

**FLORIDA ATLANTIC UNIVERSITY**  
**Department of Exercise Science & Health Promotion**

**EDUCATION PROGRAM**

In August 1986, Florida Atlantic University's Physical Education faculty initiated a new academic trust in Exercise Science and Health Promotion (ESHP). Students completing this program receive a Bachelor of Science in Education with a concentration in ESHP or a Bachelor of Science degree (with the university language requirement).

The ESHP Program is designed to prepare students for careers in the health/fitness related field, e.g.:

- \* Entry level positions in wellness/health promotion, industrial and corporate fitness, YMCA/YWCA/JCC, health and fitness clubs, hospital wellness centers, community recreation agencies, etc.
- \* Graduate study in exercise physiology, cardiac rehabilitation, health management programs.

Upon completion of the program, students will be prepared to take the American College of Sports Medicine certification examination in the specialty area of Health Fitness Instructor (HFI) and the National Strength and Conditioning Association-Certified Strength and Conditioning Specialist exam.

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Students planning on majoring in Exercise Science and Health Promotion (ESHP) can satisfy the University and General Education Requirements while simultaneously satisfying the ESHP program requirements. The following prerequisites or their equivalent are required for all ESHP majors:

<u>General Education Course</u>	<u>Credit Hours</u>
English Composition	6
Humanities	6
Mathematics	6
Natural Science	6
Social Science	6
General Electives	6

**Program Prerequisites:** (also satisfy part of the above):

Mathematics: College Algebra and Social Statistics  
Natural Sciences: Human Physiology & Anatomy I with Lab, Human Physiology & Anatomy II with Lab, General Chemistry with lab (CHM 2045)  
Social Sciences: General Psychology, Information Systems Fundamentals  
Health: Health & Fitness for Life

Recommendations for those contemplating graduate study (but not required):  
Organic Chemistry, Bio-Chemistry, Physics

**General Admission & Graduation Requirements:**

Be accepted into College of Education, satisfy all university entrance requirements, be programmed by an assigned advisor and have a signed ESHP contract, achieve a "C" or better in all ESHP classes and prerequisite courses.

## PROGRAM OF STUDY (60 HOURS)

### PROGRAM CORES CREDIT HRS

#### Exercise Science

Introduction to Exercise Science	3
Management Principles in Exercise Science	3
Exercise Physiology with Lab	4
Kinesiology	4
Exercise Testing	3
Fitness Assessment & Exercise Prescription	3
Motor Learning & Control	3

#### Health Promotion

Perspectives in Health and Wellness	4
Health Promotion	3
Nutrition in Health & Exercise	3
Advanced First Aid and CPR	3

Choose one of following three:

Stress Management	3
Substance Abuse	3
Weight Management	3

#### Activity Leadership

Exercise Leadership I	3
Exercise Leadership II	3

#### Professional Clinical Preparation

Practicum in Physical Fitness and Wellness	3
Internship.	9

PET Elective- Choose One

Adv. Care & Prevention of Athletic Injuries	3
Advanced Methods of Strength & Conditioning	3
Ex. Testing & Prescription for Special Pops	3
Exercise Programming & Older Adults	3

#### Other Electives

Introduction to Management and Organizational Behavior	3
Marketing Management	3
Special Populations	3
Care & Prevention of Athletic Injuries	3
Special Topics	3
Directed Independent Study	1-3

**NOTE: STUDENTS MUST MAINTAIN GOOD ACADEMIC STANDING FOR ALL COURSES IN ORDER TO PROGRESS TO INTERNSHIP.**

Student must submit an application the semester before doing their internship. Application deadline is the end of the first week of that semester (e.g., May for Fall, August for Spring, January for Summer). The student will need to schedule an appointment to meet with the Internship Director. During this appointment, the following areas will be discussed: checking to see that all course work has been taken and that required grades were attained, see that CPR is current, discuss potential sites for placement. A listing of current sites is available in a notebook in the Department of Exercise Science and Health Promotion in Davie. Once you have been approved for your internship, you should apply for graduation at the Registrar's office. This must be done no later than the third week of the semester in which the student expects to graduate. Be sure that your transcripts and any transfer courses are current so as not to delay the review of your complete academic program.

## **OBJECTIVES**

### **Exercise Science and Health Promotion**

#### **INTERNSHIP EXPERIENCE**

##### **I. General Objectives**

The student intern will work at least 400 hours in an approved health related setting (actual work environment) under the supervision of professionals whose expertise, interest, and time is spent in the health/fitness-related field chosen.

##### **II. Specific Objectives**

The internship will provide the student with opportunities to observe and participate in clinical experiences relative to the nature of the internship. The following list contains examples of specific objectives for a fitness testing site internship:

1. Risk factor identification
2. Measurement of resting and exercise HR, BP
3. Measurement of body composition
4. Submaximal and/or maximal aerobic fitness testing (graded exercise tests, ECG observation)
5. Measurement of musculoskeletal fitness (strength testing, flexibility, etc.)
6. Prescribing exercise and helping to implement programs
7. Client Education (exercise, nutrition, weight control-lectures, workshops, bulletin board, newsletters, etc)
8. Exercise Leadership (class instruction)
9. Administration (staff meetings, equipment maintenance, marketing, future programming, etc)

#### **GENERAL POLICIES AND INTERNSHIP CRITERIA**

The criteria which follows is to enhance quality control within the ESHP Program:

1. A grade of "C" or better in all required coursework.
2. Completion of the practicum and activity leadership core course work before internship placement.
3. Approved by the faculty advisor prior to enrolling in "INTERNSHIP 4946".
4. Internship experience occurs during the last semester of the student's senior year.
5. The internship experience begins ONLY after the intern director and sponsoring agency have agreed and student is formally assigned, in writing.
6. The internship site SHOULD be different from other experiences, which the candidate has gained during his/her studies.
7. The internship experience requires at least 400 contact hours. Nine credit hours will be received towards the student's degree program. The hours will be arranged between the intern and internship site supervisor. It is suggested that internship hours be consecutive in terms of weeks and continuous hours of employment. In other words, 8 hours/day, 5 days/week, for a minimum of 10 weeks.
8. The intern may receive compensation for his/her services at the discretion of the site director.

## STUDENT RESPONSIBILITIES

1. Before registering for internship, the student must meet with the internship director to review his/her academic progress. Before permission is granted to register for Internship, the following forms **must** be completed and be in the student's file:

- \* Copy of current CPR Card
- \* Written Verification of Current Professional Liability Insurance (\$2,000,000/\$4,000,000 coverage)
- \* Intern Information Sheet
- \* Internship Assignment Sheet
- \* Internship List of Specific Objectives
- \* Internship Agreement (2-page contract)-If a contract agreement is not already in place.

The student is responsible for retaining a copy of these forms for him/herself and for providing copies to the Internship Site Supervisor.

**NOTE: Internship will not be approved until all necessary completed forms are in the student's file. Students who attempt to begin an Internship without the appropriate processing as listed above will receive an automatic administrative drop from the course, regardless of how many hours may have been accrued.**

2. Professional liability insurance is required and can be obtained through the American College of Sports Medicine's insurance company, providing that the student is a student member of the ACSM.

**HOW TO APPLY:**

a. Complete an ACSM Membership Application Form. An ACSM member must sponsor the student. The Faculty Internship Advisor will provide the student with this form.

**Student Fee: \$80**

**ACSM Address:**

American College of Sports Medicine  
P.O. Box 1440  
Indianapolis, IN 46206-1440  
Phone: 317-637-9200 FAX: 317-634-7817

b. After verification is received that the student is a member of ACSM, complete the liability insurance application form available from the Faculty Internship Advisor.

**Student Fee: \$46/year.**

**Insurance Company Address:**

Albert H. Wohlers & Co., Administrator  
ACSM Group Insurance Plans  
1440 N. Northwest Highway  
Park Ridge, IL 60068-1400  
1-800-503-9230  
E-Mail: cusv@ahw.com

3. There will be at least one **site visit** by the faculty advisor to the internship location to review the intern's progress. The student will arrange this visit during his/her scheduled hours, accommodating both the site director and faculty advisor's schedule. The site director must be available for a brief meeting with the faculty advisor. Exception to a personal site visit: If the internship site is not within a one-hour driving range from the Faculty Advisor's office, then the student must arrange a telephone meeting between the faculty member and site director. The student will also email their internship advisor at least once every two weeks during the internship to keep their advisor informed of their progress. The student must also "**meet**" with the faculty advisor (phone/office) to discuss his/her progress at the end of the semester.

4. The student will keep an **internship notebook** and submit it at the end of his/her internship experience. The following information should be typed and placed in the notebook:

- a. Review of the specific objectives and whether or not they were accomplished.
- b. Internship "work" schedule of hours.
- c. Detailed daily log for the first month; Daily log of NEW experiences thereafter throughout the internship. Log of dates and copy of messages sent to internship advisor.
- d. Description of the internship site: brief history, funding, personnel, and facilities.
- e. Work relationship with supervisors, co-workers, and clients.
- f. Description of duties and responsibilities.
- g. Any additional materials developed for special projects, etc.
- h. Student evaluation of site.

**NOTEBOOK DUE DATE: ON/BEFORE the second day of finals.**

5. The student should meet with the internship site director to review his/her evaluations prior to completing the internship. The Employer Evaluations of the Student Intern (mid-term and final) must be mailed to the Faculty Internship Advisor on/before the last academic day of the semester, prior to the final testing period.

6. The student may arrange a meeting with the Internship Faculty Advisor to review the internship experience and/or pick up the internship notebook.

## SECTION II: INTERNSHIP FORMS

The forms, which follow, are to be completed as instructed. Both the Student and Internship Site Supervisor should retain a copy of all completed forms. The completed originals are to be sent to the Internship Office, ESHP, for placement in the Student's File.

E-mail addresses for Faculty in the Exercise Science and Health Promotion:

Dr. Ford: [mford@fau.edu](mailto:mford@fau.edu)

Dr. Ogamdi: [sogamdi@fau.edu](mailto:sogamdi@fau.edu)

Dr. Torok: [torok@fau.edu](mailto:torok@fau.edu)

Dr. Whitehurst: [whitehur@fau.edu](mailto:whitehur@fau.edu)

Dr. Graves: [sgraves@fau.edu](mailto:sgraves@fau.edu)

Dr. O'Kroy: [okroy@fau.edu](mailto:okroy@fau.edu)

Dr. Welsh: [welsh@fau.edu](mailto:welsh@fau.edu)

Dr. Zoeller: [rzoeller@fau.edu](mailto:rzoeller@fau.edu)

**Florida Atlantic University**  
**PET 4946: INTERNSHIP APPLICATION CHECK LIST**

**THE FOLLOWING MATERIALS MUST BE SUBMITTED TO THE FACULTY INTERNSHIP DIRECTOR AT FAU'S EXERCISE SCIENCE DEPARTMENT PRIOR TO REGISTERING FOR THE COURSE. APPROVAL WILL NOT BE GRANTED WITHOUT THESE COMPLETED MATERIALS. REGISTERING WITHOUT SUBMITTING THESE MATERIALS WILL RESULT IN AN ADMINISTRATIVE DROP FROM THE COURSE.**

- \_\_\_\_\_ 1. Written documentation of CURRENT CPR.
- \_\_\_\_\_ 2. Written documentation of CURRENT professional liability insurance.
- \_\_\_\_\_ 3. Completed Intern Information Sheet.
- \_\_\_\_\_ 4. Completed Internship Assignment Sheet, ORIGINAL COPY of the signed document.
- \_\_\_\_\_ 5. Completed List of Specific Objectives.
  
- \_\_\_\_\_ 6. Completed 2-Page Internship Agreement, ORIGINAL COPY of the signed document.
- \_\_\_\_\_ 7. Apply for Graduation
- \_\_\_\_\_ 8. Meet with Student Services and get a degree Audit to see that all requirements have been satisfied for graduation. You need to turn in a copy of your degree audit.

Student Name: \_\_\_\_\_

Registration Approved: YES NO

Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

COMMENTS:

**FLORIDA ATLANTIC UNIVERSITY**  
**Department of Exercise Science and Health Promotion**

**INTERN INFORMATION**

**Directions:** The student should complete this form, attach it to a brief resume, and submit to the internship site director. A copy of this form/resume must also be returned to the faculty internship director for the student's file.

DATE: \_\_\_\_\_

TO: \_\_\_\_\_ (Internship Site Director)

\_\_\_\_\_ (Address)

\_\_\_\_\_

FROM: \_\_\_\_\_ (Student Intern)

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Campus/Work Phone \_\_\_\_\_

E-Mail: \_\_\_\_\_

Credit Hours Desired: \_\_\_\_\_ Desired Start Date: \_\_\_\_\_

**Major Areas of Interest**

**Population Desired:**

\_\_\_\_ Healthy \_\_\_\_ Higher Risk \_\_\_\_ Diseased and/or Injured

**Age Group:** \_\_\_\_ Adults \_\_\_\_ Adolescents \_\_\_\_ Children

**Type(s) of Programs Desired:**

\_\_\_\_ Fitness Testing/Training \_\_\_\_ Exercise Class Leadership

\_\_\_\_ Activities/Recreation \_\_\_\_ Health/Wellness

\_\_\_\_ Therapeutic Rehabilitation \_\_\_\_ Sports

\_\_\_\_ Other (please describe): \_\_\_\_\_

\_\_\_\_\_  
**Background Experience: Please see attached resume.**

**Additional Comments:**

**FLORIDA ATLANTIC UNIVERSITY**  
**Department of Exercise Science and Health Promotion**

**INTERNSHIP ASSIGNMENT SHEET**

Directions: Please complete the following information and return signed original to the faculty internship advisor before the internship begins. Both the student and internship director should retain a copy for their files.

\_\_\_\_\_  
Intern Name (Please Print) \_\_\_\_\_ Date

You have been approved for 9 hours of academic credit,  
for at least a total of 400 actual work hours.

You have been assigned to the follow site:

Name of Site: \_\_\_\_\_

Site Address: \_\_\_\_\_

\_\_\_\_\_

Assigned Starting Date: \_\_\_\_\_

Site Director Name: \_\_\_\_\_

Site Director Signature: \_\_\_\_\_

Site Director Phone: \_\_\_\_\_

Site Director E-Mail: \_\_\_\_\_

**\* You are to contact your site director at least  
two weeks prior to your assigned starting date.**

Faculty Advisor Approval:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FLORIDA ATLANTIC UNIVERSITY**  
**Department of Exercise Science and Health Promotion**

**INTERNSHIP LIST OF SPECIFIC OBJECTIVES**

**Directions:** The student intern and internship site director should discuss the goals for this internship and complete this form for the student's file. A copy of this form should be retained by both the student and the site director. The original must be returned to the Faculty Internship Advisor before the internship begins. (Must be typed)

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

Site Director Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Faculty Internship Signature \_\_\_\_\_ Date \_\_\_\_\_

**FLORIDA ATLANTIC UNIVERSITY**  
**Department of Exercise Science and Health Promotion**  
**EMPLOYER'S EVALUATION OF THE INTERN**  
**Mid-term Evaluation**

Directions: Please make every attempt to evaluate the INTERN as objectively as possible. Compare this individual with other interns of similar academic status and/or employees having similar responsibilities.

Intern Name: \_\_\_\_\_ Site Director: \_\_\_\_\_  
Internship Site: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ FAX: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

**PLEASE RATE THE FOLLOWING ATTRIBUTES OF THE STUDENT INTERN ON THE FOLLOWING NUMERICAL SCALE: 5 = EXCELLENT; 4 = ABOVE AVERAGE; 3 = AVERAGE; 2 = BELOW AVERAGE; 1 = POOR.**

<u>Attribute:</u>	<u>Rating: (Please circle)</u>
A. Relationship with others	1 2 3 4 5
B. Judgement	1 2 3 4 5
C. Dependability	1 2 3 4 5
D. Ability to grasp new information	1 2 3 4 5
E. Attitude towards work assignments	1 2 3 4 5
F. Quality of work	1 2 3 4 5
G. Work Performance	1 2 3 4 5
H. Time Management	1 2 3 4 5
I. Overall Rating	1 2 3 4 5

POINT TOTAL: \_\_\_\_\_POINTS

**WHAT DO YOU SEE AS THE INTERN'S MAJOR STRENGTHS?**

**WHAT CHARACTERISTICS DOES THE INTERN NEED IMPROVEMENT IN ORDER TO ADVANCE?**

Additional comments:

Page 2, Employer's Evaluation of Student Intern

Did you discuss this evaluation with the intern? Yes No

\_\_\_\_\_  
Signature of Student Intern                      Date

\_\_\_\_\_  
Signature of Site Director                      Date

CONFIRMED BY FACULTY ADVISOR:

\_\_\_\_\_  
Signature    Date

**PLEASE RETURN THIS FORM ONE WEEK PRIOR TO COMPLETION OF INTERNSHIP TO:**

Internship Programs  
**Department of Exercise Science and Health Promotion**  
2912 College Ave, ES-284  
Florida Atlantic University  
Davie, FL 33314

ATTN: Dr. Don Torok

If you have any questions, please call **Dr. Torok at (954) 236-1261**. This form may also be **FAXED: (954) 236-1259**.

**FLORIDA ATLANTIC UNIVERSITY**  
**Department of Exercise Science and Health Promotion**  
**EMPLOYER'S EVALUATION OF THE INTERN**  
**Final Evaluation**

Directions: Please make every attempt to evaluate the INTERN as objectively as possible. Compare this individual with other interns of similar academic status and/or employees having similar responsibilities.

Intern Name: \_\_\_\_\_ Site Director: \_\_\_\_\_  
Internship Site: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ FAX: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

**PLEASE RATE THE FOLLOWING ATTRIBUTES OF THE STUDENT INTERN ON THE FOLLOWING NUMERICAL SCALE: 5 = EXCELLENT; 4 = ABOVE AVERAGE; 3 = AVERAGE; 2 = BELOW AVERAGE; 1 = POOR.**

<u>Attribute:</u>	<u>Rating: (Please circle)</u>
A. Relationship with others	1 2 3 4 5
B. Judgement	1 2 3 4 5
C. Dependability	1 2 3 4 5
D. Ability to grasp new information	1 2 3 4 5
E. Attitude towards work assignments	1 2 3 4 5
F. Quality of work	1 2 3 4 5
G. Work Performance	1 2 3 4 5
H. Time Management	1 2 3 4 5
I. Overall Rating	1 2 3 4 5

POINT TOTAL: \_\_\_\_\_ POINTS

**WHAT DO YOU SEE AS THE INTERN'S MAJOR STRENGTHS?**

**WHAT CHARACTERISTICS DOES THE INTERN NEED IMPROVEMENT IN ORDER TO ADVANCE?**

Additional comments:

Did you discuss this evaluation with the intern? Yes No

\_\_\_\_\_  
Signature of Student Intern                      Date

\_\_\_\_\_  
Signature of Site Director                      Date

CONFIRMED BY FACULTY ADVISOR:

\_\_\_\_\_  
Signature    Date

- 1) If a position were available, would you hire a graduate from our ESHP program at FAU? Yes No
- 2) How educationally prepared are the students from our ESHP program at FAU?  
Excellent - above average –average – lacks important preparation-inadequate preparation
- 3) How well prepared are the students from our ESHP program at FAU in their hands-on skills?  
Excellent - above average –average – lacks important preparation-inadequate preparation
- 4) What best describes your type of facility?  
a) corporate                      c) hospital                      e) recreation                      g) health agency  
b) commercial                      d) spa/ resort                      f) personal training                      h) wellness center
- 5) How many FAU students have done internships or held employment at your facility over the last three years?  
a) 0    b) 1-2                      c) 3-5                      d) 6-10                      e) more than 10

**PLEASE RETURN THIS FORM ONE WEEK PRIOR TO COMPLETION OF INTERNSHIP TO:**

**Internship Programs  
Department of Exercise Science and Health Promotion  
2912 College Ave, ES-284  
Florida Atlantic University  
Davie, FL 33314**

**ATTN: Dr. Don Torok**

**If you have any questions, please call Dr. Torok at (954) 236-1261. This form may also be FAXED: (954) 236-1259.**

**FLORIDA ATLANTIC UNIVERSITY**  
**Department of Exercise Science and Health Promotion**

**STUDENT INTERN'S EVALUATION OF INTERNSHIP SITE**  
**(Confidential - For Student Only)**

Student: \_\_\_\_\_ Phone: \_\_\_\_\_ Date \_\_\_\_\_

Internship Site: \_\_\_\_\_

Site Address: \_\_\_\_\_

Site Supervisor: \_\_\_\_\_

Dates of Internship: \_\_\_\_\_ to \_\_\_\_\_, 199\_\_\_\_.  
Start Date End Date

1. What specific jobs did you have? (Attach additional pages if necessary)

2. Did you receive a good internship experience? (Explain)

3. Suggestions for improving your experience:

4. Would you recommend this internship site for other students? (explain)

5. Other Comments

**FLORIDA ATLANTIC UNIVERSITY**  
**Department of Exercise Science and Health Promotion**  
**Student Survey**

1) Have you taken a certification exam?                      Yes    No

2) Do you have plans on taking a certification exam?    Yes    No

3) Did you pass the exam?                                      Yes    No

4) What certifications do you hold? List all: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5) Did you or do you plan on taking the ACSM HFI exam or the NSCA-CSCS exam?      Yes    No

5b) How many times did you take this exam before you passed?

ACSM-HFI    a) 1    b) 2    c) 3    d) 4 or more

NSCA-CSCS    a) 1    b) 2    c) 3    d) 4 or more

6) How well do you feel that the educational program at FAU prepares one for taking these certification exams?

Excellent - above average –average – lacks important preparation-inadequate preparation-Does not apply  
5                      4                      3                      2                      1                      0

7) Are you presently working in the field of Exercise Science/ Wellness Education?    Yes    No

8) What are your immediate career plans?: Mark all that apply

- seek a job in the field
- seek additional educational training
- seek a job outside of the field
- other-please explain

9) What career environment are you seeking employment? (select only one)

- a) corporate
- b) commercial
- c) hospital
- d) spa/ resort
- e) graduate school
- f) recreation
- g) personal training
- h) health agency
- i) wellness center
- j) other- Give details \_\_\_\_\_

10) Did you participate in any program sponsored community service projects while a student in the ESHP program?    Yes    No

11) Did you participate in any program sponsored research project while a student in the ESHP program?                      Yes    No

12) Were you active in the activities of the ESHP club while you were a student in the ESHP program?                      Yes    No

13) How well do you feel that your academic program in ESHP has helped prepare you for working in the field ?

Excellent - above average –average – lacks important preparation-inadequate preparation- does not apply  
5                      4                      3                      2                      1                      0

Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14) What part or parts of the program might need to be expanded or strengthened? Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FLORIDA ATLANTIC UNIVERSITY**  
**Department of Exercise Science and Health Promotion**  
**Internship Checklist of Requirements:**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Task	Completed	Date
Provide email address to Internship Supervisor one week prior to start of the Semester of the Internship		
Contact of Internship Supervisor during week one		
Contact of Internship Supervisor during week three		
Contact of Internship Supervisor during week five		
Contact of Internship Supervisor during week seven		
Sent mid-term evaluation to Internship Supervisor		
Scheduled site visit with Internship Supervisor		
Turn in description of the site and organizational structure		
Contact of Internship Supervisor during week nine		
Contact of Internship Supervisor during week eleven		
Contact of Internship Supervisor during week thirteen		
Sent final evaluation to Internship Supervisor		
Scheduled final evaluation with Internship Supervisor		
Turn in final Internship Notebook		
Turn in any projects related to Internship		
Turn in Student site evaluation & student survey form		
Provide outlook for future plans and employment direction		
Other		