

# Arkansas Rehabilitation Services (ARS)

## Practicum/Internship Application

<b><u>CONTACT INFORMATION</u></b>		Today's Date: _____	
Full Name: _____			
Current Address: _____		Apt #: _____	
City: _____		State: _____	Zip: _____
Home Phone: _____		Work Phone: _____	
E-mail: _____		Videophone: _____	

<b><u>ACADEMIC INFORMATION</u></b>			
University : _____			
City: _____		State: _____	
Program of Study: _____		<input type="checkbox"/> Graduate <input type="checkbox"/> Undergraduate	
I am applying for an practicum <input type="checkbox"/> internship <input type="checkbox"/> with ARS for: (Check one)			
<i>Please fill out estimated schedule below:</i>			
Year: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer			
<b>Days &amp; Times Available:</b>	<input type="checkbox"/> Monday	From: _____	To: _____
	<input type="checkbox"/> Tuesday	From: _____	To: _____
	<input type="checkbox"/> Wednesday	From: _____	To: _____
	<input type="checkbox"/> Thursday	From: _____	To: _____
	<input type="checkbox"/> Friday	From: _____	To: _____
According to my University's curriculum, I am expected to complete _____ hours per week during my practicum/internship.			
Instructor: _____			

<b><u>SKILLS &amp; EXPERIENCE</u></b>			
<b>Computer Skills:</b> (Programs Used & Skill Level in Each)			
<b>American Sign Language</b> (Include fluency level): <b>Expressive:</b> <b>Receptive:</b>			
<b>Spoken Languages:</b> (Other than English)	<b>Speak:</b>	<b>Read:</b>	<b>Write:</b>
Language: _____			
Language: _____			

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<b>Community Service/ Volunteer Activities:</b> (Include experience working directly with people with disabilities.)	
<b>SKILLS &amp; EXPERIENCE</b> (continued)	
<b>Special Accomplishments, Awards, Other Activities:</b> (You may exclude information that would reveal sex, race, religion, national origin, age, ancestry, disability or other protected status.)	

<b>INTERNSHIP GOALS</b>	
Why are you seeking an internship with ARS? What do you hope to gain from the experience?	
Briefly describe your future career goals:	
<b>(Required)</b> At which field offices are you interested in working? Why do these locations interest you? (see map below) <b>Requesting to work virtually?</b> Yes            No	1 <sup>st</sup> choice:  2 <sup>nd</sup> choice:  3 <sup>rd</sup> choice:

<b>PROFESSIONAL REFERENCES</b> (At least one of these must have directly supervised you at some time in your work or school history.)			
<b>Name:</b>	<b>Business &amp; Position:</b>	<b>E-mail Address:</b>	<b>Phone/TTY:</b>
1.			
2.			
3.			
4.			

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Arkansas Rehabilitation Services (ARS)  
Practicum/Internship Application

***Please Return To:***

Ellice Scales  
Attn: Practicum/Internship  
1 Commerce Way, Suite 206  
Little Rock, AR, 72201

OR

[ars.practicum@arkansas.gov](mailto:ars.practicum@arkansas.gov)

Approved: YES \_\_\_ NO \_\_\_

ARS Signature \_\_\_\_\_ Date: \_\_\_\_\_