



DEPARTMENT OF KINESIOLOGY - EXERCISE SCIENCE DIVISION
INTERNSHIP/PRACTICUM APPLICATION

Student Information: (please print clearly)

Name: _____ WCU Student ID: _____

Address: _____

Street Address Apt # City State Zip Code

Phone #: _____ Email address: _____

Registering for: _____ EXS 490 (3 credits) _____ EXS 491 (3 credits) _____ EXS 491 (6 credits)

Year: _____ Semester: _____ Fall _____ Spring _____ Sum 1 _____ Sum 2 _____ Sum 3

Application must be submitted and approved by Assistant Chair for Exercise Science by November 1st for spring internships and April 1st for summer and fall internships. The Assistant Chair will give the Department Secretary the completed Internship Application. Once the application is approved, the Department Secretary will then register the student. Evaluation forms and copy of application packet will be sent to the agency supervisor after registration is complete. The Department Chair will assign a WCU internship advisor.

NOTE: The intern will contact the assigned WCU internship advisor during the first week of the internship experience and continue to contact him/her weekly for the extent of the internship.

PART I. PREREQUISITES

All of the following must be completed before submission. NOTE: Site supervisor signatures may be needed.

- _____ Unofficial transcript is attached; student is in good academic standing with at least a 2.0 GPA
_____ at least 102 credits and/or EXS 482, EXS 484 and EXS 489 are completed
_____ As a capstone course, the internship experience is occurring during the last semester at WCU.
_____ Current CPR certification that will cover the time period of internship/practicum. (CPR proof attached).
_____ Current proof of Health Insurance coverage (copy attached)
_____ Updated Resume (attached)
_____ Reference letter, if required by agency is attached

Site supervisor must sign in space provided if he/she waives any of the following prerequisites.

- _____ Professional Liability insurance obtained for the time period of internship; copy of policy is attached.
_____ Immunizations are current; i.e., Tuberculosis, Hepatitis, Influenza (Flu) if required by agency; documentation attached.
_____ Pennsylvania Child Abuse History Clearance processed and attached.
_____ Request for Criminal Record Check processed and attached.

PART II. SITE SELECTION: Please fill out the following section when site selection is finalized:

Agency name: _____

Site Supervisor (contact person): _____

Agency's Complete Mailing Address: _____

Phone #: _____ Email: _____

PART III. Memorandum of Understanding

Memorandum: This document serves as an understanding made between the Department of Kinesiology, West Chester University (WCU) and the below-named internship site (Agency). _____

PURPOSE: The purpose of this affiliation is to establish roles and responsibilities of the parties in the conduct of the WCU student during his/her internship. The **WCU** student, _____ will obtain experience at the above named Agency starting on _____ and completing on _____, and will be enrolled for the Fall / Spring / Summer I / II / III) semester of _____ (year). The amount of hours to be performed at the Agency will depend on the number of credits associated with the internship; 125 hours for 3 credits and 250 hours for 6 credits.

The WCU Student will be required to perform _____ hours at the Agency.

supervisor signature _____ intern signature _____

Responsibilities of WCU: The Assistant Chair for Exercise Science will

- Receive the completed internship application from the student and review it
- Approve or reject the application based on the information provided within the application
- Sign off on the approved application and submit it to the Department Secretary
- Return rejected applications to the student for correction and resubmission

Responsibilities of WCU: The Department Secretary will

- Provide the site supervisor with an original copy of the internship application and contract of agreement.
- Provide the site supervisor with a copy of the midterm and final evaluation forms.
- Provide the site supervisor with the name and contact information of the WCU internship advisor

Responsibilities of WCU: The Department Chair will

- Identify and assign University Internship Advisors to individual student interns

Responsibilities of the UNIVERSITY INTERNSHIP ADVISOR: It is the responsibility of the University Internship Advisor to

- Meet with the intern (in person or by email, telephone, or fax) during the first week of the internship and then maintain weekly contact thereafter to assess the status and progress of the intern.
- Guide and monitor the intern's progress
- Visit or call the agency supervisor at least twice during the internship regarding the intern's status and progress
- Review and evaluate the materials provided by the intern
- Reassign the intern to another agency, if the internship is not mutually satisfactory
- Assign the intern a final grade based on the criteria stipulated within the syllabus

Responsibilities of the STUDENT INTERN: It is the responsibility of the Student Intern to:

- Fill out the Internship Application completely and accurately
- Meet or communicate with the assigned WCU Internship advisor during the first week of the internship.
- Perform duties as directed by agency supervisor to include all facets of agency operations, as outlined within the specific contract between agency and university
- Become familiar with and comply with agency regulations
- Maintain weekly contact with university advisor via phone, e-mail, fax, as directed by the university advisor.
- Promptly notify the university advisor if there is a problem concerning the internship experience.
- If Clinical: Effectively carry out treatment programs under the direction of the therapist or supervisor.
- Complete a minimum of 125 clock hours (per 3-credit hour course) of work at the agency
- Submit the portfolio including the internship daily logs, case study and critique paper as indicated in the syllabus to the university advisor at the end of the internship period.
- Get Liability insurance. See Department website for information on liability insurance for students.

Responsibilities of the STUDENT INTERN (continued)

- Provide proof of immunizations. Contact your family physician. Use this link for form. <http://www.wcupa.edu/HealthSciences/kinesiology/documents/tbtest.pdf>
- Get PA Child Abuse History Clearance processed if required. Link for child abuse clearance. <http://www.dpw.state.pa.us/Resources/Documents/Pdf/FillInForms/DPWchildabuse.pdf>
NOTE: This takes several weeks to process.
- Get Criminal Record Check processed if required. Link for criminal record check <https://epatch.state.pa.us/Home.jsp>

Responsibilities of the AGENCY and SITE SUPERVISOR: It is the responsibility of the Agency and Site Supervisor to

- Review and sign the contract between the University and Agency if one does not already exist.
- Confer with the student regarding duties, responsibilities, and specific schedule of hours to be worked, as outlined within the contract between agency and university.
- Provide the student with a variety of challenging opportunities that will lead to the student’s growth. Examples may include, but are not limited to

Fitness assessments	Fitness and stress testing
Exercise prescription	Equipment calibration and maintenance
Exercise leadership	Data collection and analysis, record keeping
Supervision and/or monitoring of exercise	Fitness counseling
Education; participation and planning of workshops, seminars, and lectures	
Advertisement and promotion of programs	
- Periodically confer with the student regarding his/her performance and progress
- Evaluate the student using the evaluation forms provided (mid-term and final reports) in a timely fashion
- Communicate with the University Internship advisor from time to time during the intern’s stay
- Notify the university advisor if a problem arises concerning the student’s internship experience

Has this site been used by other WCU Exercise Science students in the past? **YES NO**

If NO, WCU will need to contact someone at the internship site to discuss our expectations.

Name of contact person: _____ contact info: _____

It is expected that the student will be able to have a culminating experience which brings together his/her education and experiences in a meaningful fashion and prepares him/her for their career.

It is expected that the agency supervisor overseeing this internship experience is qualified and credentialed appropriately in order to provide the best possible experience for the intern.

Signature of Agency/Site Supervisor/contact person _____
Date

Signature of WCU Student _____
Date

APPROVED: _____
Assistant Chair for Exercise Science, Department of Kinesiology _____
Date

____ WCU: A completed, signed, and approved original must be returned to the Department Secretary who will enroll the student in the class. The Chair of the Department is responsible for assigning the student to an internship advisor. It is the responsibility of the student to contact the advisor as soon as he/she is enrolled.

____ Agency: A completed, signed, and approved original must be provided to the Internship Agency.

____ Student copy for records

____ Any other documentation required by the Agency is attached