



# 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: \_\_\_\_\_