Summary & Verification of Work in Therapeutic Setting  **Recreational Therapy**

**Applicant
Please complete this section:**

***INSTRUCTIONS:*** *Provide the following information regarding your experience in working with persons with disabilities. Submit verification of at least 50 hours of completed volunteer or paid work in a therapeutic setting; 20 of these hours must be completed with a Certified Therapeutic Recreation Specialist (CTRS)/Recreational Therapist. Download as many forms as needed to verify at least 50 hours.* **TO ENSURE THIS FORM IS MATCHED TO YOUR APPLICATION: 1)** Download this form **2)** Complete the top section **3)** Save as a Word document(.doc or .docx) **4)** Email the form as an attachment to your supervisor.

**PROGRAM:**  **APPLICATION DEADLINE DATE:**

 **Applicant Information:**

Name:

G#:

Email:

Phone:

**Supervisor Information:**

Name:

Title:

Agency:

Agency Address:

Email:

Phone:

**Supervisor Verification**

**Supervisor, please complete this section:**

**Brief description of the applicant’s responsibilities and persons served:**

 **Number of hours the applicant completed at this agency:** Volunteer **[ ]**  Or Paid **[ ]**

**What were the dates of that work?** From  To
I certify that all the answers and information I have provided on this recommendation are complete and accurate to the best of my knowledge.

**Supervisor Signature:**  **Date:**

**Submission Instructions for Supervisor:** Download this form and save as a Word document (.doc or .docx). By the deadline stated at the top of this form, **EMAIL AS AN ATTACHMENT to:** **ohmanjo@gvsu.edu****.**If mailing a paper copy of this form is necessary, please postmark by deadline above:
**College of Health Professions - Student Services**
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