

Hello!

How to use this form:

1. Download form to your hard drive.
2. Complete the form. Remember to **SAVE AS YOU GO** to keep your progress and for your own records.
3. Print the form and bring it with you to our office.

If you have any questions, **please don't hesitate to contact us.** We are here to help you.

Sincerely,

Landswick Physical Therapy, Inc.

Contact Information

Name: _____

Address: _____

Phone: _____

E-mail address: _____

University / High School Information

School name: _____

Program: _____

Program director: _____

Phone / e-mail: _____

School year: _____

Please provide your availability for the next 10 weeks:

Day / Time	Mon (8-5)	Tue (8-5)	Wed (8-5)	Thu (8-5)	Fri (8-5)
AM					
PM					

List the name and phone number of one professional reference:

Name: _____

Phone: _____

Have you previously participated in our internship? Y N

Please give a brief explanation as to why you are interested in the Pre-Physical Therapy Internship at Landswick Physical Therapy, Inc. and what you hope to learn from us:

Please list area of interest / ideal work setting in the field of physical therapy:

Why should you be our next intern?