Application for Kinesiology Internship Credit

PART 1: Information

As a Kinesiology student, you have many opportunities to complete engaging internships. Gaining internship experience can help to reinforce and enhance your undergraduate studies, as well as cultivate valuable professional skills and areas of special interest within the field of Kinesiology.

To receive credit for your Kinesiology internship, you must complete this packet and submit it to the Internship Program Coordinator — Tom St. Laurent — in Totman Building, room 25A.

Internship General Policies

1. Internships can be located all over the world. The Internship Coordinator strives to build relationships with internship sites in order to find suitable placements that are compatible with the expectations of the Kinesiology Department. This is not an inclusive list and students should research Internship locations and placements. Finding an internship takes the most time and it is important for a student to be proactive. Internship sites will have to be approved by the Internship Coordinator.

2. Students need to be aware of the Internship Timeline and complete all forms and abide by all timelines in order to receive credit.

3. Internship Timeline

<table>
<thead>
<tr>
<th>Step</th>
<th>Winter 15</th>
<th>Spring 16</th>
<th>Summer 16</th>
<th>Fall 16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internship Clearance</td>
<td>November 12</td>
<td>November 20</td>
<td>March 3</td>
<td>April 4</td>
</tr>
<tr>
<td>Site Agreement</td>
<td>December 11</td>
<td>December 19</td>
<td>April 4</td>
<td>April 27</td>
</tr>
<tr>
<td>Application</td>
<td>December 11</td>
<td>December 19</td>
<td>April 4</td>
<td>April 27</td>
</tr>
</tbody>
</table>

I. Read Part 1 of the Internship Application.

II. Complete Part 2: Internship Clearance Form.
   This form will need to be completed immediately if you want to complete an internship. The Clearance Form does not guarantee or require that you do an internship.

III. Find an Internship site. This is the most time consuming part and it requires the student to assist with finding an Internship location.

IV. Complete Part 3: Internship Site Approval & Agreement
   This requires you to get signatures from the internship site.

V. Complete Part 4: Institutional Agreement
   This will need to be completed if the Internship site is not in our database. The Agreement will need to be filled out every 2 years. Check with the Internship Coordinator.

VI. Step 6: Complete Part 5: Internship Academic Registration
4. Once you have been cleared for an internship you can **Submit the Internship Application** in order to receive credit. To apply for internship credit and to register for your internship in Spire, you must complete all parts of this packet and submit the packet to the Internship Coordinator Tom St. Laurent — in Totman, room 25A.

If you are applying to receive credit for a winter/summer internship, please also attach the completed CPE [Independent Study Registration Form](mailto:) to your application packet. All cost/fees are the students’ responsibility.

5. The Internship coordinator will visit internship sites as needed.
6. Either the University or the Internship site can remove students from an internship. This would be based on the failure to comply with University or Internship site policies and/or expectations.
7. Most Internship sites require a contractual agreement with the University. This agreement, is a legal and binding document, and it outlines rights and responsibilities of each party. All agreements must be in place prior to starting an internship. If the location does not require an agreement with the University they must complete the Site Approval & Agreement, Part 3.

**Emergency Policy**

1. In the event of a medical emergency involving an Internship student it is important to take all the necessary actions to deal with the emergency in a timely manner. Once the emergency is under control you must:
   a. Contact the Internship Program Coordinator Tom St. Laurent at (413) 545-6438 or [tstlaurent@kin.umass.edu](mailto:tstlaurent@kin.umass.edu) to inform them of the emergency.
   b. Complete an incident report describing the situation.
2. If needed the University will contact “the person to notify in case of an emergency”.

**Exposure to Bloodborne Pathogens**

Some Internship placements may be located in laboratories that expose students to bloodborne pathogens. All students are expected to follow Universal Precautions. In the event of exposure to bloodborne pathogens, the student will perform the following:

1. Follow the internship site policy for reporting, testing, and treatment.
2. Then, report to UHS for reporting, referral for testing, and treatment if not provided by the agency.
3. The University Health Services will have confidential medical evaluation and follow up. Students do not have to share the details of the incident with anyone except the Director of Student Health Services. It is the exposed students option to participate in the testing and treatment.
Internship Attendance Policy

Internship experiences have a credit and hour requirement, 1 credit equals 45 hours and students are allowed to take up multiple credits and multiple internships. Make sure to check your degree requirements for specific information. As of Fall 2015 students can take up to 15 internship credits and up to 3 may count as an elective credit. Some internship sites have additional expectations that the student will need to complete.

1. If a student cannot attend an internship due to illness, injury, or family emergency they must contact the internship supervisor and the Internship Coordinator.
2. Students are generally excused from an internship should the University be closed due to snow or weather. This must be discussed with your Internship Supervisor prior to the internship. Any make-up days will be a mutual decision between the Internship Supervisor and the student. All issues must be communicated to the Internship Coordinator.
3. Students who are observing religious holidays shall be excused and given the opportunity to make up those hours. Students need to discuss this with the Internship Supervisor prior to the holiday.
4. A maximum of 3 credits will count towards Kinesiology electives. Additional Internship credits will count as University credit. Students may take up to 15 credits.
5. **Complete Reflective Moodle Course.** To receive credit for your internship, you must enroll in a designated Moodle course and complete a series of required reflective assignments throughout the semester. You will receive a notification to begin participating in the Moodle course once the add/drop period ends, during the third week of the semester. Reflective assignments can consist of:
   a. **6 brief readings/exercises, accompanied by a thoughtful reflection response**
      
      A schedule of reflection responses, with their due dates, will be posted on Moodle.
   b. **A final reflection paper**
      
      The reflection paper is intended to help students integrate their internship experience with their Kinesiology studies and explore future applications for the skills they’ve developed throughout the course of their internship. Many students find that their reflection responses form the basis of their final reflection paper.

Other Policies

1. Students may complete a paid internship.
2. Students must maintain confidentiality and all H.I.P.P.A. regulations.
3. Some internships sites require a CORI check. CORI checks will be completed if requested.
Part 2: Internship Clearance Form

Name: ___________________________  Spire ID #: ___________________________
Email: ___________________________  Year of Graduation: _______________________

Circle Internship Term:  Fall  Spring  Summer  Winter

Check off that you have read and understood each statement, then initial at bottom

<table>
<thead>
<tr>
<th>Student Check Box</th>
<th>Internship Guidelines</th>
<th>Advisor Check Box</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>I have read the Application for Internship Credit.</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>I have attached a copy of my transcripts.</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>I am responsible for payment of tuition/fees for the Internship by the applicable deadline. I have no holds on my student account.</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>My internship requirement is a minimum of ______ hours.</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>I will represent the University and the Department of Kinesiology in a professional manner and abide by University and Internship Site guidelines.</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>I am responsible for monitoring and completing assignments on Moodle.</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>I have 65 credits towards graduation.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>I have a University GPA of 2.0.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>I have a Department GPA of 2.75.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>I have 15 credits in the Kinesiology Department.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>I agree to a CORI check (if needed)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>I have health insurance</td>
<td></td>
</tr>
</tbody>
</table>

Student Signature: ___________________________  Date: ___________________________

Academic Advisor: ___________________________  Date: ___________________________

Date Submitted: ___________________________
Description of Internship

Please respond thoughtfully to the following questions. If you need more space to complete your responses, you may attach a separate document to this packet. If you have not found an internship site write your responses in reference to the Internship experience you are searching for.

a. How is your internship connected to the field of Kinesiology? What populations will you work with? What challenges will you address? Describe your projected scope of work in terms of its relevance to the field of Kinesiology.

b. Describe your internship duties and responsibilities.

c. What skills do you hope to develop throughout your internship?

d. How will your internship site/organization provide supervision and feedback to you throughout your internship?

e. How did you learn about your internship opportunity?
Part 3: Undergraduate Internship Site Approval Form & Agreement 1 of 5

Internship Site/Organization: ____________________________________________

Type of Site: ☐ Corporate ☐ Commercial ☐ Clinical ☐ Community ☐ Other ________

Mailing Address: _______________________________________________________

Location (City, State, Zip): ____________________________________________

Phone: ______________ Fax: _______________ Website: ______________________

Please check the area of concentration that best pertain to the internship experience offered:
☐ Exercise Physiology ☐ Fitness/Wellness ☐ Biomechanics ☐ Research/Testing ☐ Rehab ☐ Other

Internship Supervisor*: ______________________________________________ Title: _____________________

Supervisor Telephone #: ______________ Supervisor Email: _________________________

Number of Hours Each Week: __________ Term (Fall, Winter, Spring, Summer): ______________

Normal Work Week (evening or weekends): _________________________________

Required Purchases (parking pass, uniform, etc.) ______________________________

Required Skills or Previous Experience ______________________________________

Special Requirements (application, proof of Insurance, immunizations, etc.): ___________________

Approval Expiration Date (all site approval forms are valid for 2 years): ______________

*All Internship supervisors must a minimum of a bachelor’s degree in a related field and a minimum of 2 years of experience within the chosen specialization

I have read and agree to abide by the expectations of the Site Supervisor as well as the expectations of the internship student.

Signature and Title: __________________________________ Date: ______________________

To Be Completed by SPHHS Staff Only:
Date Submitted: _________________________________
☐ Accept ☐ Deny
Internship Common Duties & Responsibilities

Internships are a valuable learning experience and depending on the locations may have many different expectations for students. Students in the Kinesiology department earn credit based on the amount of hours worked. 1 credit equals 45 hours and most students will complete 3 credits for 135 hours. Internship locations may have a set internship experiences that may require additional hours or expectations. This must be communicated prior to the start of the internship. If the internship location has a set internship experience we will default to the internship site. If the location doesn’t have an internship experience we have included some common duties and responsibilities.

Fitness/Wellness Setting

- Health risk appraisals
- Fitness testing
- Body composition analysis
- Blood glucose screening
- Behavior risk identification and modification
- Individual/group counseling in the following areas:
  - Nutrition
  - Exercise
  - Weight management
  - Smoking Cessation
  - Stress Management
  - Cholesterol
  - Diabetes
- Plan and coordinate fitness classes
- Assistance/involvement in physical rehabilitation
- Design and produce (health) educational materials and media

Research/Laboratory Setting

- Become familiar with the function and operation of laboratory equipment used for subject testing and collection of physiological data
- Assist with current and future research in areas of scheduling, participant, interviewing, data collection, data reduction, and data analysis.
- Design and carry out an original research project in the area of Applied Physiology and Kinesiology which involves the collection and analysis of data to test a specific hypothesis.
- Assist with grant writing
- Research and literature reviews
Rehabilitation Setting

- Instruct, motivate, safeguard and assist patients as they practice exercises and functional activities with various acute and chronic pathophysiologicals (including CAD, Pulmonary, Metabolic, Musculoskeletal, and Neurological Disorders)
- Transitioning of physical therapy patients to a comprehensive exercise setting
- Fitness testing (to include: tests of balance, agility, gait and mobility, upper body and lower body muscular strength and endurance, and cardiovascular endurance)
- Assess vital signs, anthropometric and joint kinematics to determine effect of treatments and/or patient progression.
- Observe patients during treatments to compile and evaluate data on their responses and progress, and provide results to physical therapist in person or through progress notes
- Confer with physical therapy staff or others to discuss and evaluate patient information for planning, modifying, and coordinating treatment
- Administer active and passive manual therapeutic exercises, therapeutic massage, aquatic physical therapy, and heat, light, sound, and electrical modality treatments, such as ultrasound
- Fit patients for orthopedic braces, prostheses, and supportive devices, such as crutches
- Communicate with or instruct caregivers and family members on patient therapeutic activities and treatment plans
- Project work to include newsletter articles and educational presentations to be delivered through various media
- Experience with processes of intake counseling, exercise prescription, exercise programming / implementation / supervision including progression, and evaluation
- Analysis of exercise outcome including: improvement, compliance, and facility utilization
- Facility / Program daily operation including: staffing, communication, and additional duties such as equipment maintenance and document reproduction
Intern and Supervisor Agreement

Intern Agreement
As conditions of completing this application, I agree to the following:

a. I will complete my full internship time requirement, as well as all required reflective coursework.

b. I will honor all confidentiality requirements of my internship site/organization.

c. I will maintain regular communication with my internship supervisor, including scheduled check-ins to receive feedback.

d. I will give page 5 of this application packet (Roles and Responsibilities of Internship Supervisor) to my internship supervisor.

Intern Signature:
Date:

Supervisor Agreement
As conditions of completing this application, I agree to the following:

a. I will supervise an intern at my organization for the duration of time specified in Part 3 of this application packet.

b. I will establish training goals and evaluation procedures for the intern.

c. I will orient the intern to my organization’s work environment.

e. I will read and understand the Roles and Responsibilities of Internship Supervisor, next page.

d. I will contact the Internship Coordinator, Tom St. Laurent if I experience any problems during the internship.

e. I will complete a brief mid-semester and end of semester evaluation of the intern’s performance (to be sent by Kinesiology staff via email).

Supervisor Signature: ___________________________ Date: ___________________________
Roles and Responsibilities of Internship Supervisor  

(Internship supervisor to keep this page)

The internship supervisor should possess the following qualifications:

a. Appropriate degree for specialty

b. Substantial experience with the organization and work involved, minimum of 2 years

c. Working knowledge and practical experience in the project areas assigned

d. Interest and commitment in working with and mentoring students to support their ongoing learning

The internship supervisor should meet the following responsibilities:

a. Establish training goals and evaluation procedures for the intern:
   
   o The internship should expose the intern to the particular areas of Kinesiology practice and learning agreed upon in the initial contract.

   o The supervisor should offer adequate time to assist the intern in synthesizing learning, answer questions, and discuss larger ethical or practice issues that may arise. This objective can be most easily met by scheduling regular meetings with the intern, setting standards of reporting, and ensuring other supervisors are present if primary supervisor is absent.

b. Monitor intern’s activities and provide clear direction of tasks and projects, so that intern can achieve desired goals and objectives.

c. Orient intern to the organization’s work environment, including an explanation of the structure and function of the agency, organization, or department.

d. Invite intern to professional meetings and encourage presentations, when appropriate.

e. Offer professional career development support and advice, when appropriate.

f. Model professional work habits and attitudes.

g. Offer opportunities to learn new skills.

h. Complete a mid-semester and end of the semester evaluation of student’s performance.
Part 4: Internship Institutional Agreement

This Agreement is made and entered into on the _____ day of ______,___ by and between the University of Massachusetts Amherst through its SCHOOL OF PUBLIC HEALTH AND HEALTH SCIENCES, Arnold House, 715 N. Pleasant St., Amherst, MA 01003-9304 (hereinafter referred to as "School") and NAME, ADDRESS (hereinafter referred to as "Agency").

WHEREAS, the School and the Agency recognize that clinical educational opportunities play a critical role in health care education and in health care for the community, and
WHEREAS, clinical experience is a required and integral component of the curriculum of the School, and
WHEREAS, the School desires the cooperation of the Agency in the implementation of the clinical experience component of its curriculum, and
WHEREAS, the Agency has the appropriate facilities for the implementation of an internship program ("Program"), and
WHEREAS, the Agency wishes to assist the School with the implementation of the Program for students ("Students").

NOW, THEREFORE, in consideration of the mutual promises, covenants, and agreements hereinafter contained, the School and the Agency do hereby covenant and agree as follows:

I. APPOINTMENT OF COORDINATORS

1.01 The School and the Agency shall each appoint a coordinator to oversee the implementation of the Program. The coordinators, or designees, can meet, and shall be available in the event that either party deems it necessary or advisable to consult with the other regarding any aspect of the operation of the Program.

1.02 The School and the Agency shall, through their respective coordinators, jointly plan the utilization of clinical facilities, and the development and coordination of student activities related to the Program.

II. THE SCHOOL

2.01 The School shall assume and maintain full responsibility for the planning, development and execution of the educational component of the program, including administration, faculty appointments, curriculum planning, development and revision, and the requirements for matriculation, promotion and graduation.

2.02 The School shall refer to the Agency only those Students who meet academic and set qualifications as are consistent with the objectives and requirements of the internship program.

2.03 The School can provide an orientation to the Agency about the Program.
2.04 The School shall instruct the students to comply with all rules and regulations of the Agency during the Program.

2.05 Faculty members are employees of the School for all purposes, and will not be considered employees of the Agency for any purpose.

2.06 The School shall require that each Student and Faculty member carry customary amounts of professional liability insurance with policy limits of no less than $1 million per occurrence and $3 million in the aggregate. Evidence of the same liability coverage shall be provided to the School from the Agency upon request.

2.07 The Agency shall withdraw or transfer any Student from the Program when the Student is experiencing and decrease in performance, for reasons of health, unsatisfactory performance of required duties, a threat to the patient safety, or failing to comply with relevant policies and procedures, unable to continue to participate in the Program. The Agency shall notify the School before initiating such action, when possible.

2.08 The School shall, prior to the commencement of the Program provide the Agency with an evaluation of hours and performance.

2.09 The School shall comply with all federal and state confidentiality statutes and shall maintain the confidentiality of patient records.

III. THE STUDENTS

3.01 The School shall require each student to carry health insurance. Any additional requirements need to be made by the Agency to the School prior to the Program.

3.02 Students shall be instructed to maintain as confidential all patient records or information to which they may have access while at the Agency. Solely for the purposes of HIPPA Students shall be considered part of the Agency workforce.

3.03 Students are not employees of the Agency for any purposes under this Agreement, and shall be identified as students by means of dress, badge or other appropriate means of identification. Notwithstanding any other provisions of this Agreement, the Agency and the School agree that each student participating in the Program shall at all times remain students of the School.

IV. THE AGENCY

4.01 The Agency shall allow all Students in the Program to utilize its facilities for the purposes of the Program, and shall provide the supplies and equipment necessary for the Program and appropriate patient care, provided that use and supply does not unreasonably conflict with Agency activities.

4.02 The Agency shall permit the use of the Agency’s space and parking facilities at the usual or reduced rate, for use by Students during the Program.

4.03 The Agency shall provide an orientation to Student regarding all policies and procedures.
4.04 The Agency shall maintain ultimate control and authority over patient care.

4.05 The Agency shall provide emergency first aid for any illness or injury to Students while on Agency premises.

V. TERM AND TERMINATION

5.01 This Agreement shall commence on the date first above written and shall continue in effect for two years, and shall be renewable for additional two-year terms by agreement of the parties, unless terminated by the parties in accordance with this Agreement.

5.02 Any party may terminate this Agreement with or without cause by giving the other party ninety days (90) advance written notice; however, in the event an academic semester has commenced, such notice shall not become effective until the academic semester has concluded. This Agreement will terminate immediately if any party fails to maintain any of the licenses or certifications required by law.

VI. COMPLIANCE WITH LAWS

All parties agree that the operation of the Program will be in compliance with all applicable laws, regulations and ordinances.

VII. NON-DISCRIMINATION

In the implementation and operation of the Program, the parties shall not discriminate on the basis of race, color, national origin, ancestry, age, sex, religion, physical or mental handicap, or sexual orientation. The parties agree to comply with all applicable Federal and State statutes, rules and regulations prohibiting discrimination, and agree to comply with all Equal Opportunity, and Affirmative Action Policies and Guidelines.

VIII. NOTICES

All notices, demands or requests provided for or given pursuant to this Agreement must be in writing and shall be deemed to have been properly given or served by depositing the same in the United States mail, postpaid, and registered or certified with return receipt requested to the following addresses:

SCHOOL: Department of Kinesiology, 110 Totman Building, 30 Eastman St. University of Massachusetts, Amherst, MA 01003-9304 Attention: Tom St. Laurent, Internship Coordinator

AGENCY:

IX. GOVERNING LAW

This Agreement and the obligations of the parties hereunder shall be interpreted, construed and enforced in accordance with the laws of the Commonwealth of Massachusetts.

X. ENTIRE AGREEMENT

This Agreement, including any exhibits hereto, contains the entire agreement between the parties hereto relative to matters described herein. No variations, modifications or changes to this Agreement shall
be binding upon any party hereto unless set forth in a document, mutually agreed to by the parties, and duly executed by the parties as an attachment hereto.

XI. WAIVER

Any covenant, duty, or obligation contained in this Agreement can be waived only by written agreement. Waiver of any part of this Agreement shall not be considered a waiver of any other part of this Agreement. Forbearance or indulgence in any form or manner by a party shall not be construed as a waiver, nor in any way limit the legal or equitable remedies available to that party.

XII. SEVERABILITY

If any provisions of this Agreement or the application hereof to any person or circumstances shall be invalid or unenforceable to any extent, the remainder of this Agreement and the application of such provisions to other persons or circumstances shall not be affected thereby and shall be enforced to the greatest extent permitted by law.

XIII. ASSIGNMENT

No party may assign this Agreement to any other party without the express written consent of the other party.

XIV. HEADINGS

The Section headings contained herein are for reference purposes only and shall not in any way affect the meaning or interpretation of this Agreement.

IN WITNESS WHEREOF, this Agreement has been executed by the duly authorized individuals indicated below on the day and year set forth below.

Name:__________________________________________      Date_______________________
   Tom St. Laurent, Kinesiology

Name:___________________________________________  Date_______________________

Title:____________________________________________
### Part 5: Internship Academic Registration

**Name:**

**Spire ID #:**

**Email:**

**Year of Graduation:**

<table>
<thead>
<tr>
<th>Course &amp; Spire 5 digit ID # (select one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ KIN 398 (graded) First time internship or Summer/Winter Spire #_________</td>
</tr>
<tr>
<td>□ KIN 398A (graded) Exposure to Sports Medicine Spire #_________</td>
</tr>
<tr>
<td>□ Kin 498 (pass/fail) Multiple internship Spire #_________</td>
</tr>
</tbody>
</table>

**Internship Information**

Circle Internship Term: Fall Spring Summer Winter

<table>
<thead>
<tr>
<th>Hours a week</th>
<th>Weeks (15 academic)</th>
<th>Total hours</th>
<th>Number of credits (1credit = 45 hours)</th>
</tr>
</thead>
<tbody>
<tr>
<td>x</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Example**

<table>
<thead>
<tr>
<th>Number of Credits</th>
<th>Hours/Week (15 weeks/semester)</th>
<th>Hours/Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>9</td>
<td>135</td>
</tr>
<tr>
<td>6</td>
<td>18</td>
<td>270</td>
</tr>
<tr>
<td>9</td>
<td>27</td>
<td>405</td>
</tr>
</tbody>
</table>

**Student Signature:** ________________________________ **Date:** __________

**Internship Coordinator Signature:** ________________________________ **Date:** __________

**Advisor Signature:** ________________________________ **Date:** __________