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INTRODUCTION

Internship Overview

The ultimate goal of the exercise physiology internship is to provide a meaningful and successful learning experience for the student. It is the capstone experience of the exercise physiology 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” exercise physiology 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 exercise physiology arena.

The internship takes place in an exercise physiology 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 exercise physiology. 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 an initiative on your part to locate an appropriate site. For most students, the internship will take place during the spring 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 evaluation. 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 evaluation, 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 role, 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.

________ 2. Verify that you have completed the basic requirements for Internship:
   a) Senior standing
   b) Completion of all Exercise Physiology required courses or concurrent
      (excluding university core courses and electives)
   c) Minimum cumulative GPA of 2.5

________ 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
   Exercise, Health, and Sport Sciences department). 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. Prior to
   attending your interview, review the “Selecting an Internship Site”
   section of this manual.

________ 6. Complete the Application for Internship (Appendix A). Turn in
   application to academic advisor.

________ 7. If the site for placement accepts you, check with the University Supervisor
   to make sure that a Clinical Affiliation Agreement or a Cooperative
   Education Agreement has been completed for that site. If there is not a
   completed contract send the appropriate contract to the site. The
   completed contract must be returned to the University Supervisor before
   the Internship begins.

________ 8. Provide the Internship site access to the Internship Manual and necessary
   forms as needed.

________ 9. Follow the Student Responsibilities section of this manual to guide you
   through the requirements for the Internship.

________ 10. Complete the Internship Information Form/Schedule (Appendix B) and
     send to the University Supervisor.
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 you with the experiences that will help you gain important knowledge and skills for the potential jobs/graduate programs that you are interested in?
2. Do you have the knowledge, skills, certifications and experience required to be accepted into the internship?
3. Will the site supervisor be a positive mentor to you? Will this person agree to do an in-depth evaluation and assist your progress?
4. Are there opportunities to gain certifications and/or learn new techniques 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 you the number of hours needed for the internship? Keep in mind the following requirements:

<table>
<thead>
<tr>
<th>No. of credits</th>
<th>Total hours</th>
<th>Hours/week (based on 14 weeks)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>360</td>
<td>26</td>
</tr>
<tr>
<td>12</td>
<td>480</td>
<td>34</td>
</tr>
</tbody>
</table>

7. Will the site agree to all of the university’s requirements?
8. Is the site located in an area where you 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

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 chair 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, is it 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.
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 perform exercise tests/rehabilitation and/or research data collection and analysis
2. Assist in developing individual exercise prescriptions and/or research study designs/methods
3. Develop and conduct one special project during the internship experience
4. Enforce site rules and regulations to assure patient/subject/athlete safety
5. Keep records and files on patients/subjects/athletes secured and confidential
6. Assist with patient/subject/athlete management on a regular basis
7. Assist the site supervisor in all aspects of the program and/or research
8. Share knowledge, skills and materials with your cooperating supervisor

Time Requirement

The total required clock hours for the internship is as follows:

<table>
<thead>
<tr>
<th>No. of credits *</th>
<th>Total hours</th>
<th>Hours/week (based on 14 weeks)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>360</td>
<td>26</td>
</tr>
<tr>
<td>*12</td>
<td>480</td>
<td>34</td>
</tr>
</tbody>
</table>

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.

*Note: students may not log more than 45 internship hours per week.

Written Responsibilities

Weekly Schedule
You are to submit your weekly schedule to your university supervisor at the beginning of the semester (Appendix B). 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 the report 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. This project may take the form of a comprehensive case study report on a cardiopulmonary patient; collecting, interpreting and analyzing research data and writing up a formal research report; developing a comprehensive exercise prescription and training program for an elite athlete or professional sports team; or any other relevant undertaking. The university supervisor must approve this project.

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 (Appendix B)
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. List of facilities and equipment
   E. Description of participants
V. Daily Log/Personal Journal
VI. Weekly Activity Sheets
VII. Intern’s Special Project
VIII. Handouts/related Literature (if applicable)
IX. Evaluations
   A. Mid-term
   B. Final
   C. Project evaluation
X. Graduation Survey
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 intern.

Professional Qualifications
- Hold an undergraduate or graduate degree in the field of exercise physiology or related field
- Minimum of 3 years supervisory experience in exercise physiology
- Minimum term of employment at current location: 1 year
- Knowledge, experience, involvement with professional organizations and activities
- Ability to communicate knowledge and experience
- Awareness of current research, knowledge, programs in exercise physiology

Personal Qualifications
- Possess strong desire to work with student interns
- Aware of the demanding nature of intern supervision
- Acceptance of student as co-worker
- Understand 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
- 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
- Shares ideas and materials with the intern

Specific Responsibilities
- Meets with intern and states specific responsibilities and expectations
- Provides student with long-term schedule and copies of all written materials
- Plans program so that student gradually assumes greater responsibilities, from observing to assisting to performing or carrying out independent tasks and 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 E, G))
- 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
- Conduct conferences with the site supervisor as needed
- Visit in state internship sites 1 time within 100 miles of the Gorham campus. Additional visits may occur at the discretion of the University Supervisor.
- Periodically review the intern’s portfolio
- Collect and evaluate all assignments in a timely manner
- Schedule individual conferences with interns if requested
- Take immediate remedial action when site supervisor and/or intern notes that the internship experience is detrimental to either party
- Collect and forward graduation survey (appendix J) and Appendix B to Exercise Science Program Director.
- Provide the department core curriculum committee the completed student evaluation of the internship (appendix D).

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 himself/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. (Appendix H)
APPENDIX A

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

APPLICATION FOR EXERCISE PHYSIOLOGY INTERNSHIP

Instructions: Student is to complete sections A through F, then turn in application to academic advisor. Academic advisor completes section G and forwards to university supervisor.

A. Background Information
   Name: ________________________________  Student ID No.: _____________
   Address: ________________________________  Phone: ______________
   ______________________________________________________________________
   Email: _____________________________
   Current Cumulative GPA: _______________  Semester of Internship: ______
   Anticipated Date of Graduation: _____________

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

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

E. Medical and professional liability insurance: Medical insurance is required, and though not required, liability insurance is highly recommended and may be required at your internship site. Attach a photocopy of professional liability insurance policy.
F. 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

* The section below is to be completed by the Academic Advisor

G. Satisfaction of internship eligibility requirements

<table>
<thead>
<tr>
<th>Required course work completed</th>
<th>Acceptable</th>
<th>*Deficient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimum G.P.A. attained</td>
<td></td>
<td></td>
</tr>
<tr>
<td>C- or better in major coursework</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

_________________________________________________ Date: _______________
Academic Advisor Signature

H. Satisfaction of internship site requirements (to be completed by university supervisor):

<table>
<thead>
<tr>
<th>Internship Site</th>
<th>Accepted</th>
<th>*Rejected</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Choice:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2nd Choice:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3rd Choice:</td>
<td></td>
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</tbody>
</table>

_________________________________________________ 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

<table>
<thead>
<tr>
<th>Day</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td></td>
</tr>
<tr>
<td>Tuesday</td>
<td></td>
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<tr>
<td>Wednesday</td>
<td></td>
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<td>Thursday</td>
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<td>Friday</td>
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<tr>
<td>Saturday</td>
<td></td>
</tr>
<tr>
<td>Sunday</td>
<td></td>
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</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Area to Report</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exercise Testing</td>
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</tr>
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<td>Developing</td>
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<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Exercise Prescriptions</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Data Collection</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Data Analysis</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Assisting the Supervisor</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Taking/teaching Classes</td>
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<td>Administrative Activities</td>
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<tr>
<td>Maintenance Activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conferences, Meetings, Training</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Planning</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL HOURS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Weekly Hours: __________  Cumulated Internship Hours: __________
APPENDIX D

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 patient/subject/athlete management and supervision.

____ 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 D (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         4 - Poor
2 - Good             5 - Very Poor
3 - Average

Overall rating: ________________

1. Specific strengths noted:

2. Areas needing improvement:

3. Overall comments
Overall Evaluation of Internship Experience

Instructions: Please answer the following questions regarding your internship experience.

1. In light of your objectives, has this been a good learning experience for you? Have you been able to accomplish your objectives?

2. Describe your most valuable experiences during the internship. Describe the most disappointing aspects of the internship.

3. How would you rate this Internship placement overall? Why?

4. What changes would you recommend to make the internship placement more meaningful (please be specific).
APPENDIX E

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:

<table>
<thead>
<tr>
<th>Rating</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outstanding</td>
<td>10</td>
</tr>
<tr>
<td>Excellent</td>
<td>9</td>
</tr>
<tr>
<td>Above Average</td>
<td>8</td>
</tr>
<tr>
<td>Average</td>
<td>7</td>
</tr>
<tr>
<td>Below Average</td>
<td>6</td>
</tr>
<tr>
<td>Poor</td>
<td>1-5</td>
</tr>
</tbody>
</table>

___ 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 internship site or site supervisor.
___ Professional presentation of final product.

___ TOTAL POINTS _____ GRADE

Comments:

Site Supervisor Signature: __________________________________________________

Internship Student Signature: ______________________________________________
APPENDIX F

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. Evaluations
_____ 10. Graduate Survey

_____ 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

<table>
<thead>
<tr>
<th>Portfolio Contents</th>
<th>Portfolio Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>_____ Outstanding (45-50 points)</td>
<td>_____ Outstanding (23-25 points)</td>
</tr>
<tr>
<td>_____ Good (40-44 points)</td>
<td>_____ Good (20-22 points)</td>
</tr>
<tr>
<td>_____ Satisfactory (35-39 points)</td>
<td>_____ Satisfactory (17.5-19 points)</td>
</tr>
<tr>
<td>_____ Unsatisfactory (30-34 points)</td>
<td>_____ Unsatisfactory (15-17 points)</td>
</tr>
<tr>
<td>_____ Poor (less than 30 points)</td>
<td>_____ Poor (less than 15 points)</td>
</tr>
</tbody>
</table>

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

Grade: ____________

______________________________________________
Internship Student Signature Date

______________________________________________
University Supervisor Signature Date
APPENDIX G

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 rating 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.

*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 (___)
Willingness to readily assume 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 Patients/Subjects/Athletes
Able to get people motivated; shows interest, respect, and concern for patient /subjects/athletes.
Comments:

( ___ )

Adaptability
Can adjust plans and actions according to developing situations.
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:

Knowledge and Skills Performed
Overall knowledge of clinical testing/research methods/exercise program implementation skills.
Comments:

Knowledge in proper use of testing/laboratory equipment, including safety aspects.
Comments:

Knowledge and skills in conducting and interpreting results and/or data
Comments:
Knowledge in exercise prescriptions/research protocols for patients/subjects/athletes. (___)
Comments:

Plans things well in advance. (___)
Comments:

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

Is a team player, works well with others. (___)
Comments:

Professional Growth
Searches for more knowledge and experience; attends meetings; reads, discusses, inquires about the profession. (___)
Comments:
Considering the following criteria, in addition to any evaluative information particularly relative to your organization, what is your overall rating of this Internship Student’s performance. Please attach any additional evaluation forms. It is understood that each organization will weigh the criteria to its own particular situations.

EVALUATION SCALE

1. Excellent
   (Grade of “A”)  “Outstanding” – indicates the very best performance you might reasonably hope for in an entry-level worker in the position concerned. Should be awarded to a “top flight” person, one whom you would hire unreservedly and with enthusiasm.

2. Above Average
   (Grade of “B”)  “Above Average” – indicates a very high quality all-around performance on the part of the Internship Student. This is a person whom you would hire without reservations.

3. Average
   (Grade of “C”)  “Average” – indicates a satisfactory performance that would be expected from any employee. Performance is adequate and no more. This is a person whom you would hire with some reservations.

4. Below Average
   (Grade of “D”)  “Below Average” – indicates a below average all-around performance to date. Improvement expected with additional training/experience. This would be a person whom you would not consider for employment.

5. Unsatisfactory
   (Grade of “F”)  “Unsatisfactory” – indicates all-around unsatisfactory performance. Shows that the Internship Student is not suited to the job or appears not to be capable of doing better. This would be a person whom you would definitely reject for employment.

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
Internship Grading

Your final internship grade is based on the following:

40% Site supervisor final evaluation grade (Appendix G)
10% Site supervisor project grade (Appendix E)
25% University supervisor grade of portfolio (Appendix F)
25% University supervisor grade of intern responsibilities:

1) Timely submission of written responsibilities
   - weekly activity reports
   - mid-term and final evaluations from site supervisor
   - student final evaluation of internship
   - portfolio

2) Maintaining communication among site supervisor, university supervisor and intern
APPENDIX I
UNIVERSITY OF SOUTHERN MAINE
EXERCISE PHYSIOLOGY PROGRAM
GRADUATION SURVEY

DEMOGRAPHIC INFORMATION
Name(optional): ____________________________________________________________
Gender (circle): M  F
Year graduating from USM: _____________

Years enrolled in Exercise Physiology Curriculum (please circle): 1 2 3 4

FITNESS INSTRUCTOR CERTIFICATION INFORMATION
Current certification: _____________
Current date of certification: _____________
Anticipated future certifications: _____________

POST UNDERGRADUATE EDUCATION (answer if applicable)
College/University accepted to: _____________________________________________
Anticipated area of study (eg ex phys, kinesiology, etc)________________________
Anticipated degree (eg MS, MEd, MPT): ___________________________________
Date of anticipated graduation: ___________________________________________

USM UNDERGRADUATE EXERCISE PHYSIOLOGY EDUCATIONAL EXPERIENCE EVALUATION
Please use the following rating scale when evaluating the Exercise Physiology Major at the University of Southern Maine.

RATING SCALE
5 =Superior  4 =Above Average   3 =Average   2 =Below Average   1 =Poor

OVERALL EVALUATION
Please evaluate your overall impression of the Exercise Physiology Major with regard to the following:

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>RATING</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXERCISE PHYSIOLOGY DIDACTIC (Classroom) KNOWLEDGE</td>
<td></td>
</tr>
<tr>
<td>EXERCISE PHYSIOLOGY CLINICAL EXPERIENCE</td>
<td></td>
</tr>
<tr>
<td>OVERALL RATING OF PROGRAM</td>
<td></td>
</tr>
</tbody>
</table>
SPECIFIC COURSE CONTENT RELATED TO EXERCISE PHYSIOLOGY

Please evaluate how well the Exercise Physiology Major prepared you in each of these areas.

<table>
<thead>
<tr>
<th>EHSS CORE CONTENT</th>
<th>RATING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chemistry</td>
<td></td>
</tr>
<tr>
<td>Anatomy &amp; Physiology I</td>
<td></td>
</tr>
<tr>
<td>Anatomy &amp; Physiology II</td>
<td></td>
</tr>
<tr>
<td>Human Nutrition</td>
<td></td>
</tr>
<tr>
<td>Emergency Response</td>
<td></td>
</tr>
<tr>
<td>Lifetime Physical Fitness &amp; Wellness</td>
<td></td>
</tr>
<tr>
<td>Introduction to Sports Medicine</td>
<td></td>
</tr>
<tr>
<td>Nutrition for Physical Performance</td>
<td></td>
</tr>
<tr>
<td>Methods of Resistance Training</td>
<td></td>
</tr>
<tr>
<td>Physiology of Exercise</td>
<td></td>
</tr>
<tr>
<td>Kinesiology</td>
<td></td>
</tr>
<tr>
<td>Exercise Testing, Assessment &amp; Prescription</td>
<td></td>
</tr>
<tr>
<td>Physics</td>
<td></td>
</tr>
<tr>
<td>Statistics</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EXERCISE PHYSIOLOGY MAJOR CONTENT</th>
<th>RATING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pathophysiology</td>
<td></td>
</tr>
<tr>
<td>Pharmacology</td>
<td></td>
</tr>
<tr>
<td>Health Related Research</td>
<td></td>
</tr>
<tr>
<td>Laboratory Technique in Nutrition and Exercise</td>
<td></td>
</tr>
<tr>
<td>Exercise Physiology Practicum</td>
<td></td>
</tr>
<tr>
<td>Advanced Exercise Physiology</td>
<td></td>
</tr>
<tr>
<td>Practical Application of Nutrition</td>
<td></td>
</tr>
<tr>
<td>ECG Interpretation</td>
<td></td>
</tr>
<tr>
<td>Senior Thesis</td>
<td></td>
</tr>
<tr>
<td>Clinical Internship</td>
<td></td>
</tr>
<tr>
<td>Electives</td>
<td></td>
</tr>
</tbody>
</table>
EXERCISE PHYSIOLOGY PROGRAM STRENGTHS AND WEAKNESSES
Please respond to each of the following aspects of the Exercise Physiology Major with respect to strengths and areas which need improvement.

**Academic Preparation:**

(Areas of strength)

________________________________________________________________________

________________________________________________________________________

(Areas needing improvement)

________________________________________________________________________

________________________________________________________________________

**Clinical Preparation: (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 Exercise Physiology Alumni Club? This club would take on the responsibilities of keeping the alumni up to date on USM Exercise Physiology 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 J

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. Exercise Science students are required to have the Hepatitis B vaccine series prior to entering the internship 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. In the case of blood or other bodily fluid, the student should immediately clean the site (e.g., wash injured skin – needle stick or cut with soap and water; flush splashes to the nose, mouth, or skin with water; irrigating eyes with clean water, saline or sterile irrigant).

   b. In the case of blood or other bodily fluid, the student and his/her site supervisor should contact the source person (per agency policy), if known, to determine his/her willingness to release medical information and/or undergo applicable testing (e.g., hepatitis B, hepatitis C, HIV antibodies). If the source person is willing to do either or both of the above the student should write down the person’s name, phone number, and health care provider’s name. The student should notify his/her health care provider that he/she has source person contact information. The student’s health care provider may elect to follow-up with the source person and/or his/her health care provider. If the source person can be accessed at a later time the student should go immediately for initial testing, counseling around treatment, and treatment.

   c. In the case of blood or other bodily fluid, initial testing, counseling around treatment, and treatment may be available at the clinical agency, if applicable. If initial testing, counseling around treatment, and treatment are not available at the clinical agency the student should go immediately to an emergency room. The student should not delay getting initial testing, counseling around treatment, and treatment.

   d. After initial testing, counseling around treatment, and treatment in cases of blood or other bodily fluid, and in cases of bodily injury, the involved University Site Supervisor works with the student to complete the UMS Incident Report Form and any additional required forms for the clinical agency, if applicable.

A copy of the incident report form must be sent to:

Robert S. Smith, Director Administrative Services
University of Southern Maine
PO Box 9300
Portland, ME 04104-9300
e. The University Supervisor notifies the Exercise, Health, and Sport Sciences Chair and clinical agency, if applicable, and follows their policies/procedures.

f. After the initial testing, counseling around treatment in the case of blood and bodily fluids, and in cases of bodily injury, the student can elect to follow-up with a health care provider of their choice.

g. In cases of blood and bodily fluid, the involved University Supervisor provides student with CDC hotline (1-800-232-4636) or http://www.cdc.gov/netinfo.htm for the most up-to-date information on testing and follow-up. The University Supervisor should strongly encourage the student to call the hotline. Additional resources are identified in note 7 below. The University Supervisor, and the USM Director of Environmental Health and Safety will treat student exposure with utmost confidentiality.

Notes:

1. Student and/or his/her health care insurer (as allowed for under benefit package) are responsible for costs associated with testing, treatment and follow-up.

2. USM University Health Services is not able to do testing and follow-up at this time.

3. The USM form is forwarded to the Director of Environmental Health and Safety solely for USM tracking purposes.

4. If unable to reach the University Supervisor, notify the Chair of the Department of Exercise, Health and Sport Sciences.

5. If the student is covered by USM’s student health insurer, he/she must contact USM University Health Services Director for an automatic referral.

6. The University’s health insurance policy regarding confidentiality may be found both in the Claims Appeal Process section of the student brochure or at www.crossagency.com Medical information is not released to any entity other than the one involved in the process of adjudicating a specific claim. State law prevents any health insurance carrier from discriminating in the acceptance of an applicant if they have been previously insured elsewhere.

7. Hepatitis B virus and hepatitis C virus: 1-888-443-7232 or visit CDC hepatitis website www.cdc.gov/ncidod/diseases/hepatitis/index.htm The HIV/AIDS Treatment Information Service (1-800-448-0440) can be contacted for information on the clinical treatment of HIV/AIDS. For free copies of printed material on HIV infection and AIDS, please call or write the CDC National Prevention Information Network, PO Box 6003, Rockville, MD 20849-6003, 1-800-458-5231 www.cdcnpin.org Additional
information about occupational exposures to bloodborne pathogens is available on the CDC’s National Institute of Occupational Safety and Health’s web site at http://www.cdc.gov/hai/ or call 1-800-232-4636. The National Clinicians Post Exposure Prophylaxis Hotline (PEPline) is 1-888-448-4911.