

FLORIDA ATLANTIC UNIVERSITY
PET 4946—Internship – 9 Credit Hours

Exercise Science and Health Promotion

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Department fax number: 561.297.2839

I. General Objectives

The student will work at least 400 hours in an approved fitness/health-related setting (actual work environment) under the supervision of professionals whose expertise, interest, and time in the health/fitness-related field chosen.

II. Specific Objectives

The Internship will provide the student with opportunities to observe and participate in clinical experiences relative to the nature of the field experience. The following list contains examples of specific objectives for a general Internship site:

1. Risk factor identification
2. Measurement of resting and exercise HR, BP
3. Measurement of body composition
4. Submaximal and/or maximal aerobic fitness testing (graded exercise tests, ECG observation).
5. Measurement of musculoskeletal fitness (strength testing, flexibility, etc.)
6. Prescribing exercise and helping to implement programs.
7. Client Education (exercise, nutrition, weight control-lectures, workshops, bulletin board, newsletters, etc.
8. Exercise Leadership (class instruction)
9. Administration (staff meetings, equipment maintenance, marketing, future programming, etc.)
10. Strength and conditioning for different populations

<u>Evaluation:</u>	Mid-term (site supervisor)	40%
	Final (site supervisor)	40%
	Student Survey	10%
	Evaluation of Internship Site	10%

Grading Scale:

Grading scale (%): 100-95 = A, 94-91 = A-, 90-87 = B+, 86-82 = B, 81-78 = B-, 77-74 = C+, 73-70 = C, 69-67 = C-, 66-64 = D+, 63-61 = D, 60-58 = D-, <58 = F

Honor Code

Students at Florida Atlantic University are expected to maintain the highest ethical standards. Academic dishonesty, including cheating and plagiarism, is considered a serious breach of these ethical standards, because it interferes with the University mission to provide a high quality education in which no student enjoys an unfair advantage over any other. Academic dishonesty is also destructive of the University community, which is grounded in a system of mutual trust and places high value on personal integrity and individual responsibility. Harsh penalties are associated with academic dishonesty. For more information, see

http://www.fau.edu/regulations/chapter4/4.001_Honor_Code.pdf.

Disabilities

In compliance with the Americans with Disabilities Act (ADA), students who require special accommodations due to a disability to properly execute coursework must register with the Office for Students with Disabilities (OSD) located in Boca Raton - SU 133 (561-297-3880), in Davie - MOD I (954-236-1222), in Jupiter - SR 117 (561-799-8585), or at the Treasure Coast - CO 128 (772-873-3305), and follow all OSD procedures.

GENERAL POLICIES AND INTERNSHIP CRITERIA

The criteria which follows is to enhance quality control within the ESHP Program:

1. A grade of "C" or better in all required coursework.
2. Completion of the majority of all core course work and most electives before placement.
3. Approved by the faculty advisor prior to enrolling.
4. Internship experience occurs during the last semester of the student's coursework.
5. The Internship experience begins ONLY after the site director and sponsoring agency have agreed and student formally assigned, in writing.
6. The Internship site SHOULD be different from other experiences, which the candidate has gained during the course of study.
7. The Internship experience requires at least 400 contact hours. Nine credit hours will be received towards the student's degree program. The hours will be arranged between the student and site supervisor. It is suggested that internship hours be consecutive in terms of weeks and continuous hours of employment (**minimum of 10 weeks**).
8. The student may receive compensation for work/services at the discretion of the site director.
9. Professional liability insurance (\$2 million per claim/\$4 million aggregate) is required BEFORE starting the internship and MUST be viable throughout the ENTIRE internship experience.
10. Membership in a professional organization (ACSM or NSCA) is required.

STUDENT RESPONSIBILITIES

1. Before registering for Internship, the student must meet with the FAU Site Director to review academic progress. Before permission is granted to register for Internship, YOU MUST GIVE THE ITEMS LISTED BELOW TO THE FACULTY INTERN COORDINATOR who will retain them in department files.

Please keep a copy for your records.

- *Copy of current CPR card
- *Professional Membership (ACSM, NSCA for Insurance)
- *Written Verification of Current Professional Liability Insurance (**\$2,000,000/\$4,000,000 coverage**)
- *Internship Information Sheet
- *Internship Assignment Sheet
- *Internship List of Specific Objectives
- *Internship Agreement (Note: The Dept. has this information)
- *Internship Checklist
- *HIPAA Student Responsibilities (Note: Faculty intern coordinator will give you this information)

2. Professional liability insurance is required and can be obtained through Forest T. Jones & Co., Inc. (see below) an affiliate of the American College of Sports Medicine (**NOTE: you must be student member of the ACSM to apply with Forest T. Jones & Co., Inc.**)

a. **TO BECOME AND ACSM MEMBER**: Complete an ACSM Membership Application Form. An ACSM member (SEE FACULTY) must sponsor the student. See www.acsm.org for the application or Dept. Office.

ACSM Address: American College of Sport Medicine
P.O. Box 1440
Indianapolis, IN 46206-1440
Phone: 317-637-9200 FAX: 317-634-7817

b. **SUBMIT APPLICATION FOR PROFESSIONAL LIABILITY INSURANCE**: Assuming you are an ACSM member, complete the liability insurance application form available at the Department office or online.

Student Fee: approx. \$80-\$125 (**Note: Go to www.acsm.org to obtain application for insurance, note company contact and contact information below).**

Insurance Company Address: Keri Thomas
Forest T. Jones & Co., Inc.
ACSM Group Insurance Administrator
Property Casualty Representative
Fax: 816.968.0600
Ph: 800.821.7303 x 1514
kthomas@ftj.com

3. There will be at least one **site visit** by the faculty advisor to the Internship location to review the student's progress. The student will arrange this visit during scheduled hours, accommodating both the site director and the faculty advisor's schedule. The site director must be available for a brief meeting with the faculty advisor. **Exception to a personal site visit:** If the site is not within a one-hour driving range from the Faculty Advisor's office, then the student must arrange a telephone meeting between the faculty member and site director. The student will be logging information about the Internship on the Blackboard site for this class. The student may email their FAU Internship advisor at any time during the experience to keep their advisor informed of their progress and/or to ask questions.
4. The **student must SEE** that the **mid-term and final evaluations** are faxed (561.297.2839) to the internship coordinator, complete the **student survey** and **evaluation of the internship site/experience** AND **"meet"** with the internship coordinator (phone/office) for an **exit interview** upon completion of the 400 hour internship.

SECTION II: INTERNSHIP FORMS

The forms, which follow, are to be completed as instructed. Both the Student and FAU Internship Coordinator should retain a copy of all completed forms (**student to make his/her copy**). The completed originals will be kept in the ESHP Department.

E-mail addresses for Faculty in Exercise Science and Health Promotion associated with Internship:

Dr. Graves: sgraves@fau.edu

Dr. Whitehurst: whitehur@fau.edu

Dr. Penhollow: tpenholl@fau.edu

Dr. Zoeller: rzoeller@fau.edu

Dr. Jacobs: pjacobs4@fau.edu

Florida Atlantic University PET 4946 Internship Check List

THE FOLLOWING MATERIALS MUST BE SUBMITTED TO THE FACULTY INTERNSHIP DIRECTOR **PRIOR** TO REGISTERING FOR THE COURSE. APPROVAL WILL NOT BE GRANTED WITHOUT THESE COMPLETED MATERIALS. REGISTERING WITHOUT SUBMITTING THESE MATERIALS WILL RESULT IN AN **ADMINISTRATIVE DROP** FROM THE COURSE.

- _____ 1. Written documentation of Current CPR.
- _____ 2. Verification of Professional Membership for liability insurance.
- _____ 3. Written documentation of CURRENT professional liability insurance.
- _____ 4. Completed Information Sheet.
- _____ 5. Completed Assignment Sheet, **ORIGINAL COPY** of the signed document.
- _____ 6. Completed List of Specific Objectives.
- _____X_____ 7. FAU Agreement, Site must be an approved facility. (**The Dept. has a copy of the contract**)
- _____ 8. Apply for Graduation BS or BSE degree (Get in Office of Student Services, 2nd floor Educ Bldg.) NOTE: YOU SHOULD HAVE THIS FORMED SIGNED BY THE OFFICE OF STUDENT SERVICES – REMEMBER, YOU CAN NOT GRADUATE IF THIS FORM HAS NOT BEEN PROCESSED. GETTING THIS FORM SIGNED AND PROCESSED IS YOUR RESPONSIBILITY. *A copy of the signed document is OUR evidence that you have handled this requirement....*
- _____ 9. Go to The Office of Student Services (2nd floor Educ Bldg.) and get a degree Audit to see that all requirements have been satisfied for graduation. You need to turn in a copy of your degree audit.
- _____ 10. HIPAA Document (“Please read prior to meeting with faculty member”).
(http://www.hhs.gov/ocr/hipaa/consumer_rights.pdf)
- _____ 11. Resume

Student Name: _____

Registration Approved: YES NO

Faculty Signature: _____ Date: _____

COMMENTS:

FLORIDA ATLANTIC UNIVERSITY
Department of Exercise Science & Health Promotion
INFORMATION SHEET

Directions: The student should complete this form, attach it to a brief resume, and submit to the practical application site director. A copy of this form/resume must also be returned to the FAU faculty responsible for the course, to be retained in the student's/director's files. The student will work at least 400 hours in an approved fitness/health-related setting (actual work environment) under the supervision of professionals whose expertise, interest, and time in the health/fitness-related field chosen. *Note: If the site requires more than 400 hours, the student will need to accommodate the additional time requirement. If that is not possible, the student will need to locate another site.*

DATE: _____

TO: _____ (Internship Site Director) _____ (email)
_____ (address) _____ (phone)
_____ (city/state) _____ (fax)

FROM: _____ (Student Intern)

Home Address: _____

Home Phone: _____ Campus/Work Phone: _____

Email: _____

Desired Start Date _____

Major Areas of Interest & Population Desired

___ Healthy ___ High Risk ___ Diseased and/or Injured

Age Group: ___ Adults ___ Adolescents ___ Children

Types of Programs Desired:

___ Fitness Testing/Training ___ Exercise Class Leadership

___ Activities/Recreation ___ Health/Wellness

___ Therapeutic Recreation ___ Sports

___ Other (please describe): _____

Comments:

FLORIDA ATLANTIC UNIVERSITY
Department of Exercise Science & Health Promotion
INTERNSHIP ASSIGNMENT SHEET

Directions: Please complete the following information and return signed original to the FAU faculty advisor before the Internship begins. Both the students and FAU director should retain a copy for their files.

Student Name (Please Print)

Date

You have been approved for 9 hours of academic credit, for at least a total of 400 actual work hours.

You have been assigned to the following site:

Name of Site: _____

Site Address: _____

Assigned Starting Date: _____

Site Director Name: _____

Site Director Signature: _____

Site Director Phone: _____

Site Director E-Mail: _____

***You are to contact your site director at least
Two weeks prior to your assigned starting date.**

Faculty Advisor Approval:

Signature

Date

FLORIDA ATLANTIC UNIVERSITY
Department of Exercise Science & Health Promotion

INTERNSHIP LIST OF SPECIFIC OBJECTIVES

Directions: The student and site director should discuss the goals for this Internship experience and complete this form for the student's file. A copy of this form should be retained by both the student and the site director. The original must be returned to the FAU Faculty Advisor before the Internship begins. Hint: Make sure the objectives are measurable. **(Must be typed)**

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Site Director Signature: _____

Date: _____

Student Signature: _____

Date: _____

Faculty Advisor Signature: _____

Date: _____

FLORIDA ATLANTIC UNIVERSITY
Department of Exercise Science and Health Promotion
EMPLOYER'S EVALUATION OF THE STUDENT
Mid-Term Evaluation

Directions: Please make every attempt to evaluate the STUDENT as objectively as possible. Compare this individual with other interns or Internship of similar academic status and/or employees having similar responsibilities.

Student Name: _____ Site Director: _____
Internship Site: _____
Employer Complete Address: _____
Phone: _____ FAX: _____
E-Mail: _____

PLEASE RATE THE FOLLOWING ATTRIBUTES OF THE STUDENT ON THE FOLLOWING NUMERICAL SCALE: 5 = EXCELLENT; 4 = ABOVE AVERAGE; 3 = AVERAGE; 2 = BELOW AVERAGE; 1 = POOR.

Attribute: _____ Rating: (Please Circle)

A. Relationship with others	1	2	3	4	5
B. Judgment	1	2	3	4	5
C. Dependability	1	2	3	4	5
D. Ability to grasp new information	1	2	3	4	5
E. Attitude towards work assignments	1	2	3	4	5
F. Quality of work	1	2	3	4	5
G. Work Performance	1	2	3	4	5
H. Time Management	1	2	3	4	5
I. Communication Skills (Written & Oral)	1	2	3	4	5
J. Critical Thinking Skills	1	2	3	4	5
K. Overall Rating	1	2	3	4	5

POINT TOTAL: _____POINTS OUT OF 55

WHAT DO YOU SEE AS THE STUDENT'S MAJOR STRENGTHS?

WHAT CHARACTERISTICS DOES THE STUDENT NEED TO IMPROVE IN ORDER TO ADVANCE?

Additional comments:

Did you discuss this evaluation with the student? Yes No

Signature of Student

Date

Signature of Site Director

Date

CONFIRMED BY FAU FACULTY ADVISOR:

Signature

Date

PLEASE RETURN THIS FORM AT THE TIME OF MID-TERM OF THE PRACTICAL EXPERIENCE TO:

**ATTN: Dr. Michael Whitehurst
Department of Exercise Science and Health Promotion
Internship Experience
Florida Atlantic University
Fieldhouse 11A, Room 124
777 Glades Road
Boca Raton, Fl 33431**

If you have any questions, please call **Dr. Michael Whitehurst** at **561.297.2317**, or **(561) 302-2674**. This form may also be FAXED: FAX NUMBER: **561.297.2839**.

FLORIDA ATLANTIC UNIVERSITY
Department of Exercise Science and Health Promotion
EMPLOYER'S EVALUATION OF THE STUDENT
Final Evaluation

Directions: Please make every attempt to evaluate the STUDENT as objectively as possible. Compare this individual with other interns or Internship experience of similar academic status and/or employees having similar responsibilities.

Student Name: _____ Site Director: _____
Name of Site: _____

Employer Complete Address: _____
Phone: _____
E-Mail: _____

PLEASE RATE THE FOLLOWING ATTRIBUTES OF THE STUDENT ON THE FOLLOWING NUMERICAL SCALE: 5 = EXCELLENT; 4 = ABOVE AVERAGE; 3 = AVERAGE; 2 = BELOW AVERAGE; 1 = POOR.

Attribute: _____	Rating: (Please Circle) _____				
A. Relationship with others	1	2	3	4	5
B. Judgment	1	2	3	4	5
C. Dependability	1	2	3	4	5
D. Ability to grasp new information	1	2	3	4	5
E. Attitude	1	2	3	4	5
F. Quality of work	1	2	3	4	5
G. Work Performance	1	2	3	4	5
H. Time Management	1	2	3	4	5
I. Communication Skills (Written & Oral)	1	2	3	4	5
J. Critical Thinking Skills	1	2	3	4	5
K. Overall Rating	1	2	3	4	5

POINT TOTAL: _____POINTS OUT OF 55

WHAT DO YOU SEE AS THE STUDENT'S MAJOR STRENGTHS?

WHAT CHARACTERISTICS DOES THE STUDETN NEED TO IMPROVE IN ORDER TO ADVANCE?

Did you discuss this evaluation with the student? Yes No

Signature of Site Director

Date

Signature of Student

Date

Circle your answers, please.

1) If a position were available, would you hire a graduate from our ESHP program at FAU? Yes No

2) How educationally prepared are the students from our ESHP program at FAU?

Excellent – Above Average – Average – Lacks Important Preparation – Inadequate Preparation

3) How well prepared are the students from our ESHP program at FAU in their hands-on skills?

Excellent – Above Average – Average – Lacks Important Preparation – Inadequate Preparation

3a) What other specific skills or knowledge would help our students be better prepared to be in your facility?

4) What best describes your type of facility?

A) Corporate

D) Spa/Resort

G) Health Agency

B) Commercial

E) Recreation

H) Wellness Center

C) Hospital

f) personal training

I) Research

5) How many FAU students have done internships, Internships or held employment at your facility over the last three years?

A) 0

B) 1-2

C) 3-5

D) 6-10

E) More than 10

6) Other Comments:

PLEASE RETURN THIS FORM ONE WEEK PRIOR TO COMPLETION OF THE INTERNSHIP EXPERIENCE TO:

ATTN: Dr. Michael Whitehurst

Department of Exercise Science and Health Promotion

Internship Experience

Florida Atlantic University

Fieldhouse 11A, Room 124

777 Glades Road

Boca Raton, Fl 33431

If you have any questions, please call **Dr. Michael Whitehurst at 561.297.2317, or (561) 302-2674**. This form may also be FAXED: FAX NUMBER: **561.297.2839**.

STUDENT'S EVALUATION OF INTERNSHIP
(Confidential - For Student Only)

Date of Internship: _____ to _____, 20____.

Start Date End Date

FLORIDA ATLANTIC UNIVERSITY
Department of Exercise Science and Health Promotion
Student Survey

- | | | | |
|--|-----|----|--|
| 1. Have you taken a professional certification exam? | Yes | No | |
| 2. Do you have plans on taking a certification exam? | Yes | No | |
| 3. Did you pass the exam? | Yes | No | |
| 4. What certifications do you hold? List all: _____ | | | |
| _____ | | | |
| _____ | | | |

5. Did you or do you plan on taking the ACSM HFI exam or the NSCA-CSCS exam? Yes No

5b. How many times did you take this exam before you passed?

ACSM-HFI a) 1 b) 2 c) 3 d) 4 or more

NSCA-CSCS a) 1 b) 2 c) 3 d) 4 or more

6. How well do you feel that the educational program at FAU prepares one for taking these certifications exam?

Excellent – Above Average – Average – Lacks Important Preparation – Inadequate Preparation – Does Not Apply
5 4 3 2 1 0

7. Are you presently working in the field of Exercise Science/Health Promotion? Yes No

8. What are your immediate career plans? Mark all that apply

- ☐ Seek a job in the field.
- ☐ Seek additional educational training
- ☐ Seek a job outside of the field
- ☐ Other- please explain

9. What career environment are you seeking employment? (select only one)

- | | |
|--------------------|-------------------------------|
| a) corporate | f) recreation |
| b) commercial | g) personal training |
| c) hospital | h) health agency |
| d) spa/resort | i) wellness center |
| e) graduate school | j) other – Give details _____ |

10. Did your participation in any community service projects while a student in the ESHP program? Yes No

11. Did you participate in any program sponsored research project while a student in the ESHP program? Yes No

12. Were you active in the activities of the ESHP club while you were a student in the ESHP program? Yes No

13. How well do you feel that your academic program in ESHP has helped prepare you for working in the field?

Excellent – Above Average – Average – Lacks Important Preparation – Inadequate Preparation – Does not apply?
5 4 3 2 1 0

Please explain: _____

14. What part or parts of the program might need to be expanded or strengthened? Please explain: _____
