

**DEPARTMENT OF EXERCISE, HEALTH,
AND SPORT SCIENCES**



**HEALTH FITNESS
INTERNSHIP MANUAL**

September, 2009

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INTRODUCTION

Internship Overview

The ultimate goal of the health fitness internship is to provide a meaningful and successful learning experience for the student. It is the capstone experience of the health fitness curriculum. The purpose of the internship is to provide you the opportunity to apply the concepts and skills gained during your entire academic program to a “real world” health fitness setting. As such, it also serves as a transition from the academic experience to the professional setting, taking you to an entry level of functioning within the health fitness arena.

The internship takes place in a health fitness setting of your choice and is designed as a cooperative venture between the student, the university and the internship site. A site supervisor serves as your “mentor”, providing a variety of learning opportunities designed to further expand your knowledge and skills in health fitness. A university supervisor serves as an advisor, guiding you through the internship process.

Since the internship is designed to meet your needs and interests, it is important for you to select the internship site. This requires careful thought, planning, and initiative on your part to locate an appropriate site. For most students, the internship will take place during the spring or summer semester of senior year, therefore you should begin thinking about your internship during the spring of junior year, making contacts during the summer prior to senior year, and formally applying during the fall of senior year.

To determine the success of the internship in meeting its desired objectives, the student, university supervisor and site supervisor conduct ongoing evaluations. You will be required to maintain an internship portfolio, a compilation of the various requirements designed to meet the objectives of the internship. The site supervisor will provide both formal and informal ongoing and final evaluations, with the university supervisor contributing to that process.

Objectives of the Internship Program

1. To provide the student an opportunity to apply knowledge, skills and experiences gained during the academic program to a professional setting.
2. To further broaden the student’s knowledge, skills and experiences gained during the academic program.
3. To provide the student an opportunity to gain information on the profession as a basis for making future career choices.
4. To enable the student to identify his/her own strengths and identify needs for personal and professional development.
5. To provide the student an opportunity to gain leadership experience.
6. To help the student develop/further enhance oral and written communication skills.
7. To provide the student an opportunity to enhance human relations skills.
8. To help the student gain an understanding and appreciation of the roles, duties and responsibilities of professionals in the field.
9. To strengthen relations between the university and the host site.

INTERNSHIP PROCEDURES

Procedures

In order to ensure a smooth internship process, you should complete the following steps in order:

Date Completed:

- _____ 1. Read the *Internship Manual*. **Check and follow all due dates (see p.6).**
- _____ 2. Verify that you have completed the basic requirements for Internship:
 - a) Senior standing
 - b) Completion of all Health Fitness required courses (excluding university core courses and electives)
 - c) Minimum cumulative GPA of 2.25
- _____ 3. Meet with your Academic Advisor to determine if all basic requirements for Internship have been met and to discuss the appropriate procedures to follow in order to secure an Internship placement.
- _____ 4. Review the list of approved sites for Internship placement (located in the Department of Exercise, Health, and Sport Sciences). If there is a site in which you may be interested that is not on the list, a new Internship site may be established. Keep in mind that the University Supervisor must approve all sites.
- _____ 5. Make an appointment for an interview with the Internship site. Be sure to bring along a copy of the handout, "Internship Supervisor and Site Requirements" (see Appendix K).
- _____ 6. Complete the *Application for Internship* (Appendix A) and prepare a resume. Turn in application to your academic advisor. *Check due date!
- _____ 7. If you are accepted by the site for placement, check with the University Supervisor to make sure that a *Clinical Affiliation Agreement* (unpaid internship) or a *Cooperative Education Agreement* (paid internship) has been completed for that site. If there is not a completed contract, send a copy to your Site Supervisor. The completed form must be returned to the University Supervisor by the due date!
- _____ 8. Provide the Internship site access to the *Internship Manual* and necessary forms as needed throughout your internship.
- _____ 9. Follow the *Student Responsibilities* section of this manual (page 6) to guide you through the requirements for the Internship.

- _____ 10. Once you know your internship schedule, complete the *Internship Information Form/Schedule* (Appendix B) and send to the University Supervisor. Be sure to let the University Supervisor know if there are any changes to your schedule.
- _____ 11. On the first day of your internship, start keeping a daily log/journal. See description of this assignment under the *Written Assignments* (p. 9) section of this manual.
- _____ 12. At the end of each week, complete a *Weekly Activity Report* (Appendix C), have your Site Supervisor sign it, and send to the University Supervisor.
- _____ 13. After a few weeks at your internship site, schedule a meeting with your Site Supervisor to review options for a Special Project. See description of the Special Project assignment under *Written Assignments* (p. 9) section of this manual. Once the project is completed, have your Site Supervisor complete *Evaluation of Internship Project* (Appendix F) and send to your University Supervisor.
- _____ 14. Give your Site Supervisor a copy of the *Mid-Term and Final Evaluation Form* (Appendix H) one week prior to the mid-term point of your internship (this would be at 180 hours for a 9-credit internship and 240 hours for a 12-credit internship). Make an appointment with your Site Supervisor to review the evaluation. Once signed and reviewed, send to your University Supervisor.
- _____ 15. Also at the mid-term point of your internship, complete the *Student Evaluation of Internship* (Appendix E). Sign and send to your University Supervisor.
- _____ 16. If you haven't done so already, start to put together your *Internship Portfolio*. Specific instructions for this assignment can be found under *Written Assignments* (p. 9) section of this manual.
- _____ 17. Give your Site Supervisor a copy of the *Mid-Term and Final Evaluation Form* (Appendix H) one week prior to the end of your internship (this would be at 360 hours for a 9-credit internship and 480 hours for a 12-credit internship). Make an appointment with your Site Supervisor to review the evaluation. Once signed and reviewed, send to your University Supervisor.
- _____ 18. Complete the *Health Fitness Graduation Survey* and place in your portfolio.
- _____ 19. Make an appointment with your University Supervisor to review and grade your portfolio. The University Supervisor will collect your *Graduation Survey* and determine a final grade for your internship.

Selecting an Internship Site

It is important for you to be aware of the importance of your internship site selection. An internship is a conjoint experience whereby the student provides services for the Internship site while the site provides mentoring and learning experiences for the student. Future career opportunities can sometimes arise from an internship site or from the networking that you are able to do during the experience.

Questions to think about when selecting an internship site:

1. Can the site provide me with the experiences that will help me gain important knowledge and skills for the potential jobs that I am interested in?
2. Do I have the knowledge, skills, certifications and experience required to be accepted into the internship?
3. Will the site supervisor be a positive mentor to me? Will this person agree to do an in-depth evaluation and assist my progress?
4. Are there opportunities to gain certifications while at the site?
5. Can the site give me an overall picture of the business, affording me opportunities to gain experience in all aspects of operation?
6. Can the site offer me the number of hours needed for the internship? Keep in mind the following requirements:

<u>No. of credits</u>	<u>Total hours</u>	<u>Hours/week</u> (based on 15 weeks)
9	360	24
12	480	32

7. Will the site agree to all of the university's requirements?
8. Can I afford to live in the area?
9. Is the site located in an area where I would want to work after the internship is over as well as in an area where jobs would be available?

Sources of information on possible sites:

1. Internship Notebook
2. Career Services
3. On-line resources
4. Telephone directories
5. National organizations
6. Previous interns
7. Conferences

* Begin your search early. Spring internships will be the hardest to obtain as most students will choose this time of year to do them. Remember that first impressions are very important; your first contact with a site will set the tone for all that follows. Also remember that not only do you represent yourself, but also the university and our department. Hopefully, you will be helped in your search by the professionalism of previous interns.

INTERNSHIP POLICIES

Assignment of the Student

As determined through interviews and/or consultations to determine needs and interests, the student's University Supervisor assigns the student to an appropriate internship situation.

Assignment of the University Supervisor

A department faculty member assigned by the department director will supervise students during internships.

The university supervisor will visit the internship site to observe and consult with the intern in order to ensure the appropriateness of the situation in meeting the desired educational objectives. A minimum of 2 visits throughout the semester is recommended, with the first visit occurring early in the semester.

Assignment of Internship Mediator

1. The student submits the name of a University official who could be consulted should any adverse situations arise during the course of the internship.
2. The mediator schedules a designated time where all affected parties meet to present and discuss any conflicting viewpoints of the adverse situation.
3. The mediator determines the final outcome of the situation.

Procedure for a Request for Change of University Supervisor

1. The student submits a written request to the department director with the reasons for the desired change in faculty assignment.
2. The department director, after consideration of student and faculty viewpoints, makes a decision and notifies the student and faculty member of the outcome.
3. Written records of the student's request, any faculty response and the department director's decision regarding the request will be kept on file.

Procedure for Withdrawal of the Student from the Internship Situation

In case of the need for a student to withdraw from the internship experience, the university supervisor, after consultation with the department director and site supervisor, may withdraw the student from that specific internship experience.

STUDENT INTERN RESPONSIBILITIES

General Responsibilities

Attendance

It is expected that students will arrive at the internship site on time. Inform your site supervisor and university supervisor if you are absent for any reason. Check with your site supervisor to see if you need to make up any work for missed time. If your internship requires travel between facilities, make sure you arrive at all sites on time.

Appearance

It is expected that you will dress as a professional within the standards set by the internship facility.

Professionalism

As a representative of the University and this department, it is expected that you will conduct yourself in a professional manner. You should uphold the rules and regulations pertaining to your internship facility. Avoid making unsolicited, critical comments about the internship site, site staff, your professional program, university faculty and students. Maintain confidentiality regarding site staff and clients. Refrain from the use of alcoholic beverages or non-prescription drugs while on the internship site.

Attitude

Try to exhibit a positive attitude, demonstrating enthusiasm and concern towards staff and program participants.

Communication

Share information with your site supervisor and accept guidance and feedback. Arrange for periodic oral feedback from your site supervisor. Be open to suggestions and criticism regarding areas identified as needing improvement.

Personal Initiative

Exercise initiative in carrying out assigned responsibilities. Take advantage of opportunities for learning and skill development.

Internship Due Dates

	<u>Spring</u>	<u>Summer</u>
Internship Application (App A):	November 1	March 1
New Site Contract (signed by all parties):	December 1	April 1
Internship Start Date:	January 2-30	May 15-30
Internship Completion Date:	May 1-15	August 1-15

*NOTE: Due dates must be met in order to secure an internship for your intended semester. If due dates are not met, you will NOT be allowed to enroll for internship until the following available semester.

Specific Responsibilities

You are encouraged to participate in all activities planned by the internship site. It is required that you also develop a project around one particular area of interest.

Minimum standards of specific responsibilities:

1. Assist and administer health screening and/or fitness evaluations.
2. Assist, develop, and conduct individual exercise programs.
3. Assist and educate participants in proper use of equipment: equipment orientations, floor work, personal training.
4. Assist, develop, and conduct group exercise programs.
5. Assist, develop, and conduct health promotion programs.
6. Enforce site rules and regulations to assure participant safety.
7. Keep records and files on program participants secured and confidential.
8. Supervise and interact with participants on a regular basis and assist them in making appropriate decisions in all aspects of health fitness.
9. Assist and conduct various administrative/management duties associated with fitness facility operations.
10. Develop and conduct one special project during the internship experience.
11. Share knowledge, skills and materials with your cooperating supervisor.

Time Requirement

The total required hours for the internship is as follows:

<u>No. of credits</u>	<u>Total hours</u>	<u>Hours/week</u> (based on 15 weeks)
9	360	24
*12	480	32

A minimum of 9 credit hours is required for the internship. *For students desiring a full-time internship (12 credit hours), 3 additional elective credits may be used beyond the 9 credit hours.

If desired, you may choose to complete the required hours in a shorter period of time, however, the total hours must be completed within the scheduled semester. The total hours includes all scheduled activities at the site.

** Note: Students may not log more than 45 internship hours in any one week.

Written Responsibilities

Weekly Schedule

You are to submit your weekly schedule (*Appendix B*) to your university supervisor at the beginning of the semester. If there are any schedule changes, you are to submit a revised weekly schedule to your university supervisor. You are required to keep copies of your schedule and any revisions in your portfolio.

Weekly Activity Report

You are to submit a summary report (*Appendix C*) at the end of every week to your site supervisor for review and signature, then forward to your university supervisor. You may deliver this document in person to your university supervisor or fax it to 780-4745.

Daily Log/Personal Journal

You will keep a daily log or journal outlining your daily internship experiences. You should summarize the day's activities at the end of each day and describe what you learned that day. Your journal may be both descriptive and reflective and should include all experiences. Logs should be kept in your portfolio.

Special Project

With assistance from your site supervisor, you will have the opportunity to develop a major project of your choice. The project should be something that you're interested in that could also benefit the site. This project may take the form of developing a new exercise class, planning and conducting a health/wellness/fitness lecture, planning and conducting a health fair, or any other relevant undertaking. This project must be approved by the university supervisor.

Portfolio

You will compile an internship portfolio that will assist in organizing your materials and activities. A hardback, loose-leaf, 3-ring binder is recommended, along with delineated sections. Sections should include the following:

- I. Table of Contents**
- II. Personal Resume**
- III. General Information** (internship application, internship information form)
- IV. Internship Site Information**
 - A. Site, supervisor, phone number, mailing address, fax, email address
 - B. Description of the organization
 - C. Outline of the programs
 - D. Description of participants, facilities, equipment
- V. Daily Log/Personal Journal**
- VI. Intern's Special Project**
- VII. Scheduled Assignments/Handouts**
- VIII. Evaluations (university supervisor, mid-term, project, final)**

Graduation Survey

Upon completion of your internship, you will complete a graduation survey. This will likely be completed during your final meeting with your University Supervisor.

SITE SUPERVISOR QUALIFICATIONS & RESPONSIBILITIES

The site supervisor plays an important role in the internship program, assisting the intern in attaining further knowledge and skills related to the field, and in influencing the intern's decisions regarding future career choices. The site supervisor should be an enthusiastic and dedicated professional in the field, willing to establish a mutual, positive relationship with the student intern.

Professional Qualifications

- Hold an undergraduate or graduate degree in the field of health fitness or related field (certification in personal training and group exercise preferred)
- Have a minimum of 3 years supervisory experience in health fitness
- Have a minimum term of employment at current location: 1 year
- Possess the knowledge, experience, involvement with professional organizations and activities
- Possess the ability to communicate knowledge and experience
- Have an awareness of current research, knowledge and programs in health fitness

Personal Qualifications

- Strong desire to work with student interns
- Aware of the demanding nature of intern supervision
- Accept student intern as a co-worker
- Understand the concerns of "novice" worker
- Well organized
- Good communication skills
- Role model: maintains emotional and physical well-being

General Responsibilities

- Introduces intern to all personnel
- Familiarizes student with facilities, equipment, policies, procedures
- Requires intern to participate in all aspects of the program
- Familiarizes intern with forms, records, files to be used
- Emphasizes importance of professional appearance and standards, communication and organizational skills
- Encourages intern to be creative and try new ideas and programs
- Shares ideas and materials with the intern

Specific Responsibilities

- Meets with intern prior to each session and states specific responsibilities and expectations
- Provides intern with long-term schedules of activities, copies of all written materials
- Plans program so that the intern gradually assumes greater responsibilities, from observing to assisting to leading/teaching to carrying out administrative duties
- Assesses intern's knowledge and skills on a regular basis and provides frequent oral and written feedback to the intern, outlining strengths and areas needing work
- Completes required evaluation forms (see Appendices F, H)
- Reviews mid- and final intern evaluation with student intern and university supervisor
- Contacts university supervisor should issues arise

UNIVERSITY SUPERVISOR RESPONSIBILITIES

The role of the university supervisor is to assist and counsel the student intern throughout the internship experience. The university supervisor works cooperatively with the site supervisor in meeting the joint goal of a positive and fulfilling internship experience for the student.

Specific Responsibilities

- Assist with the placement of interns when requested
- Direct interns toward use of the internship manual
- Send introductory and thank you letters to the site supervisor (Appendix M)
- Observe and evaluate the student intern and site supervisor (Appendix D)
- Conduct conferences with the site supervisor and intern
- Participate in at least 2 meetings (within 60 mile radius) with the student intern and the site supervisor to evaluate the intern's progress. Note: A minimum of 1 visit is required for internships within a 60-120 mile radius. There is no minimum requirement for internships located outside a 120-mile radius.
- Periodically review the intern's portfolio
- Collect and evaluate all assignments in a timely manner
- Schedule individual conferences with interns if requested
- Write recommendations for student interns upon request
- Serve as a resource person to the site supervisor and/or organization
- Take immediate remedial action when site supervisor and/or intern notes that the internship experience is detrimental to either party
- Maintain final intern evaluations on file and forward a copy of the final evaluation to the Program Director

EVALUATION OF THE STUDENT INTERN

Evaluation of the student intern is an integral part of the intern's learning experience. It is an ongoing and cooperative process that should enhance the total development of the student intern, assisting the intern in obtaining a realistic understanding and acceptance of him or herself. The site supervisor and university supervisor shares responsibility for the final grade, with the site supervisor determining an initial evaluation and the university supervisor making modifications to the grade based on completion and evaluation of additional assignments (see Appendix J).

The evaluation process consists of:

- Mid-term and final evaluation sheets completed by the site supervisor
- Project evaluation sheet completed by the site supervisor
- Written observations by the university supervisor
- Completed student portfolio
- Completed assignments and projects

APPENDIX A

*DEPARTMENT OF EXERCISE, HEALTH, AND SPORT SCIENCES
UNIVERSITY OF SOUTHERN MAINE*

APPLICATION FOR HEALTH FITNESS INTERNSHIP

Instructions: Student is to complete sections A through F, then turn in application to your Academic Advisor. Academic Advisor is to complete section H and give to University Supervisor.

A. Background Information

Name: _____ Student ID No.: _____
Address: _____ Phone: _____
_____ Email: _____
Current Cumulative GPA: _____ Semester of Internship: _____
Anticipated Date of Graduation: _____ Anticipated Start Date: _____

B. Internship Site Request

List, in order of preference, two to three organizations at which you would like to take your internship (if more than one, list in order of preference)

1. Organization: _____ Supervisor: _____
Address: _____ Phone: _____
_____ Email: _____

2. Organization: _____ Supervisor: _____
Address: _____ Phone: _____
_____ Email: _____

3. Organization: _____ Supervisor: _____
Address: _____ Phone: _____
_____ Email: _____

C. Mediator Designation: In the space provided, designate an internship mediator per instructions in the “Internship Policies” section of this manual, page 5. This should be someone other than your University Supervisor.

Mediator: _____ Phone: _____

D. Resume: Attach a copy of your resume to this application. Use additional copies for your organization interviews.

E. Proof of CPR certification: Attach a photocopy of your current CPR card to this application.

APPENDIX A (cont'd)

F. Medical and professional liability insurance: Though not required, both types of insurance are highly recommended and may be required at your internship site. Attach a photocopy of professional liability insurance policy.

G. Understanding of responsibility:

I understand that I will be responsible for a) arranging transportation to and from the internship site, b) all financial arrangements connected with this placement may be arranged with the Internship site by the student, c) housing arrangements, and d) other arrangements as necessary to fulfill this educational experience.

_____ Date: _____
Student Signature

H. Satisfaction of internship eligibility requirements (to be completed by Academic Advisor):

	<u>Acceptable</u>	<u>*Deficient</u>
Required course work completed	_____	_____
Minimum G.P.A. attained	_____	_____
C- or better in major coursework	_____	_____
C- or better in non-major coursework	_____	_____

_____ Date: _____
Academic Advisor Signature

I. Satisfaction of internship site requirements (to be completed by University Supervisor):

<u>Internship Site</u>	<u>Accepted</u>	<u>*Rejected</u>
1 st Choice: _____	_____	_____
2 nd Choice: _____	_____	_____
3 rd Choice: _____	_____	_____

_____ Date: _____
University Supervisor Signature

* Explain deficiencies or reasons for rejecting internship site application:

APPENDIX B

*DEPARTMENT OF EXERCISE, HEALTH, AND SPORT SCIENCES
UNIVERSITY OF SOUTHERN MAINE*

INTERNSHIP INFORMATION FORM/SCHEDULE

Instructions: Please complete and return this form to your University Supervisor with your first week's activity report. Make a copy to keep in your portfolio. Include directions/map for your University Supervisor.

Internship Student Information

Internship Student: _____
Address: _____ Phone: _____
_____ Work Phone: _____
E-Mail Address: _____

Internship Site/Supervisor Information

Internship Site: _____
Site Supervisor: _____ Phone: _____
Job Title of Site Supervisor: _____
*Site Address: _____ E-Mail Address: _____
_____ Fax: _____

Date Internship Started: _____
Anticipated End Date of Internship: _____

Internship Schedule

Day	Hours
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

APPENDIX C

*DEPARTMENT OF EXERCISE, HEALTH, AND SPORT SCIENCES
UNIVERSITY OF SOUTHERN MAINE*

WEEKLY ACTIVITY REPORT

Date: _____

Internship Student Name: _____

Internship Student Signature: _____

Site Supervisor Signature: _____

University Supervisor Signature: _____

Intern Log # _____ Week of _____ to _____

Instructions: Use this page as the first page of the Weekly Activity Report; attach copies of fliers, news items, and other publications that you prepared or that relate to your internship experience. Send this report to your University Supervisor after reviewing with Site Supervisor. Keep a copy for your records.

Area to Report	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Fitness Assessments							
Developing Individual Programs							
Equipment Orientations							
Floor Work							
Personal Training							
Taking/ Teaching Group Classes							
Administrative Activities							
Maintenance Activities							
Conferences, Meetings, Training							
Planning							
Other:							
TOTAL HOURS							

Total Weekly Hours: _____

Cumulated Internship Hours: _____

APPENDIX D

DEPARTMENT OF EXERCISE, HEALTH, AND SPORT SCIENCES UNIVERSITY OF SOUTHERN MAINE

UNIVERSITY SUPERVISOR OBSERVATION REPORT

Instructions: This form is to be completed by the University Supervisor. Give a brief summary of the intern's activity, including appropriateness of content, communication skills, interpersonal skills, and instructional skills.

Student Intern: _____ Date: _____

Internship Site: _____

Site Supervisor: _____

Activity: _____

Activity Summary:

A. Review of Internship Requirements

1. Site supervisor responsibilities
2. General intern responsibilities
3. Written intern responsibilities

B. Summary of Completed Internship Experiences

1. Individual exercise instruction: orientations, floor work, personal training
2. Group exercise
3. Health screening/exercise testing
4. Health promotion
5. Special project
6. Facility operations

C. Comments

1. Intern
2. Site supervisor
3. University supervisor

University Supervisor Signature

Date

APPENDIX E

DEPARTMENT OF EXERCISE, HEALTH, AND SPORT SCIENCES UNIVERSITY OF SOUTHERN MAINE

STUDENT EVALUATION OF INTERNSHIP

Internship Student: _____ Date: _____

Internship Site: _____

Site Supervisor: _____

University Supervisor: _____

Evaluation of Internship Site

Instructions: This report is to be completed by the Internship Student. Using the following scale, rate the site in terms of meeting your needs as an Internship Student.

- | | |
|------------------------|----------|
| 1 - Excellent | 4 - Fair |
| 2 - More than adequate | 5 - Poor |
| 3 - Adequate | |

- ____ 1. Acceptance of you as a functional member of the staff; willingness to integrate you into all appropriate levels of activities, programs, and projects.
- ____ 2. Provision of relevant experience in program administration, supervision, and leadership.
- ____ 3. Cooperation of site staff to provide professional growth experiences through training programs, seminars, and similar activities.
- ____ 4. Provision of assistance in helping you meet your personal and professional goals and objectives.
- ____ 5. Possession of resources essential to the preparation of professionals (library, equipment, supplies, etc.)
- ____ 6. Employment of qualified, professional staff with demonstrated capability to provide competent supervision.
- ____ 7. Adequate scheduling of one-on-one meetings with supervisors and on-going evaluation of your performance.
- ____ 8. Willingness to listen and to discuss suggestions or recommendations offered, and explanation given stating rationale for acceptance or rejection of recommendations.

APPENDIX E (cont'd)

Evaluation of Internship Site Supervisor

Instructions: Using the following scale, rate the Site Supervisor in terms of meeting your needs as an Internship Student.

1 - Excellent

2 - Good

3 - Average

4 - Poor

5 - Very Poor

Overall rating: _____

1. Specific strengths noted:

2. Areas needing improvement:

3. Overall comments

APPENDIX E (cont'd)

Evaluation of University Supervisor

Instructions: Using the following scale, rate the University Supervisor in terms of meeting your needs as an Internship Student.

1 - Excellent

2 - Good

3 - Average

4 - Poor

5 - Very Poor

Overall rating: _____

1. Specific strengths noted:

2. Areas needing improvement:

3. Overall comments

APPENDIX F

DEPARTMENT OF EXERCISE, HEALTH, AND SPORT SCIENCES UNIVERSITY OF SOUTHERN MAINE

EVALUATION OF INTERNSHIP PROJECT

Instructions: This form is to be completed by the Site Supervisor and reviewed with the Internship Student. Due to the potential diversity of internship projects, this form is general in nature. Please provide additional comments relating to project specifics. Rate each category according to the following scale:

<u>Rating</u>	<u>Points</u>
Outstanding	10
Excellent	9
Above Average	8
Average	7
Below Average	6
Poor	1-5

Title of Project: _____

- _____ Project was well planned and organized.
- _____ Sought help and information when necessary.
- _____ Carried out necessary research for the project.
- _____ Worked cooperatively with others as necessary.
- _____ Worked independently on the project.
- _____ Appropriate communication of final product.
- _____ Content and level selected was appropriate for the given population.
- _____ Original idea well carried out.
- _____ Created a product that is of value to the organization's program.
- _____ Professional presentation of final product.

_____ TOTAL POINTS

_____ GRADE

Comments:

Site Supervisor Signature: _____ Date: _____

Internship Student Signature: _____ Date: _____

APPENDIX G

DEPARTMENT OF EXERCISE, HEALTH, AND SPORT SCIENCES
UNIVERSITY OF SOUTHERN MAINE

INTERNSHIP PORTFOLIO EVALUATION

Instructions: This form is to be completed by the University Supervisor and reviewed with the Internship Student. Utilize the rating scale below and provide additional comments as necessary.

Student's Name: _____ Date: _____

Internship Site: _____

University Supervisor: _____

Portfolio Rating Scale

- 5 – Excellent: high quality, complete, well above expectations
- 4 – Good: good quality, complete, above expectations
- 3 – Average: satisfactory quality, complete, meets expectations
- 2 – Poor: low quality, incomplete, below expectations
- 1 – Very poor: very low quality, very incomplete, well below expectations

Section 1: Portfolio Contents

- _____ 1. Table of contents
- _____ 2. Personal resume
- _____ 3. General internship information
- _____ 4. Internship site information
- _____ 5. Daily log/personal journal
- _____ 6. Weekly activity reports
- _____ 7. Intern's special project
- _____ 8. Handouts/related literature
- _____ 9. University supervisor's observation reports
- _____ 10. Evaluations

_____ Total Points

Comments:

Section 2 : Portfolio Quality

- _____ 1. Overall organization
- _____ 2. Layout/visual appeal
- _____ 3. Creativity/expressiveness
- _____ 4. Spelling, punctuation, grammar
- _____ 5. Neatness/orderliness

_____ Total Points

Comments:

Section 3: Summary Ratings

Portfolio Contents

- _____ Outstanding (45-50 points)
- _____ Good (40-44 points)
- _____ Satisfactory (35-39 points)
- _____ Unsatisfactory (30-34 points)
- _____ Poor (less than 30 points)

Portfolio Quality

- _____ Outstanding (23-25 points)
- _____ Good (20-22 points)
- _____ Satisfactory (17.5-19 points)
- _____ Unsatisfactory (15-17 points)
- _____ Poor (less than 15 points)

Section 4: Total Points (contents & quality): _____

Grade: _____

Internship Student Signature

Date

University Supervisor Signature

Date

APPENDIX H

DEPARTMENT OF EXERCISE, HEALTH, AND SPORT SCIENCES UNIVERSITY OF SOUTHERN MAINE

MID-TERM AND FINAL EVALUATION

Instructions: This form is to be completed by the Site Supervisor. Utilizing the scale below, rate the Internship Student in each of the three areas that follow and forward this appraisal to the University Supervisor at mid-term and one week prior to the end of the Internship experience. Record N/A in areas that are not applicable and adjust scoring appropriately.

*CONFIDENTIAL INFORMATION

Student's Name: _____ Date: _____

Internship Site: _____

College Supervisor: _____

Site Supervisor: _____

Evaluation Rating Scale:

- (*) = Inadequate information or does not apply to job
- (5) = Excellent: meets top expectations of criteria
- (4) = Good: consistently better than satisfactory in criteria
- (3) = Average: adequate, but no more than satisfactory
- (2) = Below Average: not consistently satisfactory in criteria
- (1) = Unsatisfactory: a completely unsatisfactory performance in criteria

****Place appropriate number in box***

PART I: PERSONAL CHARACTERISTICS

Attendance and Punctuality (___)

Dependable, reliable, punctual.

Comments:

Personal Appearance (___)

Neat, clean and appropriately dressed for internship setting.

Comments:

Resourcefulness (___)

Uses resources well, seeks information from variety of sources.

Comments:

Judgment and Problem Anticipation (___)

Could handle emergency situations, makes common sense decisions, anticipates possible problems areas.

Comments:

Motivational Skills (___)

Is enthusiastic, motivates others, can get the ball rolling.

Comments:

Acceptance of Responsibility (___)

Readily assumes responsibility when appropriate.

Comments:

Initiative, Creativity (___)

Looks for additional work, avoids idleness, originates ideas, makes creative efforts.

Comments:

PART II: PROFESSIONAL RELATIONS

Public Relations Skills (___)

Tactful, diplomatic, courteous behavior.

Comments:

Work Attitudes (___)

Industrious, willing to assist others, does share of work.

Comments:

Rapport with Staff (___)

Works harmoniously with others, cooperative, considerate.

Comments:

Relates to Program Participants (___)

Able to get people involved; shows interest, respect, and concern for program participants.

Comments:

Adaptability (___)

Can adjust plans and actions according to developing situations and changing moods of group.

Comments:

Takes Criticism Constructively (___)

Willing to discuss and recognize weaknesses, works on areas needing improvement.

Comments:

PART III: PROFESSIONAL PROFICIENCIES

Written Communication, Reports (___)

Conveys ideas clearly; does neat, grammatically correct, typographical error-free, organized work; meets deadlines.

Comments:

Oral Communication (___)

Expresses self well, makes points clear to public and others.

Comments:

Task Accomplishment (___)

Completes tasks in quality and timely manner, pursues and follows tasks through to completion.

Comments:

Administrative and Management Ability (___)

Exhibits adequate record-keeping skills.

Comments:

Participates adequately in marketing and sales aspects. (___)

Comments:

Knowledge and Skills Performed (___)

Overall knowledge and skill related to fitness program planning, implementation, evaluation

Comments:

Knowledge in proper use of fitness equipment, including safety aspects. (___)

Comments:

Knowledge and skills in conducting and interpreting fitness assessment data. (___)
Comments:

Knowledge in exercise prescriptions for clientele. (___)
Comments:

Plans activities well in advance of the program. (___)
Comments:

Keeps facilities and equipment in good condition. (___)
Comments:

Is a team player, works well with his/her participants. (___)
Comments:

Professional Growth (___)
Searches for more knowledge and experience; attends meetings; reads, discusses, inquires about the profession.
Comments:

TOTAL POINTS
Part I (Personal Characteristics): _____
Part II (Professional Relations): _____
Part III (Professional Proficiencies): _____
Total Points: _____

Note: If a score of (* not applicable) has been used, please adjust final grade appropriately (divide total points earned by total possible points)

Grading Scale:

A = > 122 points	A- = 117-121 points	
B+ = 113-116 points	B = 109-112 points	B- = 104-108 points
C+ = 100-103 points	C = 95-99 points	C- = 91-94 points
D+ = 87-90 points	D = 78-86 points	F = < 78 points

Based on the Internship Student's total performance, it is suggested that his/her grade be: (please check one)

() A () B () C () D () F

() Incomplete (please state reason(s) why):

The potential of the Internship Student is that he/she:
(please check one)

- () Displays great potential
- () Displays very promising potential
- () Displays possible potential
- () Displays little potential
- () Displays definitely no potential

Please comment to support your total appraisal:

Signed _____ Date: _____
Site Supervisor

Signed _____ Date: _____
University Supervisor

Signed _____ Date: _____
Internship Student

APPENDIX I

DEPARTMENT OF EXERCISE, HEALTH, AND SPORT SCIENCES UNIVERSITY OF SOUTHERN MAINE

CONHP POLICY: BLOOD AND OTHER BODY FLUIDS EXPOSURE

1. Universal Blood and Body Fluid Precautions as set forth by the Centers for Disease Control are to be adhered to in all clinical courses.
2. Nursing and Athletic Training students are required to have the Hepatitis B vaccine series prior to entering clinical courses.
3. If a student is exposed to blood or other body fluids through a needle stick, cut, splash to the eyes or mouth or has a cutaneous exposure involving large amounts of blood or prolonged contact with blood the following actions are to be taken:
 - a. The student immediately informs the clinical faculty member/preceptor.
 - b. The faculty member informs the pertinent agency staff, program chair or director and the Dean.
 - c. The student is medically evaluated within 48 hours by a physician in the facility or within a designated agency if the evaluation cannot be done within the original clinical facility, by a physician of the student's choice, or through University Health Services.
 - d. An incident report is filed with the facility, if required.
 - e. A USM incident report is completed and sent to the Dean by the appropriate department.
 - f. Centers for the Disease Control Guidelines for Prevention of Transmission of Human Immunodeficiency Virus and Hepatitis B Virus should be followed (on file in CON Administrative offices).

POLICY RELATED TO STUDENT INJURY WHILE IN THE CLINICAL AGENCY

1. Seek testing, evaluation, and treatment as appropriate.
2. Fill out an incident report.
3. Through appropriate department, provide copy of incident report to Dean.
4. Contact Susan Taylor, Director of Administration, if you have any questions.

APPENDIX J

DEPARTMENT OF EXERCISE, HEALTH, AND SPORT SCIENCES UNIVERSITY OF SOUTHERN MAINE

Internship Grading

Your final internship grade is based on the following:

- 65% Site supervisor final evaluation grade (Appendix H)
- 10% Site supervisor project grade (Appendix F)
- 10% University supervisor grade of portfolio (Appendix G)
- 15% University supervisor grade of intern responsibilities:
 - 1) Timely submission of written responsibilities (p. 7-8)
 - weekly activity reports
 - mid-term and final evaluations from site supervisor
 - student mid-term and final evaluations of internship
 - portfolio
 - 2) Maintaining communication among site supervisor, university supervisor and intern

APPENDIX K

DEPARTMENT OF EXERCISE, HEALTH, AND SPORT SCIENCES UNIVERSITY OF SOUTHERN MAINE

SITE SUPERVISOR QUALIFICATIONS & RESPONSIBILITIES

The site supervisor plays an important role in the internship program, assisting the intern in attaining further knowledge and skills related to the field, and in influencing the intern's decisions regarding future career choices. The site supervisor should be an enthusiastic and dedicated professional in the field, willing to establish a mutual, positive relationship with the student intern.

Professional Qualifications

- Hold an undergraduate or graduate degree in the field of health fitness or related field (certification in personal training and group exercise preferred)
- Have a minimum of 3 years supervisory experience in health fitness
- Have a minimum term of employment at current location: 1 year
- Possess the knowledge, experience, involvement with professional organizations/activities
- Possess the ability to communicate knowledge and experience
- Have an awareness of current research, knowledge and programs in health fitness

Personal Qualifications

- Strong desire to work with student interns
- Aware of the demanding nature of intern supervision
- Accept student intern as a co-worker
- Understand the concerns of "novice" worker
- Well organized
- Good communication skills
- Role model: maintains emotional and physical well-being

General Responsibilities

- Introduces intern to all personnel
- Familiarizes student with facilities, equipment, policies, procedures
- Requires intern to participate in all aspects of the program
- Familiarizes intern with forms, records, files to be used
- Emphasizes importance of professional appearance and standards, communication and organizational skills
- Encourages intern to be creative and try new ideas and programs
- Shares ideas and materials with the intern

Specific Responsibilities

- Meets with intern prior to each session and states specific responsibilities and expectations
- Provides intern with long-term schedules of activities, copies of all written materials
- Plans program so that the intern gradually assumes greater responsibilities, from observing to assisting to leading/teaching to carrying out administrative duties
- Assesses intern's knowledge and skills on a regular basis and provides frequent oral and written feedback to the intern, outlining strengths and areas needing work
- Completes required evaluation forms (see Appendices F, H)
- Reviews mid- and final intern evaluation with student intern and university supervisor
- Contacts university supervisor should issues arise

Required Student Experiences

1. Assist and administer health screening and/or fitness evaluations.
2. Assist in developing individual exercise programs.
3. Assist and educate participants in proper use of equipment: orientations, floor work, personal training.
4. Assist and conduct group exercise programs.
5. Assist and conduct health promotion programs.
6. Develop and conduct one special project during the internship experience.
7. Enforce site rules and regulations to assure participant safety.
8. Keep records and files on program participants secured and confidential.
9. Supervise and interact with participants on a regular basis and assist them in making appropriate decisions in all aspects of health fitness.
10. Assist the site supervisor in all aspects of the program.
11. Share knowledge, skills and materials with your cooperating supervisor.

Due Dates

	<u>Spring</u>	<u>Summer</u>
Internship Application (App A):	November 1	March 1
New Site Contract (signed by all parties):	December 1	April 1
Internship Start Date:	January 2-30	May 15-30
Internship Completion Date:	May 1-15	August 1-15

Time Requirement

The total required hours for the internship is as follows:

<u>No. of credits</u> (based on 15 weeks)	<u>Total hours</u>	<u>Hours/week</u>
9	360	24
*12	480	32

A minimum of 9 credit hours is required for the internship. *For students desiring a full-time internship (12 credit hours), 3 additional elective credits may be used beyond the 9 credit hours.

If desired, students may choose to complete the required hours in a shorter period of time, however, the total hours must be completed within the scheduled semester. The total hours includes all scheduled activities at the site.

** Note: Students may not log more than 45 internship hours in any one week.

SPECIFIC COURSE CONTENT RELATED TO HEALTH FITNESS

Please evaluate how well the Health Fitness Major prepared you in each of these areas.

EHSS CORE CONTENT	RATING
Chemistry for the Health Sciences	
Anatomy & Physiology I	
Anatomy & Physiology II	
Human Nutrition	
Emergency Response	
Lifetime Physical Fitness & Wellness	
Introduction to Sports Medicine	
Nutrition for Physical Performance	
Physiology of Exercise	
Kinesiology	
Exercise Testing, Assessment & Prescription	
Physics	
Statistics	

HEALTH FITNESS MAJOR CONTENT	RATING
Introduction to Business	
Psychology of Physical Activity & Sport	
Exercise Leadership	
Group Exercise Instruction	
Methods of Resistance Training & Conditioning	
Health Promotion Programs	
Health Fitness Practicum I (Personal Training)	
Health Fitness Practicum II (Group Exercise)	
Exercise for Special Populations	
Fitness Facility Management	
Clinical Internship	
Electives	

HEALTH FITNESS COMPETENCIES

Please evaluate your overall impression of the Health Fitness Major with regard to the Competencies as defined by the ACSM.

DOMAIN	RATING
Anatomy and Biomechanics	
Exercise Physiology	
Human Development & Aging	
Pathophysiology/Risk Factors	
Health Appraisal & Fitness Testing	
Safety, Injury Prevention & Emergency Care	
Exercise Programming	
Nutrition & Weight Management	
Human Behavior & Psychology	
Program and Administration/Management	

Please respond to each of the following aspects of the Health Fitness Major with respect to strengths and areas which need improvement.

Academic Preparation:

(Areas of strength) _____

(Areas needing improvement) _____

Clinical Preparation: (USM Fitness Center Practicum, Off Campus Clinical Internship Sites)

(Areas of strength) _____

(Areas needing improvement) _____

Instructors:

(Areas of strength) _____

(Areas needing improvement) _____

Facilities/Equipment:

(Areas of strength) _____

(Areas needing improvement) _____

ALUMNI ACTIVITIES

Would you be interested in forming (or help to form) a USM Health Fitness Alumni Club? This club would take on the responsibilities of keeping the alumni up to date on USM Health Fitness and University alumni activities and meeting socially at events, such as at the ACSM national meeting each year.

Yes _____

No _____

Can we include you in a listing of all of the graduates of this curriculum? This means we have your permission to print you name, home address, home phone, work address, work phone, fax, e-mail address and present position with the approval to mail this information to your fellow alumni?

Yes _____

No _____

APPENDIX M

DEPARTMENT OF EXERCISE, HEALTH, AND SPORT SCIENCES UNIVERSITY OF SOUTHERN MAINE

Sample Introductory Letter to Site Supervisor

Date

Supervisor's Name

Facility Name

Facility Address

Dear _____:

Thank you for providing a Health Fitness internship experience for _____ for the summer, 2009 semester. _____ is enrolled in SPM 495, Clinical Internship in Health Fitness, in the Department of Exercise, Health, and Sport Sciences, at the University of Southern Maine. This internship serves as the culminating experience for the Health Fitness student, whereby he/she gets to apply all they have learned in their undergraduate program.

See attached for a list of site supervisor qualifications and responsibilities, as well as a list of required student intern experiences. The student is required to complete a minimum of 360 hours (9 credits) during their internship. Students are allowed to accumulate internship hours up to 45 hours per week. Required start and finish dates for the internship are listed on the attached form as well.

While at your site, _____ will work with you as her designated Site Supervisor. I will serve as the student's University Supervisor and will be responsible for overall supervision of the student, including on-site visits to be arranged (if within 120 mile radius of the University). You shall directly supervise the student and ensure that the student does not work independently as a practitioner.

Our procedure in Health Fitness internships requires a signed Clinical Affiliation Agreement. As stipulated in the agreement, the University provides liability insurance coverage for students in unpaid internships, and the Site provides coverage for students in paid internships. A copy of the signed Agreement is attached.

Thank you again for agreeing to provide a valuable learning experience for _____. Should you have any questions/concerns, feel free to contact me. I look forward to meeting/talking with you in the near future.

Respectfully,

University Supervisor

APPENDIX M

DEPARTMENT OF EXERCISE, HEALTH, AND SPORT SCIENCES UNIVERSITY OF SOUTHERN MAINE

Sample Thank You Letter to Site Supervisor

Supervisor's Name

Facility Name

Facility Address

Dear _____,

Thank you for providing a valuable internship experience for _____ during the past semester. Feedback from _____ was most positive and I know he/she felt she learned a great deal from you and others at your facility.

This internship serves as the culminating experience for students, allowing them to apply all they have learned in their undergraduate program. We appreciate you serving as our student's designated Site Supervisor and all the responsibilities, written or otherwise, that go along with that position.

I hope to send future interns your way. Should you have any feedback on our curriculum or the student's preparation for the internship, feel free to contact me. I've attached a copy of our Health Fitness curriculum and will contact you in the future for your input. I look forward to working with you again in the future.

Respectfully,

University Supervisor

CLINICAL AFFILIATION AGREEMENT

UNIVERSITY OF SOUTHERN MAINE

and

This Agreement made and effective this _____ day of _____ 2009 by and between _____ and UNIVERSITY OF MAINE SYSTEM, acting through University of Southern Maine, shall be for the purpose of establishing a clinical experience within the educational program.

The College of Nursing and Health Professions (CONHP) at the University offers programs leading to a bachelor of science in sports medicine. Three majors are available: athletic training, health fitness, and exercise physiology. These programs offer students the opportunity to gain clinical experience. Upon completion of the curriculum, the undergraduate athletic training major will be eligible to challenge the Board of Certification (BOC) examination of the National Athletic Trainers' Association (NATA). The health fitness major will be eligible to challenge the Health Fitness Instructor certification examination administered under the auspices of the American College of Sports Medicine (ACSM). Also aligned with the ACSM, the exercise physiology major, upon completion of the curriculum, will be prepared to challenge the Exercise Specialist certification examination administered through the ACSM.

This agreement applies to the following programs: athletic training, health fitness, and exercise physiology.

NOW, THEREFORE, IN CONSIDERATION OF the mutual covenants contained herein, the parties hereto agree as follows:

1. THE FACILITY AGREES TO:

1. Plan cooperatively with University faculty so that the students' clinical learning experiences are designed to achieve those educational purposes as determined by the faculty.
2. Comply with all regulations and laws including those affecting health and safety and exposure to blood or other potentially infectious bodily fluids, including providing to students the same testing and counseling provided to the Facility's employees. The student is responsible for the cost of the testing and counseling.
3. Assume responsibility for the orientation of the students and faculty to rules, regulations, policies and procedures of the Facility insofar as they pertain to the

activities of the students while participating in the Program.

4. Provide for the ongoing coordination of the students' learning experiences at the Facility through the person of the _____ or her/his designee.

5. Make available to the students and the faculty of the University clinical learning resources, facilities and opportunities for clinical learning experiences in specific subject matters and at fixed times, and to a designated number of students, all agreed upon in writing in advance.

6. Provide agreed upon space for the use of faculty and student conferences to the extent that space is available.

7. Allow the University to list the Facility in its catalogs, student recruitment efforts, etc.

8. Provide initial emergency care, if available, for students who are injured or become ill while on duty in an assignment at the Facility, and notify the Director of Exercise, Health, and Sport Sciences Programs, or his designee, of such injury or illness. It is understood that students (or their parents or guardians as the case may be) shall be responsible for their own medical expenses, whether incurred at the Facility or elsewhere.

9. Indemnify and hold the University harmless from any and all expenses, claims, lawsuits and judgments which the University may become liable to pay or defend as the result of the negligent acts or omissions of the Facility, its directors, trustees, officers, employees agents and volunteers or of a University student acting at the direction of the Facility, its directors, trustees, officers, employees, agents or volunteers, arising out of or in connection with their participating in the program at the Facility pursuant to this Agreement.

10. The Facility agrees to maintain, and on request to furnish proof of, commercial general liability insurance in an amount of coverage of not less than \$1,000,000 per occurrence, insuring against the negligent acts or omissions of the Facility, its directors, trustees, officers, employees, agents or volunteers participating in the program at the Facility.

11. The Facility agrees to maintain records and reports required by the University for conducting the educational program. The Facility agrees to implement and maintain reasonable safeguards to protect the security and confidentiality of students records and information, protect against anticipated threats to the security or integrity of such records and information and protect against unauthorized access to, or use of, such records and information that could result in substantial harm or inconvenience to the student.

2. THE UNIVERSITY AGREES TO:

1. Conduct the Program in accordance with the philosophy and policies of the University, the Facility and other associations affecting this Program.
2. Provide for the ongoing coordination of the Students' learning experiences at the Facility through the Director of Exercise, Health, and Sport Sciences Program, his designee or an on-site faculty member.
3. Explain the philosophy and purposes of the Program to the Facility.
4. Furnish the Facility with the clinical objectives, the required student curriculum and names of students receiving clinical instruction.
5. Describe to the Facility the criteria for the selection of clinical learning experiences for students.
6. Plan and evaluate cooperatively with the Facility students' learning experiences at the Facility.
7. Arrange cooperatively for the orientation of students to the clinical area at the Facility, and encourage in the student's appropriate attitudes and relationships as members of the Facility in order to engender a cooperative spirit.
8. Accord the facility the right to suspend or terminate the affiliation of any student for reasons of unsatisfactory performance, a medical condition which renders the student unable to perform Program requirements, or other reasonable causes. Any action which may result in suspension or termination will not take effect until a University representative and a Facility representative have discussed the situation and have come to an agreement on the appropriate action to be taken. This does not limit the right of the Facility in its sole discretion on any specific occasion to deny the privilege of practice or participation in the Program at the Facility when in the considered opinion of the Facility, it is in the best interest of its clients to do so.
9. The University agrees to indemnify and hold the Facility harmless from and against any and all claims, actions, lawsuits, judgments and costs, including reasonable attorney's fees, that the Facility may become liable to pay or defend due to bodily injury or property damage caused by the negligent acts or omissions of the University, its employees or students, except for a University student acting at the direction of the Facility, its directors, trustees, officers, employees, agents, or volunteers, arising out of or in connection with the University's participating in the Program at the Facility pursuant to this Agreement, PROVIDED that any liability of the University under this Agreement shall be limited by the provisions and limitations of the Maine Tort Claims Act, 14 M.R.S.A. §8101, et seq.

10. The University agrees to maintain, and on request to furnish proof of commercial general liability insurance in an amount of coverage of not less than \$1,000,000 per occurrence, insuring against the negligent acts or omissions of University students or faculty participating in the Program at the Facility pursuant to this Agreement.

12. Upon written request, the University agrees to submit documentation evidencing current certification of basic CPR skills for all students participating at the Facility under this Agreement.

3. BOTH PARTIES AGREE:

1. University and the Facility shall communicate at least once during each educational affiliation to discuss issues of mutual concern. Onsite visits will be arranged as the situation warrants.

2. Students and University faculty shall not be classified as employees of the Facility, and shall not be entitled to any payment from the Facility in the nature of benefits under the Maine Worker's Compensation Act for any accident, illness, occurrence or event occurring in or relating to the Facility and arising out of the Program or for any other purpose.

3. Students shall not receive any compensation from the Facility for their participation in the Program. Nothing in this Agreement shall preclude receipt by the Facility of compensation from any person for any service performed by a student in the Program. It is intended that for all purposes the students shall be students of the University and not employees of the Facility or the University.

4. At no time shall either party discriminate against students on the grounds of race, color, religion, sex, sexual orientation including transgender status or gender expression, national origin or citizenship status, age, disability, or veteran status. The University encourages the Facility in the employment of individuals with disabilities.

5. Both parties agree to be responsible for their own equipment used in the activities of the program.

6. This Agreement may be terminated by the mutual assent of both parties or by either party upon ninety (90) days written notice to the other party. In the event of termination of this Agreement as specified above, the University shall have the right to complete the clinical affiliation for those students presently enrolled in the program.

7. This Agreement shall be subject to change after discussion and due consideration by both parties with their mutual consent. Any such change must be stated in writing and signed by both parties prior to being enforceable.

FACILITY _____

By: _____
Signature Date

Name: *(please print)*
Title:
Address:

UNIVERSITY OF MAINE SYSTEM

By: _____
Judith A. Spross, PhD, RN, AOCN, FAAN
Acting Dean and Professor
College of Nursing and Health Professions
University of Southern Maine
Date

Rev. 07/09

CLINICAL AFFILIATION AGREEMENT - COOPERATIVE EDUCATION

UNIVERSITY OF SOUTHERN MAINE

and

This Agreement made and effective this _____ day of _____ 2009 by and between _____ and UNIVERSITY OF MAINE SYSTEM, acting through University of Southern Maine, shall be for the purpose of establishing a clinical cooperative education experience within the educational program.

The College of Nursing and Health Professions (CONHP) at the University offers programs leading to a bachelor of science in sports medicine. Three majors are available: athletic training, health fitness, and exercise physiology. These programs offer students the opportunity to gain clinical experience. Upon completion of the curriculum, the undergraduate athletic training major will be eligible to challenge the Board of Certification (BOC) examination of the National Athletic Trainers' Association (NATA). The health fitness major will be eligible to challenge the Health Fitness Instructor certification examination administered under the auspices of the American College of Sports Medicine (ACSM). Also aligned with the ACSM, the exercise physiology major, upon completion of the curriculum, will be prepared to challenge the Exercise Specialist certification examination administered through the ACSM.

This agreement applies to the following programs: athletic training, health fitness, and exercise physiology.

NOW, THEREFORE, IN CONSIDERATION OF the mutual covenants contained herein, the parties hereto agree as follows:

1. THE FACILITY AGREES TO:

1. Plan cooperatively with University faculty so that the students' clinical learning experiences are designed to achieve those educational purposes as determined by the faculty.
2. Comply with all regulations and laws including those affecting health and safety and exposure to blood or other potentially infectious bodily fluids, including providing to students the same testing and counseling provided to the Facility's other employees. The student is responsible for the cost of the testing and counseling.

3. Assume responsibility for the orientation of the students and faculty to rules, regulations, policies and procedures of the Facility insofar as they pertain to the activities of the students while participating in the Program.
4. Provide for the ongoing coordination of the students' learning experiences at the Facility through the person of the _____ or her/his designee.
5. Make available to the students and the faculty of the University clinical learning resources, facilities and opportunities for clinical learning experiences in specific subject matters and at fixed times, and to a designated number of students, all agreed upon in writing in advance.
6. Provide agreed upon space for the use of faculty and student conferences to the extent that space is available.
7. Allow the University to list the Facility in its catalogs, student recruitment efforts, etc.
8. Provide initial emergency care, if available, for students who are injured or become ill while on duty in an assignment at the Facility, and notify the Director of Exercise, Health, and Sport Sciences Programs, or his designee, of such injury or illness.
9. Indemnify and hold the University harmless from any and all expenses, claims, lawsuits and judgments which the University may become liable to pay or defend as the result of the negligent acts or omissions of the Facility, its directors, trustees, officers, employees agents and volunteers or of a University student acting at the direction of the Facility, its directors, trustees, officers, employees, agents or volunteers, arising out of or in connection with their participating in the program at the Facility pursuant to this Agreement.
10. The Facility agrees to maintain, and on request to furnish proof of, insurance coverage and limits listed below to protect the Facility and the Student and other Facility employees performing work covered by this agreement:

<u>Insurance Type</u>	<u>Coverage Limit</u>
a. Medical Professional Liability	\$2,000,000 coverage or higher
b. Commercial General Liability (Written on an Occurrence-based form)	\$1,000,000 per occurrence or more (Bodily Injury and Property Damage)
c. Workers Compensation	\$500,000 Injury by Accident \$500,000 Injury by Disease
d. Automobile Liability	\$1,000,000 per occurrence or more

11. The University of Maine System shall be named as an Additional Insured on the Medical Professional Liability, Commercial General Liability, and Auto Liability insurance policies. The Facility shall provide the University with original certificates of Insurance for the insurance required by this section. Said certificates, in addition to proof of coverage, shall contain a statement that the insurance may not be canceled, allowed to expire or materially changed without providing thirty (30) days prior written notice to the University.

As additional insured and certificate holder, the University should be included as follows:

The University of Maine System
Office of Facilities
107 Maine Avenue
Bangor, ME 04401

12. The Facility agrees to maintain records and reports required by the University for conducting the educational program. The Facility agrees to implement and maintain reasonable safeguards to protect the security and confidentiality of student records and information, protect against anticipated threats to the security or integrity of such records and information and protect against unauthorized access to, or use of, such records and information that could result in substantial harm or inconvenience to the student.

2. THE UNIVERSITY AGREES TO:

1. Conduct the Program in accordance with the philosophy and policies of the University, the Facility and other associations affecting this Program.

2. Provide for the ongoing coordination of the Students' learning experiences at the Facility through the Director of Exercise, Health, and Sport Sciences Program, his designee or an on-site faculty member.

3. Explain the philosophy and purposes of the Program to the Facility.

4. Furnish the Facility with the clinical objectives, the required student curriculum and names of students receiving clinical instruction.

5. Describe to the Facility the criteria for the selection of clinical learning experiences for students.

6. Plan and evaluate cooperatively with the Facility students' learning experiences at the Facility.

7. Arrange cooperatively for the orientation of students to the clinical area at the Facility, and encourage in the students appropriate attitudes and relationships as members of the Facility

in order to engender a cooperative spirit.

8. Accord the Facility the right to suspend or terminate the affiliation of any student for reasons of unsatisfactory performance, a medical condition which renders the student unable to perform Program requirements, or other reasonable causes.

9. Upon written request, the University agrees to submit documentation evidencing current certification of basic CPR skills for all students participating at the Facility under this Agreement.

3. BOTH PARTIES AGREE:

1. University and the Facility shall communicate at least once during each educational affiliation to discuss issues of mutual concern. Onsite visits will be arranged as the situation warrants.

2. University faculty shall not be classified as employees of the Facility, and shall not be entitled to any payment from the Facility in the nature of benefits under the Maine Worker's Compensation Act for any accident, illness, occurrence or event occurring in or relating to the Facility and arising out of the Program or for any other purpose.

3. At no time shall either party discriminate against students on the grounds of race, color, religion, sex, sexual orientation including transgender status or gender expression, national origin or citizenship status, age, disability, or veteran status. The University encourages the Facility in the employment of individuals with disabilities.

4. Both parties agree to be responsible for their own equipment used in the activities of the program.

5. This Agreement may be terminated by the mutual assent of both parties or by either party upon ninety (90) days written notice to the other party. In the event of termination of this Agreement as specified above, the University shall have the right to complete the clinical affiliation for those students presently enrolled in the program.

6. This Agreement shall be subject to change after discussion and due consideration by both parties with their mutual consent. Any such change must be stated in writing and signed by both parties prior to being enforceable.

7. Students participating in clinical rotations at the Facility under this Agreement shall be regarded for all legal and tax purposes as employees of Facility during the term of this Agreement and shall receive salary and benefits from Facility. Facility shall discharge all obligations imposed upon employers under the law including, without limitation, payment of wages, social security taxes,

withholding taxes, unemployment taxes and worker's compensation. The Students shall not be considered employees of the University for any purpose and shall not be entitled to any retirement benefits, social security benefits, group health or life insurance, vacation or sick leave, worker's compensation, or any other similar benefits from the University. The Students shall not receive any compensation directly from the University for their participation in the clinical rotations.

FACILITY _____

By: _____
Signature Date

Name: *(please print)*

Title:

Address:

UNIVERSITY OF MAINE SYSTEM

By: _____
Judith A. Spross, PhD, RN, AOCN, FAAN Date

Acting Dean and Professor

College of Nursing and Health Professions

University of Southern Maine

Rev. 07/09