

**RHS Internship Scheduling Sheet (Appendix A)**

Submit to RHS Administrative Assistant  
125 CEDAR Building  
University Park, PA 16802

Internship Approved \_\_\_\_\_  
Number of Credits \_\_\_\_\_

**Intern Information:**

Student name \_\_\_\_\_ Student PSU ID# \_\_\_\_\_

Student address during internship (not site address)

\_\_\_\_\_

Phone # \_\_\_\_\_ PSU email \_\_\_\_\_ Non-PSU email \_\_\_\_\_

Semester & year of internship (RHS 495A) \_\_\_\_\_

Student has met all requirement except internship credits \_\_\_\_\_

**RHS Faculty Advisor's signature** \_\_\_\_\_

**College of Ed. Academic advisor's signature** \_\_\_\_\_

**Internship Site Information:**

Supervisor name (Dr., Mr., Ms.) \_\_\_\_\_

Agency/Facility Name \_\_\_\_\_

Agency/Facility Address (full address including zip code)

\_\_\_\_\_

County located \_\_\_\_\_ Population Served \_\_\_\_\_

Site supervisor phone # \_\_\_\_\_ Site supervisor email \_\_\_\_\_

Accreditation or Licensure (e.g., CARF, JCAH, PARG, M.A.) \_\_\_\_\_

Are you required to carry malpractice/liability insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you required to have a recent criminal background check? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you required to have a child abuse clearance? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you required to have memorandum of understanding  
or an affiliation agreement with Penn State? Yes \_\_\_\_\_ No \_\_\_\_\_

Student signature \_\_\_\_\_ Date \_\_\_\_\_