



American Horticultural Therapy Association®

Internship Application Form

Intern:

Name: _____

Address: _____

City _____ State _____ Zip _____

Phone _____ E-Mail: _____

Internship start date:

Internship schedule:

School attending/attended:

Site:

Facility: _____

Address: _____

City _____ State _____ Zip _____

Phone: _____ E-mail: _____

Type of Facility _____

Contact person _____

Supervisor:

Is there an HTR/HTM on site: Yes _____ No _____

Name: _____

Address: _____

City _____ State _____ Zip _____

Phone: _____ E-Mail: _____