional, physical, chemical, visual, hearing, etc. All disabilities, multi disabilities		forms, official transcript		room, food plan, parking, medical	
Population Served		Length of Placement		Internship Requirements			Application Deadline		
adults and older adults		min. 12 weeks		plan and organize activities, teach recreational skills classes, asses and prescribe treatment through appropriate activities, teache lieisure Educaton programs, community reintegration programs, function as member of Medical treatment team, medical documentation			8 to 12 weeks prior to the semester		
