

# **INSTRUCTIONS FOR OBTAINING STUDENT LIABILITY INSURANCE**

**Student liability insurance is required** – Every student must obtain student liability insurance, with limits of \$1,000,000/\$3,000,000. The following two options are offered:

1. **HPSO** – HPSO is a private insurance provider that offers affordable Student Liability Insurance, which covers all internship site options. Please follow this link: <http://www.hpsso.com/individuals/professional-liability/student-malpractice-insurance-coverage-description> Click on “Get a Professional Liability Insurance Quote”, and select ‘Individual’. Complete the application (select Exercise Physiologist as area of study).
2. **ACSM** – You are required to be a student member of ACSM prior to purchasing their student liability insurance. To become a student member, please follow this link: <http://www.acsm.org/membership/membership-options-benefits> Once a member, you may apply for insurance here: <http://www.ftj.com/acsm/in> **This is NOT a viable insurance option for students interning at a Chiropractic office.**

*Attach this checklist to the requested forms. You should keep a copy for your records.*

**Florida Atlantic University  
PET 4946 Internship Check List**

**I HAVE COMPLETED ALL MY COURSE WORK EXCEPT:**

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

- \_\_\_\_\_ 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, which can be found here:  
[https://www.fau.edu/registrar/pdf/Application\\_for\\_degree.pdf](https://www.fau.edu/registrar/pdf/Application_for_degree.pdf) Please submit to the Office of Student Services on the 2<sup>nd</sup> floor of the COE, and attach a stamped copy to your internship package.
- \_\_\_\_\_ 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 YOUR part of this form then have your site supervisor complete his/her part and sign off to verify your acceptance. Your supervisor may want to keep a copy of the assignment sheet and objectives.

**Intern Information**

Your name \_\_\_\_\_

Z Number \_\_\_\_\_

Your Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your phone \_\_\_\_\_

Your email \_\_\_\_\_

Your Signature \_\_\_\_\_

Date \_\_\_\_\_

**Site/Supervisor Information**

Name of Site \_\_\_\_\_

Site Address \_\_\_\_\_

\_\_\_\_\_

Supervisor Name \_\_\_\_\_

Supervisor's phone \_\_\_\_\_

Supervisor email \_\_\_\_\_

\_\_\_\_\_

Supervisor's Signature \_\_\_\_\_

Date \_\_\_\_\_

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

**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**

**PLEASE SCAN AND EMAIL THIS FORM AT THE MID-POINT OF THE SEMESTER TO:**

[eshpinfo@fau.edu](mailto:eshpinfo@fau.edu)

If you have any questions, please contact Dr. Michael Whitehurst at 561-297-2317 or 561-302-2674

**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.**

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

**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 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 SCAN AND EMAIL THIS FORM ONE WEEK PRIOR TO THE END OF THE SEMESTER TO:**

[eshpinfo@fau.edu](mailto:eshpinfo@fau.edu)

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## 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: \_\_\_\_\_  
\_\_\_\_\_

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