# TABLE OF CONTENTS

INTRODUCTION .................................................................................. 3  
  Internship Overview ................................................................. 3  
  Objectives of the Internship Program ......................................... 3  

INTERNSHIP PROCEDURES ......................................................... 4  
  Procedures Checklist ................................................................. 4  
  Selecting an Internship Site ....................................................... 5  

INTERNSHIP POLICIES ................................................................. 6  

STUDENT INTERN RESPONSIBILITIES ...................................... 6  
  General Responsibilities ........................................................... 6  
  Specific Responsibilities ........................................................... 6  
  Written Responsibilities ........................................................... 7  

SITE SUPERVISOR QUALIFICATIONS & RESPONSIBILITIES ...... 8  

UNIVERSITY SUPERVISOR RESPONSIBILITIES ...................... 9  

EVALUATION OF THE STUDENT INTERN .............................. 9  

APPENDICES .................................................................................. 10  
  A. Application for Internship ..................................................... 10  
  B. Internship Information Form & Schedule ................................ 12  
  C. Weekly Activity Report ....................................................... 13  
  D. Internship Evaluation by Student ......................................... 14  
  E. Evaluation of Internship Portfolio ......................................... 17  
  F. Mid-Term and Final Evaluation Form .................................... 19  
  G. Internship Grading ................................................................. 25  
  H. Communicable Disease Policy .............................................. 26  
  I. ATEP Graduation Survey ...................................................... 28  
  J. Therapeutic Equipment Table .............................................. 33
INTRODUCTION

Internship Overview

The purpose of the internship is to provide you the opportunity to apply all the cognitive, psychomotor, and affective competencies gained during your entire academic program to an athletic training setting of your choice. The ultimate goal of the athletic training internship is to provide a meaningful and successful learning experience for the student outside of the structured proficiency model utilized previously in Athletic Training Clinics I-IV. It is essentially a capstone experience of the athletic training curriculum. 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 athletic training arena.

The internship 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 competency in athletic training. 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 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 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, use this checklist and 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 Athletic Training required courses or concurrent enrollment (excluding university core courses and electives)
   c) Minimum cumulative GPA of 2.50

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). These are sites which USM already has a clinical contract. 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 and assure that the internship site, and the internship supervisor, have, or are willing to develop and/or complete, the following:
   a) Clinical contract (if needed)
   b) Preceptor training for all who will serve as a site supervisor (arrange through the ATPs Clinical Coordinator)
   c) Emergency Action Plan for the facility
   d) Standard OSHA rules and regulations including standards for hand washing and sanitizing.
   e) List of all Therapeutic Equipment (ie modalities, rehabilitation equipment, etc) housed within the facility (if applicable) (Appendix J)
   f) Document annual safety and calibration checks for all therapeutic modalities housed within the facility (if applicable) (Appendix J)

6. Complete the *Application for Internship* (Appendix A). Turn in application to your Academic Advisor for approval.

7. If the site for placement accepts you, check with the University Supervisor to make sure that a *Clinical Affiliation 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 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 you an overall picture of the profession, affording you 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>3</td>
<td>120</td>
<td>9</td>
</tr>
<tr>
<td>6</td>
<td>240</td>
<td>18</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 Manual
2. Career Services
3. On-line resources
4. Telephone directories
5. Professional 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 or the Athletic Training Education Handbook. You are also expected to wear your name tag.

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.

Specific Responsibilities

You are encouraged to participate in all activities planned by the internship site.

Time Requirement

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

<table>
<thead>
<tr>
<th>No. of credits</th>
<th>Total hours</th>
<th>Hours/week (based on 14 weeks)</th>
</tr>
</thead>
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<td>9</td>
</tr>
<tr>
<td>6</td>
<td>240</td>
<td>18</td>
</tr>
</tbody>
</table>

It is expected hours will occur across the semester, and not be front, or back, loaded.
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.

Summative Reflection Paper: You will write a final reflection paper in which you reflect on your entire internship experience. You can reflect on such areas as academic connections – In what ways has this experience related to what you have learned in the classroom; personal development – describe the skills you acquired or polished during the experience and/or identify your personal growth; and identify any weaknesses you still need to work on. This paper should be no more than one page in length. Include this paper with your portfolio submission.

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. 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
IV. Summative Reflection Paper
V. Weekly Activity Reports
VI. Handouts/Related Literature
VII. Site Supervisor Evaluations of Student
   A. Mid-Term
   B. Final
VIII. Student Evaluation of Internship
IX. 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
- Be a Certified Athletic Trainer or other health care professional who holds a minimum of a bachelor’s degree
- Minimum term of employment at current location: 1 year
- Knowledge, experience, involvement with professional organizations and activities
- Ability to communicate knowledge and experience
- Is willing to complete USM’s Athletic Training Program’s “Preceptor Training” program

Personal Qualifications
- Possess strong desire to work with student interns
- Aware of the demanding nature of intern supervision
- Acceptance of student as co-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 student with long-term schedules of activities, copies of all written materials
- Plans program so that student 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 Appendix F)
- Reviews mid-term and final intern evaluation with student intern and university supervisor
- Contacts university supervisor should an issue 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 and intern as needed
- Visit in-state internship sites one 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 graduate survey (Appendix I) and Appendix B to the athletic training program director.
- Provide the department core curriculum committee the 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.
APPLICATION FOR ATHLETIC TRAINING INTERNSHIP

Instructions: The student completes sections A through F. The student’s academic advisor completes section G. The instructor of SPM 470 completes section H. The faculty member overseeing the internship experience (university supervisor) completes section J.

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 for the Professional Rescuer/AED certification (ARC or AHA) card to this application.

E. Provide proof of the following:
   1. Site Supervisor completion of Preceptor Training (arrange through the ATPs Clinical Coordinator)
   3. Copy of the facility’s blood borne pathogen policies.
   4. List of all Therapeutic Equipment housed within the facility (Appendix J).
   5. Documentation that all therapeutic modalities have been calibrated, and received a safety inspection, within the past year (Appendix J)
APPENDIX A (cont’d)

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

G. Satisfaction of internship eligibility requirements (completed by academic advisor):

Required course work completed
Minimum G.P.A. attained
C- or better in major coursework

____________________________________ Date: _______________
Academic Advisor Signature

H. Satisfaction of internship requirements (completed by the instructor of SPM 470, Athletic Training Clinic IV)

1. Copy of Resume

2. Copy of CPR for the Professional Rescuer/AED certification (ARC or AHA)

3. Site Supervisor completion of Preceptor Training (date completed)

4. Copy of the facility’s Emergency Action Plan

5. Copy of the facility’s blood-borne pathogen policies

6. List of all Therapeutic Equipment housed within the facility (Appendix J)

7. Documentation that all therapeutic modalities have been calibrated, and received a safety inspection, within the past year (Appendix J)

J. Satisfaction of internship site requirements (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>
<td></td>
</tr>
</tbody>
</table>

____________________________________ Date: _______________
University Supervisor Signature

* Explain deficiencies or reasons for rejecting internship site application:
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
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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<tr>
<td>Thursday</td>
<td></td>
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<tr>
<td>Friday</td>
<td></td>
</tr>
<tr>
<td>Saturday</td>
<td></td>
</tr>
<tr>
<td>Sunday</td>
<td></td>
</tr>
</tbody>
</table>

Please check that the following have been completed:

1. ___________ Discussed the attendance, attire, and conduct expectations of the student.
2. ___________ Orientated the student to the site’s Emergency Action Plan (where it is located; implementation)
3. ___________ Orientated the student to the facility.
4. ___________ Orientated student to hand washing/sanitizing stations and to bio-hazardous waste disposal sites.
5. ___________ Oriented student to where blood-borne pathogen policies are posted.

________________________________________  ________________
Site Supervisor Signature            Date

________________________________________  ________________
Student Signature            Date
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. Send this report, with a short narrative describing your weekly experiences, to your University Supervisor after reviewing with Site Supervisor. Keep a copy for your records.

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 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.
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
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

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. Internship Site Information
_____ 4. Summative Reflection Journal
_____ 5. Weekly Activity Reports
_____ 6. Handouts/related Literature
_____ 7. Site Supervisor Evaluations of Student
   -Midterm
   -Final
_____ 8 Student Evaluation of Internship
_____ 9. Graduation 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

Portfolio Contents | Portfolio Quality
---|---
_____ Outstanding (40-45 points) | _____ Outstanding (23-25 points)
_____ Good (35-40 points) | _____ Good (20-22 points)
_____ Satisfactory (30-35 points) | _____ Satisfactory (17.5-19 points)
_____ Unsatisfactory (25-30 points) | _____ Unsatisfactory (15-17 points)
_____ Poor (less than 25 points) | _____ Poor (less than 15 points)

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

Grade: ___________

______________________________________________  ___________
Internship Student Signature  Date

______________________________________________  ___________
University Supervisor Signature  Date
APPENDIX F

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) = Above Average: 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 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, 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 program planning, implementation, evaluation
Comments:

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

Knowledge and skills in conducting and interpreting 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:
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:

( ___ ) 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 F)

30%  University supervisor grade of portfolio (Appendix E)

30%  University supervisor grade of intern responsibilities:

1) Timely submission of written responsibilities:
   - weekly schedule
   - weekly activity reports
   - summative reflection journal
   - mid-term and final evaluations from site supervisor
   - student final evaluation of internship
   - portfolio
   - graduation survey

2) Maintaining communication among site supervisor, university supervisor and intern
APPENDIX H

COMMUNICABLE DISEASE POLICY

As a program in an allied health care profession, transmission of communicable disease is of great concern. In order to address this concern, the policy of USM’s Athletic Training Program is as follows:

ILLNESS

Athletic Training Students (ATSs) should report personal illness that might place those they work with at risk of infection to their supervising preceptor and USM’s Athletic Training Clinical Coordinator.

An ATS should be examined by a health care professional at USM’s Student Health Services if there is any question about the illness.

An ATS that is ill and has communicated this to his/her preceptor prior to the assigned clinical experience should stay home. This will be considered an excused absence and have no effect on the student’s final clinical evaluation or grade for a clinical course.

INJURY and EXPOSURE TO BLOOD AND OTHER BODILY FLUIDS

During clinical experience assignments, an ATS may be exposed in situations of inherent injury, blood and body fluid exposure. There are standard operating procedures, definitions of accident and exposure, and incident reports that an ATS and preceptor are expected to follow if such an accident occurs.

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. Students are required to have the Hepatitis B vaccine series, or have signed the Hepatitis B Declination Form, as follows:

   a. Present documentation of receiving the first two of three required Hepatitis B immunization injections prior to enrolling in SPM 210. If the student chooses not to be Hepatitis B immunized, he or she must read, complete, and sign the form entitled “Hepatitis B Vaccine Declination Assumption of Risk and Release”.

   b. Present documentation of receiving the third injection of the Hepatitis B Immunization series prior to enrollment in SPM 370.

3. If a student is exposed to blood or other bodily 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, and/or if a student sustains a bodily injury, the following actions are to be taken:

   1. 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).

   2. The student should immediately notify the Preceptor and Clinical Coordinator about the incident. The Clinical Coordinator should notify the Athletic Training Program Director.

   3. In the case of blood or other bodily fluid, the student and Clinical Coordinator 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 (see step 4).

4. 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 round 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.

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

6. The Clinical Coordinator notifies the clinical agency, if applicable, and follows their policies/procedures.

7. 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.

8. In cases of blood and bodily fluid, the involved faculty 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 faculty should strongly encourage the student to call the hotline. Additional resources are identified in note 7 below. The Athletic Training Program Director, Clinical Coordinator, 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 Athletic Training Program Director or Clinical Coordinator, 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.
   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.
APPENDIX I

UNIVERSITY OF SOUTHERN MAINE
ATHLETIC TRAINING PROGRAM
GRADUATION SURVEY

DEMOGRAPHIC INFORMATION

Gender (circle)  M  F  Year graduating from USM:

Approximate number of clinical hours completed to date (please circle)

600   700   800   900   1000

BOC CERTIFICATION INFORMATION  Comments to Support Choice(s)

Anticipated date for challenging the BOC certification examination: ________________

BOC certification exam portion you feel most prepared (circle)

1. Injury/Illness Prevention and Wellness Protection
2. Clinical Evaluation and Diagnosis
3. Immediate and Emergency Care
4. Treatment and Rehabilitation
5. Organization & Professional Health and Well-being

BOC certification exam portion you feel least prepared (circle)

1. Injury/Illness Prevention and Wellness Protection
2. Clinical Evaluation and Diagnosis
3. Immediate and Emergency Care
4. Treatment and Rehabilitation
5. Organization & Professional Health and Well-being

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: _________________________________________________

DESIRED FUTURE FULL OR PART-TIME EMPLOYMENT IN ATHLETIC TRAINING

Desired Work Setting(s)( high school, clinic, etc)_______________________________

USM UNDERGRADUATE ATHLETIC TRAINING EDUCATIONAL EXPERIENCE EVALUATION

Please use the following rating scale when evaluating the Athletic Training Program 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 Athletic Training Program with regard to the following:

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>RATING</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATHLETIC TRAINING DIDACTIC KNOWLEDGE</td>
<td></td>
</tr>
<tr>
<td>ATHLETIC TRAINING CLINICAL EXPERIENCE</td>
<td></td>
</tr>
<tr>
<td>OVERALL RATING OF PROGRAM</td>
<td></td>
</tr>
</tbody>
</table>

DOMAINS OF ATHLETIC TRAINING
Please evaluate your overall impression of the Athletic Training Program with regard to the Domains of Athletic Training as defined by the NATA.

<table>
<thead>
<tr>
<th>DOMAIN</th>
<th>RATING</th>
</tr>
</thead>
<tbody>
<tr>
<td>INJURY/ILLNESS PREVENTION and WELLNESS PROTECTION</td>
<td></td>
</tr>
<tr>
<td>CLINICAL EVALUATION and DIAGNOSIS</td>
<td></td>
</tr>
<tr>
<td>IMMEDIATE and EMERGENCY CARE</td>
<td></td>
</tr>
<tr>
<td>TREATMENT and REHABILITATION</td>
<td></td>
</tr>
<tr>
<td>ORGANIZATION and PROFESSIONAL HEALTH AND WELL-BEING</td>
<td></td>
</tr>
</tbody>
</table>

SPECIFIC COURSE CONTENT RELATED TO ATHLETIC TRAINING
According to athletic training accreditation standards, students must receive formal instruction in the following subject matter areas. Please evaluate how well the Athletic Training Program prepared you in each of these areas.

<table>
<thead>
<tr>
<th>Rating</th>
<th>Course Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SPM 100  Introduction to Exercise and Health Sciences</td>
</tr>
<tr>
<td></td>
<td>SPM 210  Athletic Training Principles I</td>
</tr>
<tr>
<td></td>
<td>SPM 211  Protective Taping &amp; Wrapping</td>
</tr>
<tr>
<td></td>
<td>SPM 230  Psychology of Physical Activity &amp; Sport</td>
</tr>
<tr>
<td></td>
<td>SPM 265  Therapeutic Modalities</td>
</tr>
<tr>
<td></td>
<td>SPM 270  Athletic Training Clinic I</td>
</tr>
<tr>
<td></td>
<td>SPM 310  Athletic Training Principles II</td>
</tr>
<tr>
<td></td>
<td>SPM 302  Pharmacology for Athletic Training and Exercise Science</td>
</tr>
<tr>
<td></td>
<td>SPM 330  Physiology of Exercise</td>
</tr>
<tr>
<td></td>
<td>SPM 340  Therapeutic Exercise</td>
</tr>
<tr>
<td>Course Code</td>
<td>Course Title</td>
</tr>
<tr>
<td>-------------</td>
<td>------------------------------------------</td>
</tr>
<tr>
<td>SPM 370</td>
<td>Athletic Training Clinic II</td>
</tr>
<tr>
<td>SPM 371</td>
<td>Athletic Training Clinic III</td>
</tr>
<tr>
<td>SPM 381</td>
<td>Kinesiology</td>
</tr>
<tr>
<td>SPM 440</td>
<td>Manual Therapy</td>
</tr>
<tr>
<td>SPM 470</td>
<td>Athletic Training Clinic IV</td>
</tr>
<tr>
<td>SPM 480</td>
<td>Organization &amp; Administration of Athletic Training</td>
</tr>
<tr>
<td>SPM 495</td>
<td>Clinical Internship</td>
</tr>
<tr>
<td>CON 216</td>
<td>Emergency Response</td>
</tr>
<tr>
<td>CON 252</td>
<td>Human Nutrition</td>
</tr>
<tr>
<td>SPM 485</td>
<td>Senior Thesis I or CON 321 Health Related Research</td>
</tr>
<tr>
<td>CON 352</td>
<td>Nutrition for Physical Performance</td>
</tr>
</tbody>
</table>
Please respond to each of the following aspects of the Athletic Training Program with respect to strengths and areas which need improvement.

Please use additional sheets of paper if necessary.

**Clinical Preparation: (USM Athletic Training Room; Off Campus Clinical Sites)**

(Areas of strength) __________________________________________________

______________________________________________________________________

______________________________________________________________________

(Areas needing improvement) __________________________________________

______________________________________________________________________

______________________________________________________________________

**Academic Preparation:**

(Areas of strength) __________________________________________________

______________________________________________________________________

______________________________________________________________________

(Areas needing improvement) __________________________________________

______________________________________________________________________

______________________________________________________________________

**Instructors:**

(Areas of strength) __________________________________________________

______________________________________________________________________

______________________________________________________________________

(Areas needing improvement) __________________________________________

______________________________________________________________________

______________________________________________________________________
Facilities/Equipment:

(Areas of strength) __________________________________________
____________________________________________________________________
____________________________________________________________________

(Areas needing improvement) _________________________________________
____________________________________________________________________
____________________________________________________________________
# APPENDIX J

Therapeutic Equipment Table

Student ___________________________________________

Internship Site ______________________________________

Site Supervisor _____________________________________

<table>
<thead>
<tr>
<th>Therapeutic Equipment</th>
<th>Calibration/Safety Check Date (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Ultrasound Sonicator</td>
<td>June 20, 2015</td>
</tr>
<tr>
<td>Example: TENS Twin Stimulator</td>
<td>October 1, 2014</td>
</tr>
<tr>
<td>Example: Total Gym</td>
<td>NA</td>
</tr>
</tbody>
</table>