

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)

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Phone # \_\_\_\_\_

PSU email \_\_\_\_\_

Non-psu email \_\_\_\_\_

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

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

**RHS Faculty advisor's initials** \_\_\_\_\_

**College of Ed. Academic Advisor's Initials** \_\_\_\_\_

Internship Site Information:

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

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

Agency/Facility Address (full address including zip code)

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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 \_\_\_\_\_