



American Horticultural Therapy Association.

Internship Application with On-site/Off-site Supervision

Intern:

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-Mail _____

Internship start date: _____ Projected end date: _____

School(s) attending/attended: _____

Site:

Facility Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-Mail _____

Type of Facility _____

Supervisor:

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

Name of HTR/HTM supervisor _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-Mail _____

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

Signature of intern: _____ Date: _____

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

Signature of HTR/HTM supervisor: _____ Date: _____