

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.hpsso.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

**GEORGIA SOUTHWESTERN STATE UNIVERSITY
DEPARTMENT OF HEALTH AND HUMAN PERFORMANCE
AMERICUS, GA 31709-4693**

**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

Instructions: Must be completed and e-mailed/Dropbox - PDF format to the Faculty Coordinator of Interns EVERY OTHER TUESDAY (following the initial report) during the PRACTICUM.

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.

Student's Legal Name	
Student's Phone Number	
Student Date of Birth (ACEMAP)	
Student's School Email Address	
Student's 913 number	
GSW Instructor's Name	
GSW Instructor's Email Address	
GSW Instructor's Phone Number <i>*Instructor prefers to be contacted via email</i>	
Name of Field Experience Facility	
<u>Field Facility Contact Information</u> Need BOTH Preceptor (student agency educator AND Facility Administrator (MOU, credentialing contact) information. Need mailing address, email address, and telephone number.	Preceptor: _____ Facility Administrator: _____
Anticipated Clinical Rotation Start Date	
Anticipated Clinical Rotation End Date	
Length of time on rotation (Total number of hours required for experience)	
Anticipated Graduation Date	

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:

Semester	With contract in place	*No contract in place
Fall - Practicum/Internship:	June 1st	April 15th
Spring - Practicum/Internship	October 1st	August 15th
Summer - Practicum/Internship	March 1st	January 15th

***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.**