

FLORIDA ATLANTIC UNIVERSITY
Exercise Science and Health Promotion
PET 4946 -- Internship – 9 Credit Hours

Instructor: Michael Whitehurst, Ed.D., FACSM
Professor of Exercise Science & Health Promotion
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561.297.2317 (wk), 561-302-2674 (cell)
Office hours: T-Th 9:30-11:00 W 2-5
Department fax number: 561.297.2839

Course Description: Prerequisite: All ESHP program course work and permission of the program director
Supervised field experience in one of more of the following professional settings: recreation, administration, physical fitness leadership, health promotion, sports management. Supervision is provided by both the cooperating agency and the university.

I. General Objectives

The student will work at least 400 hours in an approved clinical/fitness/health promotion related setting (actual work environment) under the direct supervision of professionals whose expertise, interest are consistent with the department and student intern.

II. Specific Objectives

The Internship site will provide the student with opportunities to observe and participate (i.e. help measure, plan and deliver) in clinical and/or health/fitness promotion activities in the context of rehabilitation or promoting fitness or promoting sports performance.

To obtain a grade you must submit (fax 561.297.2839) the following items:

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

III. 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 (4.001): 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_Code_of_Academic_Integrity.pdf

Students With 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.

Student Code of Conduct (4.007): “The University’s Student Code of conduct is an integral part of the educational mission of the University, emphasizing the development of each individual’s acceptance of his or her own personal and social responsibilities and to ensure fairness and due process for all students. Since behavior which is not in keeping with standards acceptable of the University community is often symptomatic of attitudes, misconceptions, and emotional crises; reeducation and rehabilitative activities are essential elements of the disciplinary process.

A humanistic approach is employed. The University’s Student Code of Conduct is designed to provide and help maintain an atmosphere within the University community that is conducive to academic pursuits. Serious action against a student, such as separation, is considered and invoked only when other remedies fail to meet the needs of the University’s mission.”

IV. General Policies and Guidelines

- ⊕ Internship experience occurs during the last semester of the student’s coursework.
- ⊕ **YOU MUST SUBMIT INTERNSHIP PAPERWORK TO Dr. Whitehurst, INCLUDING PROOF OF INSURANCE only DURING THE FOLLOWING DATES, NO EXCEPTION:**
 - If you are doing a FALL internship, submit ALL completed paperwork - July 8 - 30
 - If you are doing a Spring internship, submit ALL completed paperwork – November 1 - 21
 - If you are doing a Summer internship, submit ALL completed paperwork – April 1 - 24
- ⊕ The Internship experience begins ONLY after the student has shown proof of liability insurance, submitted all paperwork (SEE below) to intern coordinator during the specific dates above, registered for the class AND NOT BEFORE THE FIRST DAY OF THE SEMESTER
- ⊕ Intern 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**)
- ⊕ Student liability insurance is required (**DO NOT PURCHASE THE PROFESSIONAL LIABILITY INSURANCE**, since this will delay your insurance application) 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., YOU MUST DESIGNATE AN OCCUPATIONAL CATEGORY WHEN FILLING OUT THE APPLICATION FOR INSURANCE (remember, even though you may work in a rehabilitation setting, you are not a physical therapist or licensed medical practitioner). PLEASE LEAVE COMPANY NAME BLANK. WE RECOMMEND THAT YOU REQUEST INSURANCE APPROXIMATELY 6 WEEKS PRIOR TO STARTING YOUR INTERNSHIP.**

V. Obtaining Student Membership

TO BECOME AN ACSM STUDENT MEMBER - YOU MUST BE A MEMBER TO OBTAIN INSURANCE: Complete an ACSM Student 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

VI. Obtaining Professional Liability Insurance

TO OBTAIN LIABILITY INSURANCE SEE THE FOLLOWINGS LINKS: FOR: ACSM <https://acsm.haysaffinity.com>
<http://www.ftj.com/acsm> **NOTE: For NSCA insurance**, information from their website, <http://www.nsca.com/Membership/Member-Tools/Insurance>, but YOU DO have to have the NSCA certification for the insurance, see below. The NSCA offers Certified Professional Liability Insurance (CPI) Membership to NSCA certified individuals residing in the U.S., Canada, and U.S. Territories. To be eligible for this exclusive membership, individuals must maintain a current CSCS, NSCA-CPT, CSPS, and/or TSAC-F. If at any time the certification lapses, liability

coverage will cease. To apply for this membership, get a quote, or obtain additional information, call the Membership Department at 800-815-6826 or email insurance@nsca.com.

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.

Florida Atlantic University PET 4946 Internship Check List

THE FOLLOWING MATERIALS MUST BE SUBMITTED TO THE FACULTY INTERNSHIP DIRECTOR, DR. WHITEHURST, TO BE CLEARED TO REGISTER. YOU MUST SUBMIT YOUR PAPERWORK DURING THE FOLLOWING DATES, NO EXCEPTION.

- If you are doing a spring internship, submit all paperwork (see list below) between November 1 – 21
- If you are doing a summer internship, submit all paperwork (see list below) between April 1 – 24
- If you are doing a fall internship, submit all paperwork (see list below) between July 8 – 30
(If dates fall on holiday or weekend, submit on next available business day)

_____ 1. Written documentation of Current CPR.

_____ 3. Written documentation of CURRENT professional liability insurance (**1-3 million**).

_____ 4. Completed Information /Assignment Sheet (**attach objectives please**)

_____ 5. Attach copy of the Application for Degree (Get in Office of Student Services, 2nd floor Educ Bldg.) 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....*

_____ 6. HIPAA (*discuss with internship coordinator when handing in paperwork*)

Student Name: _____

Registration Approved: YES NO

Faculty Signature: _____ Date: _____

COMMENTS:

FLORIDA ATLANTIC UNIVERSITY
Department of Exercise Science & Health Promotion
INTERN INFORMATION & ASSIGNMENT SHEET
ATTACH OBJECTIVES

Directions: Complete this form (LESS FAU Intern coordinator signature), attach to a brief resume (site supervisor ONLY), and submit to the **BOTH** the FAU internship supervisor and your site supervisor (for their records)

Major Population/Area of Interest

___ Healthy___ High Risk___ Diseased/Rehab ___ Adults___ Adolescents ___ Children
___ Fitness Testing/Training___ Exercise Class Leadership ___ Activities/Recreation ___ Health/Wellness
___ Therapeutic Recreation___ Sports ___ Health Promotion Performance___
___ Other (please describe):_____

Intern Information

Site/Supervisor Information

Your name_____

Site Supervisor Name_____

Z Number_____

Site Name & Address _____

Your Address_____

Supervisor's phone _____

Your phone _____
email_____

Supervisor

Your email_____

Your Signature_____

Supervisor's
Signature_____

Date_____

Date_____

Signatures indicate that you have been approved to complete the internship (see site above and supervisor)

Note: Be sure site supervisor retains copy of information/assignment sheet and the list of objectives.

FLORIDA ATLANTIC UNIVERSITY
Department of Exercise Science and Health Promotion
EMPLOYER'S EVALUATION OF THE STUDENT
Mid-Tem 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:
Page 2, Employer's Evaluation of Student

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 scanned and emailed or 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: _____

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 STUDENT NEED TO IMPROVE IN ORDER TO ADVANCE?

Additional Comments:

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

Student: _____ Site: _____ Supervisor: _____

- 1. Did you have a good Internship experience? (Explain)
- 2. Suggestions for improving your experience:
- 3. Would you recommend this site for other students? (Explain)
- 4. Other Comments

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 education Seek a job outside of the field
 - 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: _____
