



Internship Application

Physical Therapy & Exercise Center

2108 Midpoint Dr. • Ft. Collins, CO 80525
Ph: (970) 224-4141 • Fax: (970) 797-1227

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

University: _____ GPA: _____

Major: _____ Minor: _____

Dates available for the internship: Start date: _____ End date: _____

University Internship Supervisor: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

References

Name 1: _____ Name 2: _____

Phone: _____ Phone: _____

Relationship: _____ Relationship: _____

CPR /First Aid Certification Expiration Dates: _____ CPR: _____
(Must be current during internship duration) First Aid: _____

Please attach the following with this application:
____ Cover letter ____ Resume