



## INTERNSHIP APPLICATION

Ability Pediatric Therapy offers internships to students currently enrolled in university who are interested in pediatric therapy. The traineeship is a complement to their academic training. Interns are expected to assist therapists or office staff as necessary and will be given the opportunity to ask questions and discuss interventions at appropriate designated times. Internships will last approximately the length of a semester and interns may have the opportunity to choose mornings or afternoons.

Selection of successful candidates will be done on the basis of a comparative examination of the applications received for the cycle in question. Successful candidates will normally be notified around one-two months before the beginning of the cycle for which they have been accepted. If you do not receive a reply this means that your application was not successful. Given the large number of applications, we are unable to provide replies to all candidates.

**PLEASE NOTE: Internships at Ability Pediatric Therapy are voluntary (non-remunerated) and create no contractual relationship with Ability Pediatric Therapy outside of academic requirements. All interns are expected to follow the agreed upon schedule as discussed in the interview process.**

Name: \_\_\_\_\_ (Last, First, MI )

D.O.B: \_\_\_\_\_ (mm/dd/yy)

Local Address:

\_\_\_\_\_  
(Street) (City) (Zip)

Permanent Address:

\_\_\_\_\_  
(Street) (City) (Zip)

(If different)

Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

**IN CASE OF EMERGENCY CONTACT**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

I am applying for the internship for the following semester:

Spring      Summer      Fall      No Preference

I prefer the following timeslot:

Mornings    Afternoons    No Preference (circle one)

Current school: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_

Major/ Minor: \_\_\_\_\_

Language(s) Spoken: \_\_\_\_\_

Please respond to the questions below:

Why do you want to intern at Ability Pediatric Therapy?

What are your strengths?

Ability Pediatric Therapy provides Physical, Occupational, and Speech Therapy to pediatric populations. Is there a particular area in which you are most interested?

**Please email the application form and resume to the desired clinic location.**

Clermont: bria.ability@gmail.com

Cornelia: chloeb.ability@gmail.com

Gainesville: kelseymartinez.ability@gmail.com

If we feel that you are a good fit for Ability Pediatric Therapy, you will be invited for a short interview and orientation before the semester begins.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_