



DEPARTMENT OF KINESIOLOGY – EXERCISE SCIENCE DIVISION
INTERNSHIP APPLICATION

Student Information: (please print clearly)

Name: _____ WCU Student ID: _____

Address: _____

Street Address	City	State	Zip Code
Phone #:	Email Address:		

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

Year: _____ Semester: _____ Fall _____ Spring _____ Summer

Application must be submitted and approved by the Assistant Chair of the Exercise Science Division 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 a copy of the application packet will be sent to the site supervisor after registration is complete. The Department Chair will assign a WCU internship faculty advisor.

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

PART 1. PREREQUISITES

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

- _____ Unofficial transcript is attached; student is in good academic standing with at least a 2.0 GPA
- _____ At least 102 credits are completed
- _____ The internship is occurring during the last semester at WCU – capstone course
- _____ Current CPR certification that will cover the time period of the internship is attached
- _____ Health insurance coverage is attached (front and back of insurance card)
- _____ Pennsylvania Child Abuse History Clearance is processed and attached
- _____ Pennsylvania State Criminal Background Check is processed and attached
- _____ Professional liability insurance is obtained and the policy is attached
- _____ Updated resume is attached

Site supervisor **MUST** sign in the space provided if he/she **WAIVES** any of the following prerequisites.

- _____ Immunizations are current and documentation is attached
- _____ FBI fingerprinting is processed and documentation is 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 following semester and 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 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:

- 1) Review the completed internship application from the student
- 2) Approve or reject the application based on the information provided within the application
- 3) Sign off on the approved application and submit it to the Department Secretary
- 4) Return rejected application to the student for correction and resubmission
- 5) Establish an affiliation agreement between the agency and WCU
- 6) Ensure that the student signs a WCU Academic Internship Student Agreement before the internship starts

The Department Secretary will:

- 1) Provide the site supervisor with a copy of the internship application and contract of agreement
- 2) Provide the site supervisor with a copy of the midterm and final evaluation forms
- 3) Provide the site supervisor with the name and contact information of the WCU internship faculty advisor

The Department Chair will:

- 1) Identify and assign internship faculty advisors to individual student interns

The WCU Internship Faculty Advisor will:

- 1) Meet with the intern (in person or by email, telephone, or video) during the first week of the internship and then maintain weekly contact thereafter to assess the status and progress of the intern
- 2) Guide and monitor interns progress
- 3) Visit or call the site supervisor at least once during the internship regarding the interns status and progress
- 4) Review and evaluate the materials provided by the student and provide timely feedback to student
- 5) Reassign the intern to another agency, if the internship is not mutually satisfactory
- 6) Assign the intern a final grade based on the criteria stipulated within the syllabus

RESPONSIBILITIES OF STUDENT INTERN

It is the responsibility of the student intern to:

- 1) Fill out the internship application completely and accurately
- 2) Sign the WCU Academic Internship Student Agreement before the internship starts
- 3) Communicate with the assigned WCU internship faculty advisor during the first week of the internship
- 4) Perform duties as directed by their site supervisor to include all facets of agency operations, as outlined within the specific contract between agency and university
- 5) Become familiar with and comply with agency regulations
- 6) Maintain weekly contact with WCU internship faculty advisor via phone or email, as directed by the faculty advisor
- 7) Promptly notify the WCU internship faculty advisor if there is a problem concerning the internship experience
- 8) If clinical, effectively observe treatment programs under the direction of the therapist or supervisor
- 9) Complete a minimum of 125 hours (per 3 credit hour course) of work at the agency
- 10) Submit the portfolio including the internship daily logs, critique paper, and case study as indicated in the syllabus to the WCU internship faculty advisor at the end of the internship experience

- 11) Get PA Child Abuse History Clearance processed. Link: <https://www.compass.state.pa.us/cwis/public/home>
- 12) Get PA criminal background check processed. Link: <http://www.psp.pa.gov/Pages/Request-a-Criminal-History-Record.aspx>
- 13) Get liability insurance. See department website for information on liability insurance for students
- 14) Provide proof of immunizations if required by the agency
- 15) Get FBI fingerprinting processed if required by the agency

RESPONSIBILITIES OF THE AGENCY and SITE SUPERVISOR

It is the responsibility of the agency and site supervisor to:

- 1) Review and sign the affiliation agreement between the University and the Agency if one does not already exist
- 2) Confer with the student regarding duties, responsibilities, and specific schedule of hours to be worked, as outlined above
- 3) 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:
 - a. Fitness assessments
 - b. Exercise prescription
 - c. Exercise leadership
 - d. Observation of exercise modalities
 - e. Education; participation and planning of workshops, seminars, and lectures
 - f. Advertisement and promotion of programs
 - g. Fitness and stress testing
 - h. Equipment calibration and maintenance
 - i. Data collection and analysis, record keeping
 - j. Fitness counseling
- 4) Periodically confer with the student regarding his/her performance and progress
- 5) Evaluate the student using the evaluation forms provided (midterm and final) and mail/email them back to the WCU internship faculty advisor in a timely fashion
- 6) Communicate the WCU internship faculty advisor from time to time during the interns stay
- 7) Notify the WCU internship faculty advisor if a problem arises concerning the students 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: _____ Email: _____

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

Signature of 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 a WCU internship faculty advisor. It is the responsibility of the student to contact the internship faculty 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.

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