COURSE OUTLINE
HPER 3330
EXERCISE SCIENCE/WELLNESS PRACTICUM

Professor – Instructor or Record

PREREQUISITE

Permission of the Exercise Science and Wellness advisor and senior status.

Phoebe Sumter Medical Center and Magnolia Manor student candidates must meet the additional criteria:

- Certificate of insurance and/or liability insurance: suggested insurance www.hpso.com $38/ year.
- Criminal Background and Drug Test Package (Certified Background, $96). Certified Background provides a certified confidential data base and includes: a) criminal background check, b) 10 panel drug test, c) hosts proof of CPR card and Immunization.
- Fill out Internship Information Form and turn it in to the instructor of record: Appendix A (attached at the end of this Handbook).

I. PURPOSE

The intent of this course is to provide the beginning student in exercise science/wellness a practical field work experience under the supervision of a qualified exercise science professional in an approved exercise science or wellness setting.

II. COMPETENCIES

1. Work under a qualified exercise science professional in an approved agency.
2. Work a minimum of 125 clock hours during the semester.
3. Assist and/or observe exercise science agency supervisor in realistic situations.
4. Complete various work experiences as assigned by agency supervisor.
5. Submit required reports to faculty coordinator.

III. EVALUATION

To successfully complete HPER 3330 the student must:

1. Complete a minimum of 125 clock hours as approved by the cooperating agency and the faculty coordinator.
2. Submit the required initial report within one month of starting date.
3. Submit required biweekly reports (e-mailed/Dropbox - PDF format every other Tuesday) to faculty coordinator.
4. Successfully pass evaluation/rating scale submitted by agency supervisor.
5. Final grading will be the University faculty coordinator after consultation with the agency supervisor.
ORIENTATION OR INITIAL REPORT
(Sample Format)

Student___________________________________GSW ID#_____________________________________

Present Address__________________________________________________________________________

Present Phone____________________________________________________________________________

Address________________________________________________________________________________

Cell Phone#________________________________________________________________________________

Agency Supervisor______________________________________________________________

Position or Title__________________________________________________________________________

Phone___________________________________________________________________________________

Type of Agency____________________________________________________________________________

Starting Date__________________________Ending______________________________________________

Date__________________________________________________________

Place of operation (Hospital, Fitness Center, Corporate Wellness Facility, etc.)
____________________________________________________________________________________

Statement of duties________________________________________________________________________
____________________________________________________________________________________

Time schedule____________________________________________________________________________
____________________________________________________________________________________

____________________________________________________________________________________

Agency Supervisor’s Signature        Student’s Signature
HPER 3330---EXERCISE SCIENCE/WELLNESS
MID-TERM/FINAL PRACTICUM EVALUATION

Student______________________________ Agency______________________________
Agency Rater___________________________ Position_____________________________

Agency Supervisor: Please rate the PRACTICUM student on the following traits based on your observation made during this student’s PRACTICUM period.

Mid-Term Letter Grade _________ ; Final Letter Grade ______________

1 = Excellent,  2 = Very Good,   3 = Average,   4 = Below Average,   5 = Inferior

Directions: Circle appropriate number beside each trait.

I. Professional Performance
1. Plans work to be accomplished  1  2  3  4  5
2. Completes assignments on or before due date  1  2  3  4  5
3. Conducts self well before others  1  2  3  4  5

II. Professional Knowledge
1. Displays ability to think independently 1 2  3  4  5
2. Possesses a wide variety of interests 1 2  3  4  5

III. Professional Personality
1. Is enthusiastic 1 2  3  4  5
2. Exhibits pleasant, tasteful personal appearance 1 2  3  4  5
3. Displays quality voice and speech 1 2  3  4  5
4. Displays concern for others 1 2  3  4  5

IV. Professional Attitude
1. Displays initiative and imagination 1 2  3  4  5
2. Accepts assignments willingly 1 2  3  4  5
3. Accepts suggestions, directions, evaluation 1 2  3  4  5

COMMENTS:________________________________________________________________________
______________________________________________________________________________________
____________________________________________________________
__________________________________

Signature of Evaluator
WEEKLY REPORTS
(Sample Format)

Student______________________________________________________________________

Cooperating Agency____________________________________________________________

Week #_________ Week of _______________________________, 19_________

NARRATIVE ACCOUNT OF ACTIVITIES:
Monday__________________________________________________________________________

______________________________________________________________________________

_________________________Hours_______________________________

Tuesday__________________________________________________________________________

______________________________________________________________________________

_________________________Hours_______________________________

Wednesday________________________________________________________________________

______________________________________________________________________________

_________________________Hours_______________________________

Thursday________________________________________________________________________

______________________________________________________________________________

_________________________Hours_______________________________

Friday__________________________________________________________________________

______________________________________________________________________________

_________________________Hours_______________________________

Saturday________________________________________________________________________

______________________________________________________________________________

_________________________Hours_______________________________

Sunday__________________________________________________________________________

______________________________________________________________________________

_________________________Hours_______________________________

BRIEF SYNOPSIS OF NEXT WEEK’S PLANS
______________________________________________________________________________

______________________________________________________________________________

Total hours for the week_________

Total hours to date __________

_________________________________ ______________________________
Supervisor’s Initials Student’s Signature
EXERCISE SCIENCE CLINICAL INITIATION FORM

1. Please circle one: Practicum / Internship       Semester: _______ Year: _________

2. To be completed by the intern and signed by student, advisor, and instructor of record and submitted by the below deadlines.

<table>
<thead>
<tr>
<th>Student’s Legal Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Student’s Phone Number</td>
<td></td>
</tr>
<tr>
<td>Student Date of Birth (ACEMAP)</td>
<td></td>
</tr>
<tr>
<td>Student’s School Email Address</td>
<td></td>
</tr>
<tr>
<td>Student’s 913 number</td>
<td></td>
</tr>
<tr>
<td>GSW Instructor’s Name</td>
<td></td>
</tr>
<tr>
<td>GSW Instructor’s Phone Number</td>
<td></td>
</tr>
<tr>
<td>GSW Instructor’s Email Address</td>
<td></td>
</tr>
</tbody>
</table>

*Instructor prefers to be contacted via email*

<table>
<thead>
<tr>
<th>Name of Field Experience Facility</th>
<th>Preceptor:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field Facility Contact Information</td>
<td>Facility Administrator:</td>
</tr>
</tbody>
</table>

Need BOTH Preceptor (student agency educator AND Facility Administrator (MOU, credentialing contact) information. Need mailing address, email address, and telephone number.

<table>
<thead>
<tr>
<th>Anticipated Clinical Rotation Start Date</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Anticipated Clinical Rotation End Date</td>
<td></td>
</tr>
<tr>
<td>Length of time on rotation (Total number of hours required for experience)</td>
<td></td>
</tr>
<tr>
<td>Anticipated Graduation Date</td>
<td></td>
</tr>
</tbody>
</table>

Completed forms should be brought to the office of the Clinical Coordinator, Mrs. Tiffany Battle, School of Nursing and Health Sciences, room 134.

Student signature: ________________________________ Date: _____________

Advisor signature: ________________________________ Date: _____________

Instructor of Record: ________________________________ Date: _____________
Deadlines for submission of this form to the Clinical Coordinator:

<table>
<thead>
<tr>
<th>Semester</th>
<th>With contract in place</th>
<th>*No contract in place</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall - Practicum/Internship</td>
<td>June 1&lt;sup&gt;st&lt;/sup&gt;</td>
<td>April 15th</td>
</tr>
<tr>
<td>Spring - Practicum/Internship</td>
<td>October 1&lt;sup&gt;st&lt;/sup&gt;</td>
<td>August 15th</td>
</tr>
<tr>
<td>Summer - Practicum/Internship</td>
<td>March 1&lt;sup&gt;st&lt;/sup&gt;</td>
<td>January 15th</td>
</tr>
</tbody>
</table>

*NOTE: If an MOU contract is needed and not currently in place, allow an additional 6 weeks to process and set up contract. A semester contract can be used and should be set up two weeks ahead of the above time schedule.