



Department of Recreation and Leisure Studies

East Carolina University

Carol Belk Building, Curry Court, Greenville, NC 27858-4353

(252) 328-4640

www.ecu.edu/rcls

Dear RT/TR Agency:

We'd like the opportunity to introduce you to the Recreational Therapy Program at East Carolina University. We currently graduate 140 undergraduate and 20 graduate students a year. Our students have consistently scored above the national average in terms of means scores and passing rates on the National Council for Therapeutic Recreation Certification (NCRTC) exam (see attached). We also have **seven** certified and licensed recreational therapy faculty members teaching in our program. We are proud of our program and our students and hope you might be willing to help educate our students through your internship program. We are looking to expand the number of internship sites for our undergraduate and graduate students and would like to determine your interest in hosting a student from East Carolina University.

We have an approval process that a) allows our students the opportunity to learn more about your agency and b) finalize an affiliation agreement between your agency and East Carolina University. We feel completion of this process in advance provides us the opportunity to list you as an *approved* site and expedite the process should you choose one of our students interested in your internship program. Attached in this package, you will find two documents:

- I. **Agency Approval Application**- This document provides the students some assurances that the experience will meet both national certification and state licensure requirements of all our RT students.
- II. **Affiliation Agreement**- This document provides a contract between your agency and East Carolina University.

With both of these documents completed and signed, we can list your agency as an approved site for students to consider. Approvals last for **THREE** years from the time the package is signed and submitted. For more information regarding the East Carolina University Recreational Therapy Program, visit our website at www.ecu.edu/rcls. The package can also be downloaded from the website.

If you have questions regarding the **Agency Approval**, please contact the ECU RT Program Director at (252) 328-4640. If you have questions regarding the **Affiliation Agreement**, contact the RT Internship Coord. at (252) 737-1374.

We thank you for your time and hope you will consider hosting a student from East Carolina University.

Please return the package to:

Recreational Therapy Program
East Carolina University
Carol Belk Building
Curry Court
Greenville, NC 27858-4353

East Carolina University
Department of Recreation and Leisure Studies
AGENCY APPROVAL APPLICATION
FOR THE PLACEMENT OF RECREATIONAL THERAPY INTERNS

Instructions: The following application provides insight into the ability and willingness of an agency to serve as an internship site for the placement of recreational therapy students. Please answer each question and provide documentation when possible. If specific information about the Agency and RT Department exists, please attach such documentation to this form. Participation as an internship agency is a significant professional commitment that is very much appreciated.

Agency Name: _____

Address: _____

Web site URL: _____

RT Agency

Contact Person: _____

E-mail: _____

Telephone: _____

Affiliation Agreement

Contact Person: _____

E-mail: _____

Telephone: _____

AGENCY INFORMATION:

What is the primary mission of the agency?

What is the primary mission of the Recreational Therapy Department?

Which best describes your agency? (Check all that apply.)

Physical Rehabilitation

Nursing Home/Extended Care Services

Educational Setting

Corrections/Juvenile Detention

Day Treatment

Substance Abuse Rehab.

Developmental Disability Svc.

Community Based Service

Psychiatric Rehabilitation

Other (please explain)

What are the primary age groups served by the agency? (Check all that apply)

Senior Adult (65 yrs +)	___	Mid-Adult (30-64 yrs)	___
Young Adult (18-29 yrs)	___	Adolescent (13-18)	___
Youth (5-12 yrs)	___	Pre-School (< 5 yrs)	___
Other (explain)_____			

Please explain the role of recreational therapy within the service delivery structure of the agency (Attach documentation as appropriate).

How long has the agency provided recreational therapy services?

_____ years or _____ months

Identify the number of staff allocated to provide recreational therapy services at the agency.

CTRS	_____	Non-certified personnel	_____
Other	_____	If in North Carolina (LRT)	_____

Please provide information on the recreational therapist's role in each of the following areas:

Consumer/Client Assessment (Please attach pertinent assessment instruments and documentation.):

Client Treatment/Care/Developmental Planning (Please provide titles or descriptions of services and documentation where possible.):

Documentation and Progress Charting (Please briefly describe charting of patient/client/consumer progress.):

Program/Outcome Evaluation (Please provide a description of the method(s) used to evaluate program effectiveness and offer documentation where appropriate.):

Please list specific opportunities and experiences that will be provided to enhance the professional development of the intern.

Does the agency have any specific requirements/policies regarding internship agreements (i.e., blood borne pathogen, health screening and/or insurance coverage policies)? If so, please attach or list below.

List the names of agency personnel who will serve as internship supervisor(s). **(Please attach verification of each person’s professional, state licensure (if applicable), and national certification status.)**

Name	Certification Number	Expiration Date
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Signature of Person Completing Application: _____

Date Completed: _____

Send all completed form and materials to:

East Carolina University
 College of Health & Human Performance
 Department of Recreation & Leisure Studies
 Attn: Recreational Therapy Degree Director
 Carol Belk Building, Curry Court
 Greenville, NC 27858-4353
 Office: (252) 328-4640
 Fax: (252) 328-4642
www.ecu.edu/rcls

FOR OFFICE USE ONLY

Date received: _____

RT Degree Director Approval _____ Date: _____

Date entered into SPD data system _____

AGREEMENT BETWEEN

AND

EAST CAROLINA UNIVERSITY

This Agreement is made and entered into this _____ day of _____, 20____, by and between _____ (hereinafter referred to as the Agency) and East Carolina University (hereinafter referred to as the University).

Whereas, the Agency desires to enrich the Recreational Therapy training program through an educational relationship with the University and its students; and

Whereas, the University desires to provide appropriate clinical learning experiences to its students enrolled in the Recreational Therapy program.

Now, therefore, the agency and the University hereby agree as follows:

1. MUTUAL RESPONSIBILITIES:

- a. The University and the Agency shall mutually agree to a schedule of student assignments to the Agency, including the number of students and the time periods of assignment. The maximum number of students accepted at the Agency for assignment to a clinical area shall be under the control of the Agency. The University will provide information to the Agency prior to the initiation of the clinical education experience, including dates of assignment, number of students, names and pertinent information about each student, the University's objectives for the clinical education experience, suggested curriculum outlines, and prior clinical experiences of the students.
- b. The University and the Agency shall each appoint a designated representative to coordinate the clinical education experience and to work with the University's instructors and students to facilitate a meaningful learning experience.
- c. Each party shall keep the other informed of changes in curriculum, program, and staff which may affect the clinical education experience.
- d. The Agency shall have the right to exclude a student or faculty member from the Agency in the event that the Agency determines that individual is not performing satisfactorily or is interfering with the Agency's operations; provided, however, that the person has been made aware of the intent to release him/her and has been given the opportunity to respond prior to the release. In the event the Agency elects to exclude a student or faculty member, it shall immediately notify the University.

- e. There shall be no discrimination on the basis of race, religion, age, color, creed, sex, national origin, or physical disability in either the selection of students for clinical practice or as to any aspect of the clinical practice experience; provided, however, that with respect to disability, the disability must not be such as would, even with reasonable accommodation, in and of itself preclude the student's effective participation in the program.
- f. Students assigned to the Agency under this Agreement shall not be deemed employees or agents of the Agency or the University by reason of such assignment. Neither the Agency nor the University shall be responsible for payment to students of any salary, wages or employment-related benefits, including but not limited to workers compensation benefits.
- g. The costs of first aid or emergency care provided by the Agency to any of the University's students for illness or accidents occurring to those persons while on the property of the Agency shall not be the responsibility of the Agency. The costs of such care provided to the University's faculty members shall not be borne by the Agency, and shall not be borne by the University except as required by law.

2. UNIVERSITY RESPONSIBILITIES:

- a. The University shall retain responsibility for a student's education and appropriate disciplinary measures and for arranging for the student an appropriate clinical learning experience.
- b. Insurance. During the term of any student's participation in a clinical education experience under this Agreement, the University shall secure and maintain or cause such students to secure and maintain, professional liability insurance of at least \$2,000,000 per occurrence and \$4,000,000 aggregate.
- c. Evidence of Insurance. The University shall provide or cause the student to provide the Agency with certificates of insurance evidencing the coverage required in (b) prior to the clinical education experience. This certificate shall be mailed to:
 Agency Contact: _____
 Address: _____
 Phone: _____
 E-mail: _____
- d. The University shall periodically provide, upon request by the Agency, written communication to the Agency regarding the Agency's performance in providing

clinical education experiences, and such communication shall include information on the student's evaluations of their experiences at the Agency.

- e. The University shall keep on file and make available upon request to all assigned students a copy of this Agreement.

3. AGENCY RESPONSIBILITIES:

- a. The Agency shall provide the premises and equipment (including conference room space to the extent possible) necessary for the student's clinical education experience.
- b. The Agency shall provide the student and faculty member access to first aid and emergency care for illness or accidents occurring to these persons while on the property of the Agency. The Agency shall be entitled to make a reasonable charge to the student for such first aid and emergency care services.
- c. The Agency will provide to the designated University's representative, a risk assessment following reported exposures to communicable diseases.
- d. The Agency will provide the University a mid-term and final evaluation of student performance and progress.
- e. The Agency shall make available to the University appropriate written orientation materials and relevant Agency policies and procedures it wishes the University to bring to the attention of the students, including but not limited to, the Agency's bloodborne pathogens policy.
- f. The Agency shall maintain responsibility for patient care while cooperating with the University faculty in making selected learning experiences available to students.
- g. The Agency agrees that all personally identifiable information about students provided by the University under this Agreement shall be treated as confidential, shall be used only in furtherance of this Agreement and shall not be further disclosed without the student's written consent except as required by law.
- h. The Agency will provide the University information concerning the Agency's policy regarding the hepatitis B vaccine. The purpose of providing this information is to enable appropriate University officials to educate themselves in order to advise their faculty and students with respect to hepatitis B vaccine before participating in certain clinical education experiences within the Agency. The Agency shall not be responsible for administering the vaccine to faculty and students.

- i. The Agency shall inform all assigned students of any other policies and procedures the Agency has established. The students shall comply with these rules, regulations, and policies at all times during the clinical education experience.
- j. The Agency shall inform the student to be assigned to the Agency of the requirement to complete a health screening before beginning clinical practice in the Agency, and shall inform the student of the requirement to provide the Agency with the individual's immunity history for varicella, pertussis, and hepatitis B. If previous rubella vaccine is not in the history, and titer is negative, rubella vaccine is required, except when medically contraindicated.

4. GENERAL PROVISIONS:

- a. This Agreement shall last no more than three (3) years and shall remain in effect until it terminates or is canceled at any time by either party upon not less than ninety (90) days' written notice.
- b. Any written communication or notice pursuant to this Agreement shall be made to the following representative of the respective parties at the following addresses:

For the University:

Contact:
 East Carolina University
 Dept. of Recreation & Leisure Studies
 Att: RT Internship Coord.
 Carol Belk Building, Curry Court
 Greenville, NC 27858-4353
 (252) 737-1374 or (252) 328-4640 FAX (252) 328-4655

For the Agency

Contact: _____
 Address: _____

Telephone No.: _____

- c. This Agreement contains the entire understanding of the parties and shall not be altered, amended or modified, except by an agreement in writing executed by the duly authorized officials of both the University and the Agency.
- d. This Agreement shall be governed by the laws of the State of North Carolina.

IN WITNESS WHEREOF, the parties, acting through their duly authorized officials, have executed this Agreement on the date first hereinabove written.

For the Agency:

Signature: _____

Title: _____

Date: _____

For the University:

Signature: _____

Title: _____

Date: _____