INSTRUCTIONS FOR OBTAINING STUDENT LIABILITY INSURANCE

**Student liability insurance is required** – Every student must obtain student liability insurance, with limits of $1,000,000/$3,000,000. The following two options are offered:

1. **HPSO** – HPSO is a private insurance provider that offers affordable Student Liability Insurance, which covers all internship site options. Please follow this link: [http://www.hpso.com/individuals/professional-liability/student-malpractice-insurance-coverage-description](http://www.hpso.com/individuals/professional-liability/student-malpractice-insurance-coverage-description) Click on “Get a Professional Liability Insurance Quote”, and select ‘Individual”. Complete the application (select Exercise Physiologist as area of study).

2. **ACSM** – You are required to be a student member of ACSM prior to purchasing their student liability insurance. To become a student member, please follow this link: [http://www.acsm.org/membership/membership-options-benefits](http://www.acsm.org/membership/membership-options-benefits) Once a member, you may apply for insurance here: [http://www.ftj.com/acsm/in](http://www.ftj.com/acsm/in) **This is NOT a viable insurance option for students interning at a Chiropractic office.**
Florida Atlantic University
PET 4946 Internship Check List

I HAVE COMPLETED ALL MY COURSE WORK EXCEPT:
__________________________________________________________________________________________________________

Signature____________________________________ Date______________________________________________________________

1. Written documentation of Current CPR.

3. Written documentation of CURRENT professional liability insurance (1-3 million).

4. Completed Information /Assignment Sheet (attach objectives please)

5. Attach copy of the Application for Degree, which can be found here: https://www.fau.edu/registrar/pdf/Application_for_degree.pdf Please submit to the Office of Student Services on the 2nd floor of the COE, and attach a stamped copy to your internship package.

6. HIPAA (discuss with internship coordinator when handing in paperwork)

Student Name: ____________________________________________

Registration Approved: YES  NO

Faculty Signature: ___________________________ Date: ____________

COMMENTS:
Directions: Complete YOUR part of this form then have your site supervisor complete his/her part and sign off to verify your acceptance. Your supervisor may want to keep a copy of the assignment sheet and objectives.

<table>
<thead>
<tr>
<th><strong>Intern Information</strong></th>
<th><strong>Site/Supervisor Information</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Your name______________</td>
<td>Name of Site__________________</td>
</tr>
<tr>
<td>Z Number_______________</td>
<td>Site Address__________________</td>
</tr>
<tr>
<td>Your Address____________</td>
<td>____________________________________________________________________</td>
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<td>____________________________________________________________________</td>
<td>Supervisor Name______________</td>
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<td>____________________________________________________________________</td>
<td>Supervisor’s phone____________</td>
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<tr>
<td>Your phone______________</td>
<td>Supervisor email______________</td>
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<td>Your email______________</td>
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<tr>
<td>Your Signature____________</td>
<td>Supervisor’s Signature____________</td>
</tr>
<tr>
<td>Date___________________</td>
<td>Date___________________</td>
</tr>
</tbody>
</table>

*Signatures indicate that you have been approved to complete the internship (see site above and supervisor)*
Directions: Please make every attempt to evaluate the STUDENT as objectively as possible. Compare this individual with other interns or Internship of similar academic status and/or employees having similar responsibilities.

Student Name: ________________________  Site Director: ______________________________
Internship Site: _________________________________________________________________
Employer Complete Address: ______________________________________________________________
Phone: ___________________  FAX: ______________________________  E-Mail:______________________________

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

Attribute: ______________________________________ Rating: (Please Circle)

A. Relationship with others  1  2  3  4  5
B. Judgment  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. Communication Skills (Written & Oral)  1  2  3  4  5
J. Critical Thinking Skills  1  2  3  4  5
K. Overall Rating  1  2  3  4  5
WHAT DO YOU SEE AS THE STUDENT’S MAJOR STRENGTHS?

WHAT CHARACTERISTICS DOES THE STUDENT NEED TO IMPROVE IN ORDER TO ADVANCE?

Additional comments:
Page 2, Employer’s Evaluation of Student

Did you discuss this evaluation with the student? Yes  No

________________________________________  _______________________
Signature of Student                        Date

________________________________________  _______________________
Signature of Site Director                  Date

CONFIRMED BY FAU FACULTY ADVISOR:

_______________________________________  _______________________
Signature                                  Date

PLEASE RETURN THIS FORM AT THE TIME OF MID-TERM OF THE PRACTICAL EXPERIENCE TO:

ATTN:  Dr. Michael Whitehurst
Department of Exercise Science and Health Promotion
Internship Experience
Florida Atlantic University
Fieldhouse 11A, Room 124
777 Glades Road
Boca Raton, Fl 33431

PLEASE SCAN AND EMAIL THIS FORM AT THE MID-POINT OF THE SEMESTER TO:

eshpinfo@fau.edu

If you have any questions, please contact Dr. Michael Whitehurst at 561-297-2317 or 561-302-2674
FLORIDA ATLANTIC UNIVERSITY
Department of Exercise Science and Health Promotion
EMPLOYER’S EVALUATION OF THE STUDENT

Final Evaluation

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

Student Name: _______________________________ Site Director: _______________________________
Name of Site: _________________________________

Phone: _____________________________ E-Mail: _________________________________

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

Attribute: _______________________________ Rating: (Please Circle) _________________ A.
Relationship with others 1 2 3 4 5
B. Judgment 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 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. Communication Skills (Written & Oral) 1 2 3 4 5
J. Critical Thinking Skills 1 2 3 4 5
K. Overall Rating 1 2 3 4 5

POINT TOTAL: ___________ POINTS OUT OF 55

WHAT DO YOU SEE AS THE STUDENT'S MAJOR STRENGTHS?

WHAT CHARACTERISTICS DOES THE STUDENT NEED TO IMPROVE IN ORDER TO ADVANCE?
Additional Comments:

Page 2, Employer’s Evaluation of Student

Did you discuss this evaluation with the student?  Yes  No

_______________________________________  ____________________________________
Signature of Site Director       Date       Signature of Student       Date

Circle your answers, please.

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

3a) What other specific skills or knowledge would help our students be better prepared to be in your facility?

4) What best describes your type of facility?
   A) Corporate    D) Spa/Resort    G) Health Agency
   B) Commercial   E) Recreation    H) Wellness Center
   C) Hospital     f) personal training    I) Research

5) How many FAU students have done internships, 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

6) Other Comments:

PLEASE SCAN AND EMAIL THIS FORM ONE WEEK PRIOR TO THE END OF THE SEMESTER TO:

eshpinfo@fau.edu

If you have any questions, please contact Dr. Michael Whitehurst at 561-297-2317 or 561-302-2674
STUDENT'S EVALUATION OF INTERNSHIP

Student: __________________________ Site: _______________ Supervisor: ______________________

1. Did you have a good Internship experience? (Explain)

2. Suggestions for improving your experience:

3. Would you recommend this site for other students? (Explain)

4. Other Comments

STUDENT SURVEY

1. Have you taken a professional 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
   a) 1 b) 2 c) 3 d) 4 or more NSCA-CSCS a) 1 b) 2 c) 3 d) 4 or more
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 certifications exam?
   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/Health Promotion? Yes No
8. What are your immediate career plans? Mark all that apply
   ___ Seek a job in the field. ___ Seek additional education ___ Seek a job outside of the field
9. What career environment are you seeking employment? (select only one)
   a) corporate f) recreation b) commercial g) personal training c) hospital h) health agency d) spa/resort i) wellness center
e) graduate school j) other – Give details
10. Did your participation in any 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: ________________________________________________________________

PLEASE SCAN AND EMAIL THIS FORM ONE WEEK PRIOR TO THE END OF THE SEMESTER TO:

eshpinfo@fau.edu

If you have any questions, please contact Dr. Michael Whitehurst at 561-297-2317 or 561-302-2674