

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

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Office hours: T: 10-11, 1-3; Th:10-11,1-3

**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](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 Intern Coordinator 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)

**NOTE: Internship will not be approved until all necessary completed forms are in the student's file. Students who attempt to begin the Internship experience without the appropriate processing listed above will receive an automatic administrative drop from the course, regardless of how many hours may have been accrued.**

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](http://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](http://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](mailto: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. The student must also **"meet"** with the faculty advisor (phone/office) to discuss progress at the end of the semester.

4. The student will make daily entries **on Blackboard** to report his/her experiences. **As previously stated, the intern MUST complete a survey and evaluation of the internship site/experience (see forms in syllabus).**

5. The student should meet with the Internship site director to review evaluations prior to completing the course. The original Employer Evaluations of the Student (mid-term and final) should be faxed (954.236.1259) or mailed to the Internship Coordinator at mid-term and on/before the last academic day of the semester (SEE announcements on Blackboard for due dates).

## **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. The completed originals will be kept in the ESHP Department.

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

Dr. Graves: [sgraves@fau.edu](mailto:sgraves@fau.edu)

Dr. O’Kroy: [okroy@fau.edu](mailto:okroy@fau.edu)

Dr. Penhollow: [tpenholl@fau.edu](mailto:tpenholl@fau.edu)

Dr. Jacobs: [pjacobs4@fau.edu](mailto:pjacobs4@fau.edu)

Dr. Whitehurst: [whitehur@fau.edu](mailto:whitehur@fau.edu)

Dr. Zoeller: [rzoeller@fau.edu](mailto:rzoeller@fau.edu)

Dr. Hartman [mhartm12@fau.edu](mailto:mhartm12@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.
- \_\_\_\_\_ 7. FAU Agreement, Site must be an approved facility. (**The Dept. has this**)
- \_\_\_\_\_ 8. Apply for Graduation BS or BSE degree.
- \_\_\_\_\_ 9. Meet with Student Services 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 Signatures (“Print and read both prior to meeting with faculty member. Be able to discuss and know what HIPAA is. HIPAA Document ([http://www.hhs.gov/ocr/hipaa/consumer\\_rights.pdf](http://www.hhs.gov/ocr/hipaa/consumer_rights.pdf) and <http://www.cdc.gov/mmwr/preview/mmwrhtml/m2e411a1.htm>). “
- \_\_\_\_\_ 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-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  
2912 College Ave., ES-284  
Davie, FL 33314**

If you have any questions, please call **Dr. Michael Whitehurst** at **(954) 236-1263** or **(561) 302-2674**. This form may also be FAXED: FAX NUMBER: **(954) 236-1259**.

**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 STUDENT 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**

**Internship Experience**

**Department of Exercise Science and Health Promotion**

**Florida Atlantic University**

**2912 College Ave. ES-284**

**Davie, FL 33314**

If you have any questions, please call Dr. Whitehurst (954) 236-1007.

All forms may also be **FAXED: (954) 236-1259**

**FLORIDA ATLANTIC UNIVERSITY**  
**Department of Exercise Science and Health Promotion**

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

Student: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Site Supervisor: \_\_\_\_\_

Date of Internship: \_\_\_\_\_ to \_\_\_\_\_, 20\_\_\_\_.  
Start Date End Date

1. What specific jobs did you have? (Attach additional pages if necessary)

2. Did you have a good Internship experience? (Explain)

3. Suggestions for improving your experience:

4. Would you recommend this site for other students? (Explain)

5. Other Comments

