

# Arkansas Rehabilitation Services (ARS)

## Practicum/Internship Application

|                                   |  |                            |            |
|-----------------------------------|--|----------------------------|------------|
| <b><u>CONTACT INFORMATION</u></b> |  | <b>Today's Date:</b> _____ |            |
| 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<br><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><br>(Programs Used & Skill Level in Each)                               | _____         |              |               |
| <b>American Sign Language</b><br>(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)<br><b>Requesting to work virtually? (Y/N)</b> | 1 <sup>st</sup> choice:<br>2 <sup>nd</sup> choice:<br>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:** \_\_\_\_\_

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Practicum/Internship Application

***Please Return To:***

Dr. Deandriea Bass-Carrigan  
Attn: Practicum/Internship  
1 Commerce Way, Suite 206  
Little Rock, AR, 72201

OR

[Deandriea.Bass-Carrigan@arkansas.gov](mailto:Deandriea.Bass-Carrigan@arkansas.gov)

OR Fax it to: 501.730.9728

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

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