



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 1<sup>st</sup> for spring internships and April 1<sup>st</sup> 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/ACADEMICS/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
  - Exercise prescription
  - Exercise leadership
  - Supervision and/or monitoring of exercise
  - Education; participation and planning of workshops, seminars, and lectures
  - Advertisement and promotion of programs
  - Fitness and stress testing
  - Equipment calibration and maintenance
  - Data collection and analysis, record keeping
  - Fitness counseling
- 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

Revised Fall 2015