

Arkansas Rehabilitation Services (ARS)

Practicum/Internship Application

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

<u>ACADEMIC INFORMATION</u>			
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			
Days & Times Available:	<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: _____			

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

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

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

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

Applicant's Signature: _____ **Date:** _____

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Please Return To:

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

OR

ars.practicum@arkansas.gov

Approved: YES ___ NO ___

ARS Signature _____ Date: _____